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Original article

Medication adherence in patients with juvenile idiopathic arthritis

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ABSTRACT

Objective: The aim of this study was to investigate pharmacological treatment adherence of patients with juvenile idiopathic arthritis, attended in an outpatient pharmacy at a tertiary hospital in northeastern Brazil.

Methods: The analysis of adherence was performed along with caregivers, through a structured questionnaire based on Morisky, Green and Levine, which enabled the categorization of adherence in “highest”, “moderate” or “low” grades, and through evaluating medication dispensing registers, which classified the act of getting medications at the pharmacy as “regular” or “irregular”. Drug Related Problems (DRP) were identified through the narrative of caregivers and classified according to the Second Granada Consensus. Then, a pharmaceutical orientation chart with information about the therapeutic regimen was applied, in order to function as a guide for issues that influenced adherence.

Results: A total of 43 patients was included, with a mean age of 11.12 years, and 65.1% (n = 28) were female. Applying the questionnaire, it was found “highest” adherence in 46.5% (n = 20) patients, “moderate” adherence in 48.8% (n = 21), and “low” adherence in 4.7% (n = 2). Through an analysis of the medication dispensing registers, a lower level of adherence was observed: only 25.6% (n = 11) of the participants received “regularly” the medications. Twenty-six DRP was identified, and 84.6% (n = 22) were classified as real. There were no significant associations between socio-demographic variables and adherence, although some caregivers have reported difficulty in accessing the medicines and in understanding the treatment.

Conclusion: Our findings showed problems in the adherence process related to inattention, forgetfulness and irregularity in getting medicines, reinforcing the need for the development of strategies to facilitate a better understanding of treatment and to ensure adherence.

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Adesão ao tratamento farmacológico em pacientes com artrite idiopática juvenil por meio de questionários

R E S U M O

Palavras-chave:

Adesão ao tratamento farmacológico
Artrite juvenil idiopática
Atenção farmacêutica

Objetivo: Investigar a adesão ao tratamento farmacológico de pacientes com artrite idiopática juvenil, atendidos na farmácia ambulatorial de hospital terciário do Nordeste do Brasil.

Métodos: A análise da adesão foi feita junto aos cuidadores, por meio de questionário estruturado com base no teste de Morisky, Green e Levine, que viabilizou a categorização da adesão em “máxima”, “moderada” ou “baixa”, e da avaliação dos registros de dispensação dos medicamentos, que classificou a retirada de medicamentos na farmácia como “regular” ou “irregular”. Os problemas relacionados com medicamentos (PRM) foram identificados por meio da narrativa dos cuidadores e classificados conforme o Segundo Consenso de Granada. Em seguida, aplicou-se uma tabela de orientação farmacêutica, que contém informações sobre o esquema terapêutico, de forma a esclarecer questões que influenciavam a adesão.

Resultados: Participaram 43 pacientes, com média de 11,12 anos, 65,1%, (n = 28) do sexo feminino. Por meio do questionário, verificou-se adesão “máxima” em 46,5% (n = 20) dos pacientes, “moderada” em 48,8% (n = 21) e “baixa” em 4,7% (n = 2). Pelo registro de dispensação, observou-se um nível de adesão menor: apenas 25,6% (n = 11) dos participantes receberam os medicamentos “regularmente”. Identificaram-se 26 PRM, 84,6% (n = 22) classificados como “reais”. Não foram observadas associações significativas entre as variáveis sociodemográficas e a adesão, embora alguns cuidadores tenham relatado dificuldade de acesso ao medicamento e de compreensão do tratamento.

Conclusão: Nossos achados demonstraram falhas no processo de adesão, relacionadas ao descuido, esquecimento e à irregularidade para receber os medicamentos, o que reforça a necessidade de estratégias para facilitar a compreensão do tratamento e garantir a adesão.

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Introduction

Juvenile idiopathic arthritis (JIA) refers to a clinically heterogeneous group of patients with arthritis of unknown cause, with more than six weeks duration that starts up to 16 years old.¹ The treatment of arthritis includes education of the patient and his family, drug therapy, physiotherapy, psychosocial support, occupational therapy and surgical approaches. In drug therapies, generally anti-inflammatory non-steroidal drugs, corticosteroids, synthetic and biological disease-modifying antirheumatic drugs, and immunosuppressants are used,² in order to control pain and to achieve clinical inactivity or remission.³

However, as the complete resolution of the disease is of uncommon occurrence, most children and adolescents need to use multiple medications for a long period of time, especially in polyarticular forms of arthritis.⁴ This aspect, along with other factors, contributes to a poor adherence to treatment of children and adolescents with chronic rheumatic diseases.⁵

The World Health Organization considers that inadequate adherence to treatment of chronic diseases is a worldwide problem of great magnitude and defines that adherence to treatment comprises a phenomenon subject to the influence of multiple factors that directly affect the patient and determine the behavior with respect to the recommendations for the treatment of disease and that, moreover, they are related

to socio-demographic conditions, the disease, the treatment, the relationship of health professionals with the patient and also to the patient him/herself.⁶

Crespo et al. suggested that physicians and pharmacists who follow the patient with arthritis should perform integrated actions in an effort to identify the emergence of problems related to prescription drugs, including non-adherence to treatment and, from this point, carry out interventions to reduce and prevent these problems.⁷

In this sense, the present study aimed to analyze the adherence to pharmacological treatment of patients with Juvenile Idiopathic Arthritis under outpatient monitoring in a pediatric hospital in Northeastern Brazil, and identify drug-related problems that can influence in this process.

Patients and methods

The study was conducted in an outpatient pharmacy of a public hospital in northeastern Brazil, considered as a reference in tertiary care in pediatric area, where, in 2012, 130 patients with JIA were followed. Inclusion criteria were: child or adolescent (17 years and 11 months), with a confirmed diagnosis of JIA through clinical and laboratory tests, considering: onset before age of 16, duration of symptoms less than six weeks, with exclusion of the possibility of other causes.¹ The patient should be registered in the Specialized Component for Pharmaceutical Assistance and the primary

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