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STUDY OF ADHERENCE TO PROPHYLACTIC TREATMENT IN SEVERE A HAEMOPHILIC PATIENTS

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INTRODUCTION

In 2006, Geraghty showed in a study carried out by 147 centers, the reduction of adherence to prophylaxis in patients in adolescence compared with patients under 12 years.

Objectives: Spain assess adherence to prophylaxis with factor VIII in patients aged from 6 to 21 years with severe haemophilia.

METHODS

In order to determine the adherence to prophylactic treatment, It has been considered the IU of factor administered versus prescribed by the facultative during the last 2 years.

For evaluating the adherence from the patient's perspective, an ad hoc questionnaire on adherence has been developed.

RESULTS

•The study started in November 2011 and it will extend to 2012. It is expected to include 86 patients of 12 Spanish centers. Here we present the preliminary results of the 16 Spanish patients included in our center aged between 6 and 18 years.

•**<u>Adherence and age:</u>** Patients under 12 years show an adherence lightly higher (89.03%) than the adolescents (87.89%) (p=0.83).

•**<u>Adherence and prophylaxis regimen:</u>** Patients in primary prophylaxis (PP) show a lower adherence (78.42%) than those that started prophylaxis in the form of Secondary Prophylaxis (90.69%)(p=0.153).

•**<u>Adherence and frequency of factor administration:</u>** The adherence was 100% when the frequency of factor administration was biweekly, and It was 86.73% if the frequency was each three weeks **(p=0.003).**

•**<u>Adherence and responsibility for factor administration:</u>** When the responsibility for factor administration felt on the parents, the compliance was greater (90.45) than when the patients where self-medicated (85.74%) (p=0.498).

•**<u>Adherence and psychological variables</u>**: Patients with greater perception of **self-effectiveness** present higher adherence (90.77%) while those who perceive less able to perform the typical behaviors of treatment (86.59%) **(p=0.026).** On the other hand, the more **benefits** the patients perceive from treatment, the greater is the adherence (91.40% vs 87.14%) **(p=0.020)** and, the more **barriers** are perceived (time, effort and day a day interferences), less adherence is shown (88.90% vs 90.79%; p=0.778).

CONCLUSIONS

- It has observed low differences in adherence according to age.
- On the other hand, the fact that patients who can experience the quality of life change because of the Secondary Prophylaxis in against which always enjoyed the primary prophylaxis influences the compliance.
- The variable that most affected to adherence was the frequency of administration.
- Regarding to psychological variables that affect to adhesion, the self-effectiveness was revealed as the most important, followed by the perception that the treatment brings benefits to health and a improvement in the quality of life.

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