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Review

Adherence to topical treatment of glaucoma, risk and protective factors: A review[☆]



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ABSTRACT

Introduction: Glaucoma is a chronic asymptomatic disease, progressing to loss of vision. Elevated intraocular pressure is the only modifiable factor. Adherence to glaucoma treatment varies from 2 to 80%.

Objective: To evaluate factors associated with adherence to topical glaucoma treatment reported in the literature, and to identify protective factors and risk factors, as well as modifiable and non-modifiable factors, in order to take them into account to perform interventions in adherence.

Materials and methods: A bibliographic search of articles published in the last 8 years in databases such as Clinical Key, Cochrane (OVID), EBSCO, Lilacs, PubMed and Science Direct, of different observational studies that performed a measurement of the treatment of glaucoma and to identify associated factors.

Results: A total of 7 studies were selected that directly and indirectly measured adherence to glaucoma treatment. Different risk and protective factors for adherence to treatment were found. These showed that African-American race, poor education, low personal income, and high treatment costs, are strongly related to poor adherence to treatment. It was also found that educational interventions and a good patient–physician relationship impacted positively on adherence.

Conclusion: The results found are a guide for risk and protective factors for adherence to treatment of glaucoma. It is cost effective to educate patients to positively impact adherence. By identifying such factors, attention can be focused on poor adherence patients.

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Adherencia al tratamiento tópico del glaucoma, factores protectores y de riesgo; una revisión del tema

R E S U M E N

Palabras clave:

Glaucoma
Adherencia
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Introducción: El glaucoma es una enfermedad crónica asintomática, que progresa a pérdida de la visión. Entre los factores de riesgo el único modificable es la presión intraocular elevada. La adherencia al tratamiento del glaucoma varía en un 2-80%.

Objetivo: Evaluar los factores asociados a la adherencia al tratamiento tópico del glaucoma reportados en la literatura, identificando factores protectores y factores de riesgo, además de modificables y no modificables para tenerlos en cuenta a la hora de realizar intervenciones sobre la adherencia.

Materiales y métodos: Se realizó una búsqueda bibliográfica de artículos publicados en los últimos 8 años, en bases de datos como Clinical Key, Cochrane (OVID), EBSCO, Lilacs, PubMed y Science Direct, de diferentes estudios observacionales que midieran la adherencia al tratamiento del glaucoma e identificaran factores asociados.

Resultados: En total se seleccionaron 7 estudios que midieron directa e indirectamente la adherencia al tratamiento del glaucoma. Se encontraron diferentes factores de riesgo y protectores para la adherencia al tratamiento. Se halló que la raza afroamericana, tener pobre educación, pocos ingresos personales, y costos elevados de tratamiento, están fuertemente relacionados con la pobre adherencia al tratamiento. Además se encontró que intervenciones de educación y buena relación médico-paciente impactan positivamente en la adherencia.

Conclusión: Los resultados obtenidos guían hacia los factores de riesgo y protectores para la adherencia al tratamiento del glaucoma. Es costo-efectivo realizar educación a los pacientes para impactar de forma positiva en la adherencia. Al identificar dichos factores se puede enfocar la atención en pacientes poco adherentes.

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Introduction

Glaucoma is one of the main causes of vision loss,¹⁻³ the second cause of blindness worldwide⁴ because it is a silent disease with progressive loss of vision without patients exhibiting symptoms.⁵⁻⁷ Glaucoma is defined as an optic nerve neuropathy, its main risk factors being increased intraocular pressure (IOP) and old age.^{4,8} Primary open angle glaucoma (POAG) is the most common form of glaucoma and requires long-term treatment.⁹⁻¹¹

Even though not all of glaucomas course with high IOP, treatment endeavors to diminish it because it is the only modifiable risk factor that has demonstrated to diminish the progression of the disease.^{4,10,12,13} The first line of treatment is topical^{2,13} comprising prostaglandin analogs, betablockers, carbonic anhydrase inhibitors, sympathomimetics and myotics.⁷ The Afro-American population is highly vulnerable to chronic diseases, including glaucoma.^{14,15} It has been found that this population has between 6 and 8 times more optic nerve damages than Caucasian patients.¹⁵

Adherence to glaucoma treatment is a very important factor to prevent progression of the disease,^{1,2,13} because patients with poor adherence exhibit poorer results with greater vision impairment and even blindness.^{4,5} Noncompliance has been described between 2 and 80%.^{3,15-17} In addition to being multifactorial,¹⁸ it has been found that barriers for

adherence can be divided into 4 categories: those related to the physicians, environmental/social factors, others related to medicaments and to the patient.^{11,19,20} This broad range is due to the lack of studies with adequate samples to measure the actual difference between variables associated to poor adherence. Available studies assess adherence in different forms and are not conclusive in the quantitative measurement thereof.

Population groups with poor adherence include Afro-American patients.^{5,11} It was found that Caucasian patients adhered to treatment 71.2% of treatment days, whereas Afro-American adhered to 53.4% of days.¹⁵

The objective of this review is to analyze the factors that influence adherence with pharmacological treatment for glaucoma, comprising barriers as well as protective factors and including the above mentioned 4 categories. In addition, the review analyzes the factors inherent to the Afro-American population, the influential factors will include strategies implemented to improve adherence with treatment, the results thereof and their applicability to the population.

Materials and methods

This review collected information from scientific articles published as of 2008. A systematic search was conducted in specialized databases such as Clinical Key, Cochrane (OVID),

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