

Satisfaction with and adherence to warfarin treatment: A cross-sectional study among Sudanese patients

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Background: Satisfaction with and adherence to oral anticoagulant treatment are important measures that decrease morbidity and mortality. Higher satisfaction and adherence to warfarin therapy was found to be associated among other factors with good International Normalized Ratio (INR) control.

Objectives: To assess patient satisfaction with and adherence to oral anticoagulant therapy and to identify predictors of the two studied domains.

Methods: A cross-sectional study was conducted at the Cardiothoracic Clinic in Alshaab Teaching Hospital; Khartoum; Sudan during March-April 2015. A representative sample of patients on oral anticoagulant treatment was recruited. Data was collected through face-to-face interview method using oral Anti-Clot Treatment Scale (ATCS) to measure satisfaction and the 4-items Morisky Scale to measure adherence to therapy. Data was processed using SPSS. Logistic regression analysis was performed. P value <0.05 was considered statistically significant.

Results: A total of 93 patients was included, of them 46 were males. Overall, 47 (50.5%) were classified as satisfied with anti-clot treatment. Patients attained secondary and above educational level were approximately 8 times more satisfied with their anti-clot treatment, compared to those educated below this level, [OR 7.9 (2.9–21.7), P < 0.001]. Similarly, patients currently working were found to be approximately 3 times more satisfied with warfarin therapy, compared those who had no jobs, [OR 2.9 (1.1–7.6), P = 0.035]. Overall, 5.4% of the patients were found to be adherent to warfarin therapy. No definite background characteristic variable was found to be associated with adherence to treatment. No association was found between patient satisfaction and adherence to treatment, (P = 0.490).

Conclusions: Ensuring health education on warfarin together with continuous patients motivation are needed, specifically among patients with low educational level. Efficient multidisciplinary effort from all healthcare providers is needed to make warfarin treatment more successful.

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Introduction

Thrombosis is a common pathology underlying ischemic heart disease, ischemic stroke, and venous thromboembolism (VTE) [1]. Globally, ischemic heart disease and ischemic stroke collectively cause approximately 25% of deaths [1]. The use of anticoagulant therapy has increased in recent decades due to its documented efficacy and its use in numerous disease states by millions of patients [2].

Warfarin, the most commonly used oral anticoagulant, requires frequent laboratory monitoring to ensure optimal therapeutic outcomes and to minimize bleeding complications [3]. Management of patients on warfarin therapy is difficult due to its narrow therapeutic index, putting them at significant risk of life threatening bleeding complications or thromboembolism [4]. Warfarin is known as one of the drugs that most frequently causes adverse drug reactions that require hospital admission and increased length of hospitalization, accounting for considerable morbidity, mortality, and extra cost [5].

Treatment satisfaction is defined as the individual's rating of important attributes of the process and outcomes of their treatment experience [6]. Multiple domains of satisfaction with treatment include: condition improvement; the disappearance of symptoms; drug efficacy; absence of drug side effects; ease and convenience; and impact on health relate quality of life [7].

It has been documented that improving and enhancing satisfaction with the therapeutic regimen, are very important to the care of patients with chronic illnesses [8]. Characteristics of warfarin such as the need for a regular blood testing, limitations of lifestyle (e.g. restrictions on diet and activities) and the fear of bleeding can result in a reduction of both patient satisfaction and quality of life [9]. Higher satisfaction and adherence to warfarin therapy was found to be associated among other factors with good international normalized ratio control [10].

The aims of this study were to measure patient satisfaction with and their adherence to warfarin therapy, to identify sociodemographic predictors of the two studied domains and to identify the relationship between satisfaction and adherence, if any.

Abbreviations

ACTS	Anti-clot Treatment Scale
OAT	Oral Anticoagulant Treatment
VTE	Venous Thromboembolism

Methods

Study design

A cross-sectional study was conducted during a 1-month period (March–April 2015).

Setting and participants

The study was conducted among patients on warfarin therapy at the Cardiothoracic Clinic in Alshaab Teaching Hospital, Khartoum, Sudan. The clinic was established in the 1950s, and is managed by physicians.

Inclusion criteria

Adult (age >18 years) patients on warfarin therapy due to any clinical indication (for a duration of at least 2 months) and who attended the clinic for follow-up were recruited. The period of 2 months is the average time needed to adjust the therapeutic dose of the medication. Verbal informed consent was obtained from eligible patients. To minimize selection bias, the patients' medical histories and history of starting warfarin were obtained directly from the patients or their records with the help of the attending staff.

Exclusion criteria

Patients who were taking warfarin for <2 months, were incapable to communicate verbally, were previously diagnosed with mental diseases, or refused to participate in the study were immediately excluded.

Sample size and sampling techniques

A convenience method of sampling was adopted and a total of 93 patients was finally included.

Data collection

Data were collected through face-to-face interview using a structured questionnaire by the principle author (clinical pharmacist). The questionnaire was composed of three parts:

1. Demographic characteristics (age, sex, residence, educational level, marital status, and employment status) and indication for warfarin.

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