

Adherence to Prophylaxis Treatment Regimens among Persons with Severe Hemophilia A and B: Results from a 1-Year, Single Institution Study



Khleif AA, Gustafson SF, Rodriguez NI, Nguyen TT, Brown DL, **Escobar MA**
The University of Texas Health Science Center at Houston, Gulf States Hemophilia & Thrombophilia Center



OBJECTIVES

Adherence to a physician-prescribed treatment regimen is an important dimension of clinical care and joint preservation among persons with hemophilia.

The primary objective of this study was to assess prophylaxis treatment adherence and selected demographic characteristics among patients attending the Gulf States Hemophilia and Thrombophilia Center.

METHODS

All patients with a confirmed diagnosis of severe hemophilia A or B, who utilized the center's pharmacy (340-B program), and were prescribed a prophylaxis treatment regimen by their physician between January 1, 2011 and December 31, 2011, were included in the study.

A retrospective evaluation of pharmacy and medical records were utilized to determine a patient's adherence to their treatment plan.

Table 1. Selected demographic and treatment adherence characteristics of patients attending the Gulf States Hemophilia and Thrombophilia Center between January and December 2011

Characteristics	n	%
<i>All Patients</i>	64	
Age in years		
Mean \pm SD	15.7 \pm 1.25	
\leq 11	22	34.4
12 - 18	20	31.2
\geq 19	22	34.4
Race/Ethnicity		
Caucasian (Non-Hispanic)	17	26.5
Hispanic	39	61.0
African American	2	3.1
Asian Pacific Islander	6	9.4
Insurance status		
Commercial	21	32.8
Medicare	4	6.2
Medicaid	39	61.0
Hemophilia disease		
A	54	84.4
B	10	15.6
Medication Refill Adherence (MRA) Measure		
Mean \pm SD	88.84 \pm 27.47	
\leq 50% adherent	4	6.2
51% - 79% adherent	20	31.3
\geq 80% adherent	40	62.5

SD, standard deviation

RESULTS

Medication adherence was evaluated using the medication refill adherence (MRA) measure, which was calculated for each patient using the time intervals between refills. During the observation period, 64 patients, who utilized the center's pharmacy, were prescribed a prophylaxis treatment regimen. The majority of the sample had severe hemophilia A (84%), were 18 years of age or younger (65%), were of Hispanic origin (61%), and were covered by some form of government health insurance program (61% had Medicaid and 6% had Medicare).

The overall adherence measure for the center was 88.8% \pm 27.5 (mean \pm standard deviation). No significant differences were observed between patients' MRA values and any of the following variables that were examined: age, race, type of hemophilia disease, and insurance status.

CONCLUSIONS

The majority of patients at our center had greater than an 80% adherence rate to their prescribed treatment regimen. Further research regarding whether treatment was used appropriately and factors influencing treatment adherence need to be examined as this study relied solely on a single measure of adherence that was based on whether a patient obtained a refill before their supply was exhausted.

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