

MEDICATION ADHERENCE TO PHOSPHATE BINDERS: THE CHEOBS STUDY

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Objectives:

Noncompliance (NC) is not always intentional. The medical team, in the absence of objective evidence, rarely takes into account the non-intentional NC linked to the difficulty of taking drugs regularly and feelings of the patient, unless objective evidence is present. Better understanding of the triggers and determinants of NO would allow elaboration of educational tools designed to help out chronic patients with their treatment

Methods:

Self-Administration questionnaires (50 items). 340 patients, 9 hemodialysis centers in three areas in France
 10 patients responded to a qualitative interview focused on individual beliefs, attitudes and motivations towards phosphate binders' therapy Socio economics data, pills prescription and self report taking, mean of 3-months biological data were noted.
 Statistical methods consist of frequencies analysis and Exploratory Factor Analysis to determine combination of factors which significantly influence the compliance to phosphate binders. The semi-structured interviews were analyzed according to qualitative content analysis. 329 self-administered questionnaires (50 items) were analyzed, 297 were complete for analysis (mean age 61 years, 62% male, dialysis duration 4.5 years, number of medication 9 per day)

ADHERENCE TO PHOSPHATE BINDERS

	Yes	No
I often forgot to take my medic	34%	65%
I adapt my treatment	14%	86%
Sometimes, I stop to take my treatment	18%	82%
Sometimes, I miss a dose a day	23%	76%
Sometimes I take less than prescribed	10%	89%

- The higher the level of education the more frequently patients adapt the treatment.
- The involvement into educational formation has a not high enough influence on adherence.

SIZE and SHAPE

	Yes	No
I prefer pills	75%	13%
I prefer pills to crunch ou suck	24%	54%
I prefer sachets in water	29%	60%
I prefer sachets in food	17%	67%
The color has no significance	78%	12%

- The swallowable tablets are preferred (75%).
- The shape and color has little influence on decision.

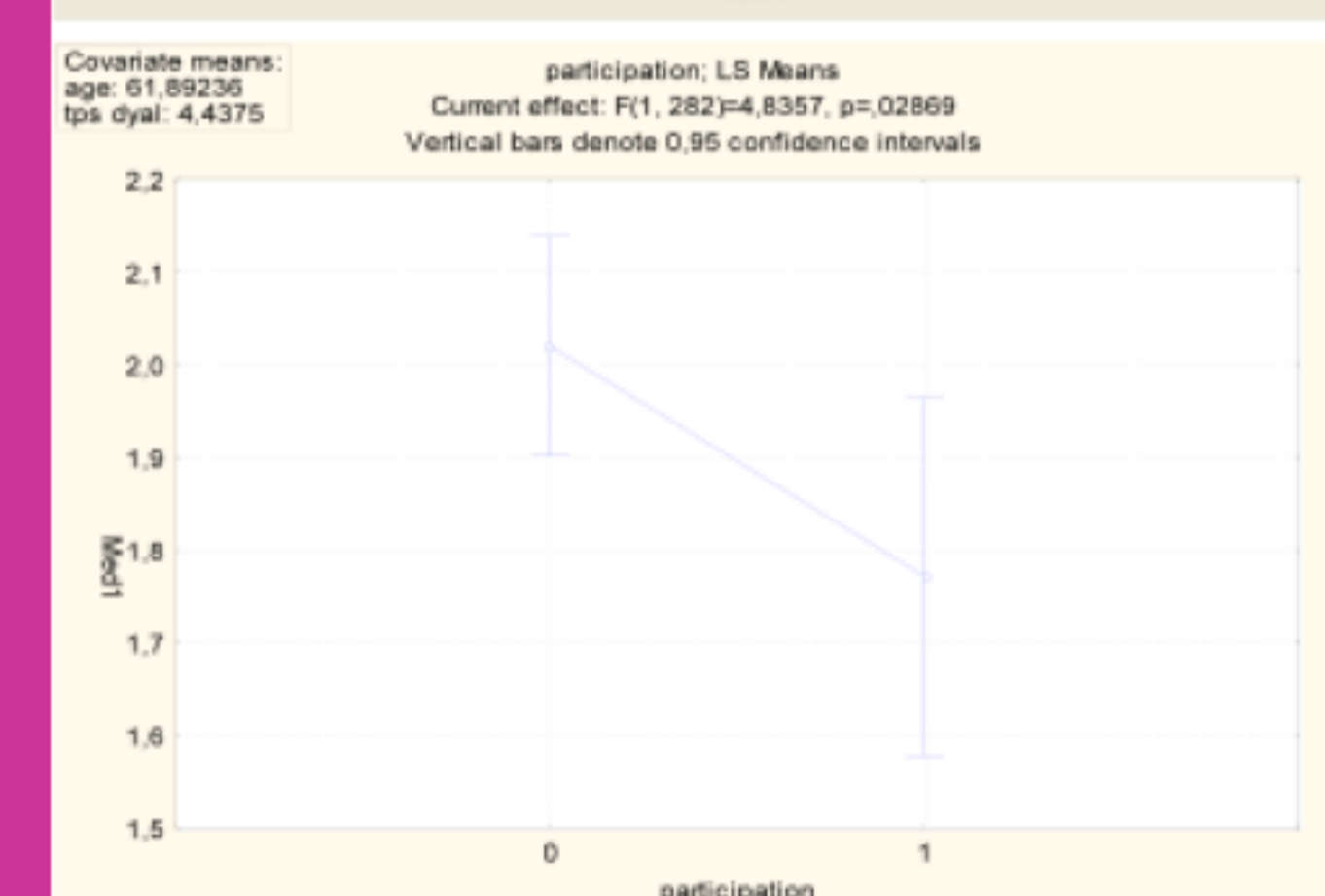
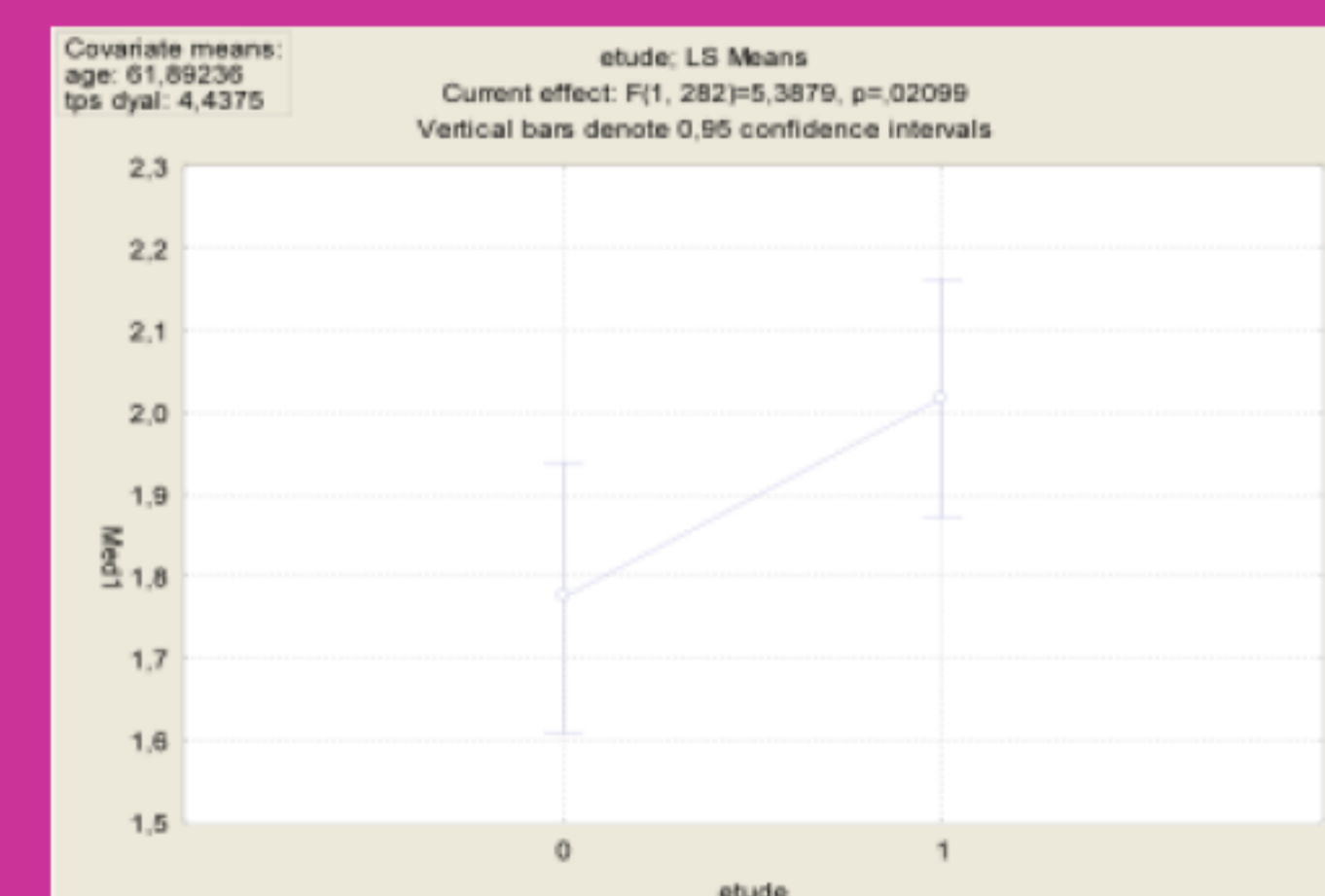
WHAT IS YOUR OPINION ABOUT ...INFORMATION ?

	Too much	Correct	Too little	No information	Not necessary	I don't know
How to take my medication	2%	63%	17%	12%	6%	3%
Adverse effects	3%	21%	25%	36%	15%	5%
Duration of the treatment	3%	38%	12%	30%	16%	4%

•60% of the patients consider they received enough pre therapeutic information

•The results show the Independence between the received information on the treatment and adherence (low or zero correlations)

•Participation in the educational programm promotes information on duration of treatment and therefore not only on chelators actions nor the side effects



Patients with a higher level of education believe that their health is less dependent on drugs.
 Participation in education program increases the perception that their health depends on these medications

Results:

The majority of patients considers treatment as important (80%). However, they mostly relativizes the treatment as vital (45%). Factor analysis helped to identify two kind of independent behaviors: those which indicate concerns for the treatment and those relative to the use of the treatment as a necessity. Age, level of education and gender influence these two factors. Older patients are more compliant. The higher the level of education the more frequently patients adapt the treatment. The swallowable tablets are preferred (75%). The shape and color has little influence on decision. 60% of the patients consider they received enough pre therapeutic information. The involvement into educational formation has a not high enough influence on adherence.

Conclusions:

In conclusion, this large study provides clues to better understanding of non compliance to phosphate binders determinants.

Based on these assumptions, educational program should be more efficient and fruitful to chronic dialyzed patients.

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