

MEDICATION ADHERENCE

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VIRAL HEPATITIS CLINIC

HENNEPIN HEALTH CARE

MEDICATION ADHERENCE

World Health Organization

“The Study of a patients medication taking behavior with the goal of determining whether they are sticking to their prescriber’s recommendations.”

MEDICATION ADHERENCE

ADHERENCE

- Signifies that the patient and provider collaborate to improve the patient's health by integrating the provider's medical opinion and the patient's lifestyle, values and preferences for care.
- Implies that the patient is actively engaged in the decision making and has agreed to take medications.

COMPLIANCE

- Suggests that a patient is a passive recipient of health care – patient's behavior matches the prescriber's advice.
- Implies patient obedience to the provider's authority.

MEDICATION NON ADHERENCE

1. Primary non adherence. Also known as Non Fulfillment adherence.
2. Non persistence: Intentional and Unintentional.
3. Non conforming.

FACTORS THAT INFLUENCE MED ADHERENCE

World Health Organization suggests that adherence is influenced by complex interactions of five domains:

1. Socioeconomic: age, sex, ethnicity, level of schooling, employment status, housing conditions, social support and stigma.
2. Health care system: relationship and communication between patient and health professionals, limitations of the health service, access to services and medications.
3. Disease related factors: genotype, symptomatology, comorbidity.
4. Individual Factors: lifestyle changes, chemical dependency, presence of psychiatric disorders.
5. Treatment related factors: Number of tablets to be taken daily, treatment type, prior treatment and adverse events.

METHODS TO IMPROVE MED ADHERENCE

- Level of prescribing

Collaborative approach

Simplify medication taking

- Follow-ups

- Communicating with patient

Explain key information when
prescribing/dispensing a medicine

Use medication adherence improving aids

Publication Australasian Hepatology Association

- In Feb 2016 a steering committee – convened an expert panel consisting of one hepatologist, 6 nurses, a pharmacist, a consumer with hep C and treatment experience and consumer advocate. Panel met to create guidelines to promote patient adherence to DAAs.
- Phase III trials that evaluated the effect of Ledipasvir (LDV) and Sofosbuvir (SOF) in 1900 treatment naïve and treatment experienced patients with Gt 1 showed two cases of virologic failure – those two pts have issues with adherence.
- Another study of LVD/SOF with or without RIBA. Gt 1 and cirrhosis – recorded medication adherence as either <80% or >80%. In the LVD/SOF with RIBA 4 pts had <80% adherence – achieved SVR12.
- Further adherence n=20 mono-infected, n=50 co-infected HIV/HCV. Tablets were counted which revealed 40% of patients had missed one of 4 doses, 3% missed 5 to 8 and 7% missed >8 doses. 99% achieved SVR.

DIGITAL MEDICINE

- small ingestible sensor co-encapsulated with an oral medication
- Wearable patch that detects biometrics and real-time med ingestions
- Patient mobile app to log patient biometric and pill ingestions
- Provider portal – medication and care team coordination and management

VIRAL HEPATITIS CLINIC

- 152 patients – Jan 2022 – Oct 2023
- 107 patients : 103 completed Tx and had labs < 15 Not Detected
 - 4 completed Tx – Unable to draw blood
- 36 patients completed but were not seen
- 6 Patients that did not complete treatment
- 3 Insurance approved Tx – unable to reach pt
- 64 patients had labs and achieved SVR 12

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