



Evaluation of factors for therapeutic adherence in diabetic patients

Évaluation des facteurs conditionnant l'observance thérapeutique chez le patient diabétique

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Summary

Introduction. Regular medical control and adherence to treatment are critical in the management of diabetes and in meeting blood glucose targets. The aim of the present study was to evaluate adherence to anti-diabetic treatment and the determining factors.

Method. A prospective 3-month study was conducted in the Endocrinology Department of the Farhat Hached University Hospital in Sousse, Tunisia. Seventy-three patients with type 1 and 2 diabetes were included: 41% male, 59% female; mean age, 52 ± 12 years. Poor treatment adherence was observed in 49% of patients. Univariate analysis identified five significant independent factors affecting adherence ($P < 0.05$): lack of confidence in treatment efficacy, failure to experience improvement, deliberately or involuntarily missing one or more doses, and lack of training in the use of the glucose monitor.

Discussion and conclusion. This study established a relationship between treatment adherence and determining factors. To improve adherence to anti-diabetic treatment and thereby meet blood glucose targets, these factors must be taken into consideration.

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Keywords : Treatment adherence, Diabetes, Therapeutic education

Résumé

Introduction. Le contrôle médical régulier, ainsi que l'adhérence au traitement antidiabétique, joue un rôle principal dans la prise en charge du diabète et dans l'atteinte de l'objectif glycémique. L'objectif de notre étude était d'évaluer l'observance thérapeutique des patients diabétiques d'une part et des facteurs qui la conditionnent d'autre part.

Matériel et méthode. Une étude prospective sur la période de trois mois a été menée dans le service d'endocrinologie du centre hospitalo-universitaire Farhat Hached de Sousse. Soixante-treize patients atteints de diabète de type 1 et 2 ont été inclus dans notre étude, dont 41 % étaient des hommes et 59 % étaient des femmes. L'âge moyen était de 52 ± 12 ans. Dans notre population d'étude, 49 % des patients avaient une mauvaise observance thérapeutique. Le test statistique uni-varié a identifié cinq facteurs indépendants et statistiquement significatifs qui affectent l'observance thérapeutique ($p < 0,05$). Ces facteurs ont été : le manque de confiance en l'efficacité du traitement, le non-ressenti d'amélioration sous traitement, l'oubli d'une ou de plusieurs prises volontaires ou involontaires, le manque de formation vis-à-vis de l'utilisation correcte du glucomètre.

Discussion et conclusion. Cette étude nous a permis d'établir une relation entre l'observance thérapeutique et les facteurs qui l'influencent. Ces derniers doivent être pris en compte pour améliorer

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l'adhésion au traitement chez le patient diabétique et par la suite l'atteinte des objectifs glycémiques.

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Mots clés : Conformité de traitement, Diabète, Éducation thérapeutique

Introduction

Diabetes is a chronic disease affecting millions of people worldwide. Prevalence is constantly increasing. Subjects of all ages and both sexes are at risk of developing the disease, but certain avoidable risk factors have been identified including obesity, dietary habits, sedentary lifestyle, etc. Diabetes is one of the most challenging issues for public health systems due to the high cost of management and disease-related morbidity and mortality [1].

Regular medical control and good patient adherence to therapeutic strategies play a crucial role in management practices, essential for achieving goals set for blood glucose levels [2]. For patients, better clinical and biological results mean improved quality of life. There is less risk of morbidity and mortality, and the cost of treatment is reduced [3]. Attaining therapeutic objectives depends greatly on therapeutic adherence.

The World Health Organization (WHO) has defined the concept of therapeutic patient education (TPE) as a process designed to help patients acquire or maintain competencies needed to self-manage their chronic disease [4].

Due to the impact of poor adherence to chronic treatments, knowledge of factors determining adherence is needed to ensure good patient management. These factors can be patient-related (socio-economic, psycho-cognitive factors, etc.), treatment-related (complex regimens, multiple medications, adverse effects...), or care-related (patient-doctor relationship, patient-pharmacist relationship...).

Several studies have been performed to evaluate factors affecting therapeutic adherence in different countries, and notably in developing countries. These studies play an important role in improving our knowledge about therapeutic adherence useful for the elaboration of strategies designed to improve therapeutic adherence worldwide [5].

Our study was conducted in this framework and was designed to:

- evaluate the level of therapeutic adherence in the diabetic patient;
- demonstrate different patient-, treatment-, and care-related factors potentially correlated with mediocre

therapeutic adherence for protocols including insulin therapy, oral glucose-lowering drugs, or both in a population of patients with type 1 or type 2 diabetes mellitus.

Patients and methods

This was a prospective study conducted in the endocrinology department of the Farhat Hached University Hospital in Sousse, Tunisia over a 3-month period from 1 November 2014 to 31 January 2015. The study group included 73 diabetic patients who met inclusion criteria: age > 18 years; literate or illiterate; male or female; hospital inpatient; type 1 or type 2 diabetes mellitus; at least 6 months of insulin therapy or oral glucose-lowering drug therapy; good or poor treatment adherence. Exclusion criteria were: physical or mental disability; inability to participate in an individual interview; outpatient. Patients were recruited at an interview during which the objectives of the study and the risks involved were explained. All participants provided their written consent. The study was conducted in an anonymous manner; initials and first names were used to identify patients.

Each patient's medical history was recorded using a questionnaire prepared by the pharmacy resident assigned to the endocrinology department and validated by the senior pharmacists and the endocrinology physicians. This questionnaire collected data on the patient's sociodemographic characteristics and information concerning patient-, treatment-, and care-related factors affecting adherence to treatment.

The level of adherence was determined with the six-item adherence test [6] (Table 1) previously validated for anti-hypertensive treatments. This test distinguishes between good adherence, minimal problem with adherence, and poor adherence.

The statistical analysis was performed with SPSS version 20.0 to identify factors significantly associated with poor therapeutic adherence. Pearson's chi-square test or Fisher's exact test were applied as appropriate ($n > 5$ vs $n \leq 5$), considering $P \leq 0.05$ as statistically significant. Graphs were generated with Excel 2007.

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