

Use of a Self-reported Measure of Medication Adherence in a Chronic Kidney Clinic

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Background

Chronic Kidney Disease (CKD) represents a significant medication burden to patients, and poor adherence is associated with increased likelihood of progression, morbidity and mortality.(1,2,3) Due to the chronic and progressive nature of chronic kidney disease a long-term approach with good medication adherence is a vital component in managing symptom burden and progression of disease CKD.

Aim

To measure adherence in patients with CKD in pharmacist outpatient clinics through the use of a validated tool. To assess persistence of non-adherence at follow up after intervention with pharmacist at initial appointment.

Methods

Patients with CKD attending outpatient clinics with a pharmacist were asked about their medication adherence using a 4-point questionnaire (Figure 1).(3) The pharmacist explored the patient's response to this questionnaire during the outpatient appointment and interventions were tailored to each patient. Various interventions, such as reminder system, cognitive education, goal setting, behaviour counselling and reinforcing, were employed to rectify any non-adherence. Patients remaining in the service who initially reported non-adherence had a further interview conducted either in clinic or by telephone to reassess their medication adherence.

Figure 1: Morisky Medication Adherence Questionnaire

Q1: Do you ever forget to take your medicine?

Q2: Are you careless at times about taking your medicine?

Q3: When you feel better do you sometimes stop taking your medicine?

Q4: Sometimes if you feel worse when you take the medicine, do you stop taking it?

Results

In a 16 month period, 196 patients were interviewed about their medication adherence in clinic. 131 patients reported no non-adherence, 44 reported non-adherence and 15 declined the questionnaire. Non-adherence was further classified into unintentional, intentional and mixed non-adherence with 30, 6 and 8 patients respectively (Figure 2). Of the patients still with the service who reported non-adherence initially, 10 (71.4%) out of 14 patients subsequently reported no non-adherence when surveyed at least 12 months later (Figure 3).

Figure 2: Result of Initial Non-Adherence Reported

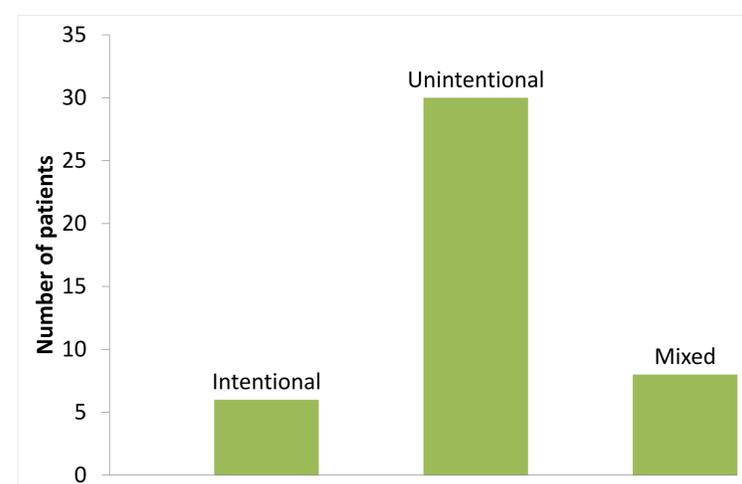
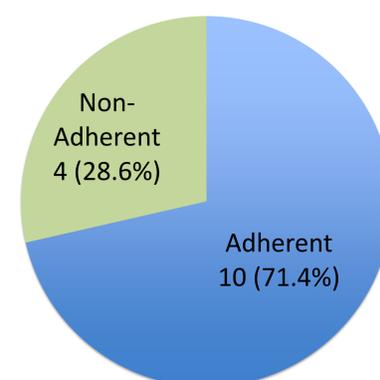


Figure 3: Follow up adherence in patients initially non-adherent



Conclusion

Self reported adherence to medication can be a challenging metric to measure. This study supports the use of a self-reported questionnaire in highlighting the reasons behind a patient's non-adherence allowing pharmacists to implement individualised solutions. Our intervention showed this approach increased adherence in 71% of affected patients.

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