

Association between Quality of life, Adherence and Satisfaction of Treatment in a low income population of person with Hemophilia (PWH) at FUNDOVIDA- Colombia

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INTRODUCCION AND OBJECTIVES: Measuring the quality of life of hemophiliac patients is essential to evaluate the effectiveness of comprehensive care. This depends on many factors, of which pharmacological treatment is one of the most important. The study objective is to measure quality of life (QOL), adherence and treatment satisfaction (TS) and relating the TS with the quality of life of PWH at FUNDOVIDA.

METHODS: The QOL was measured by using the specific instrument **QoLMEX** adapted for Colombia. The TS was assessed by using the survey instrument **ARPAS I** adapted to hemophiliac patients. The adherence was measured with both: The Spanish version of the **simplified medication adherence questionnaire (SMAQ)** and the dispensing record (DR) evaluating agreement between both by Cohen's Kappa. All instruments were validated by experts. Further, the TS questionnaire was validated by using Cronbach's alpha with $\alpha=0.67$. A Pearson's bivariate correlation was made between the data of QOL and TS.

RESULTS AND CONCLUSION

1. Demographic Informations: in the figures 1,2,3 and 4 age, Department and municipalities of birth

Table 1. Municipialities of birth

MUNICIPALITIES OF BIRTH	DATE	PERCENTAGE
ALCALÁ	3	10,34%
BARRANQUILLA	1	3,45%
CARTAGENA	3	10,34%
CICUCO	5	17,24%
MAGANGUE	6	20,69%
MANATÍ	1	3,45%
MOMPOX	1	3,45%
MONTERÍA	2	6,90%
PLATO	3	10,34%
SABANALARGA	4	13,79%
TOTAL	29	100,00%

Figure 1. Evaluation of Adhesion with SMAQ and dispensing Registration

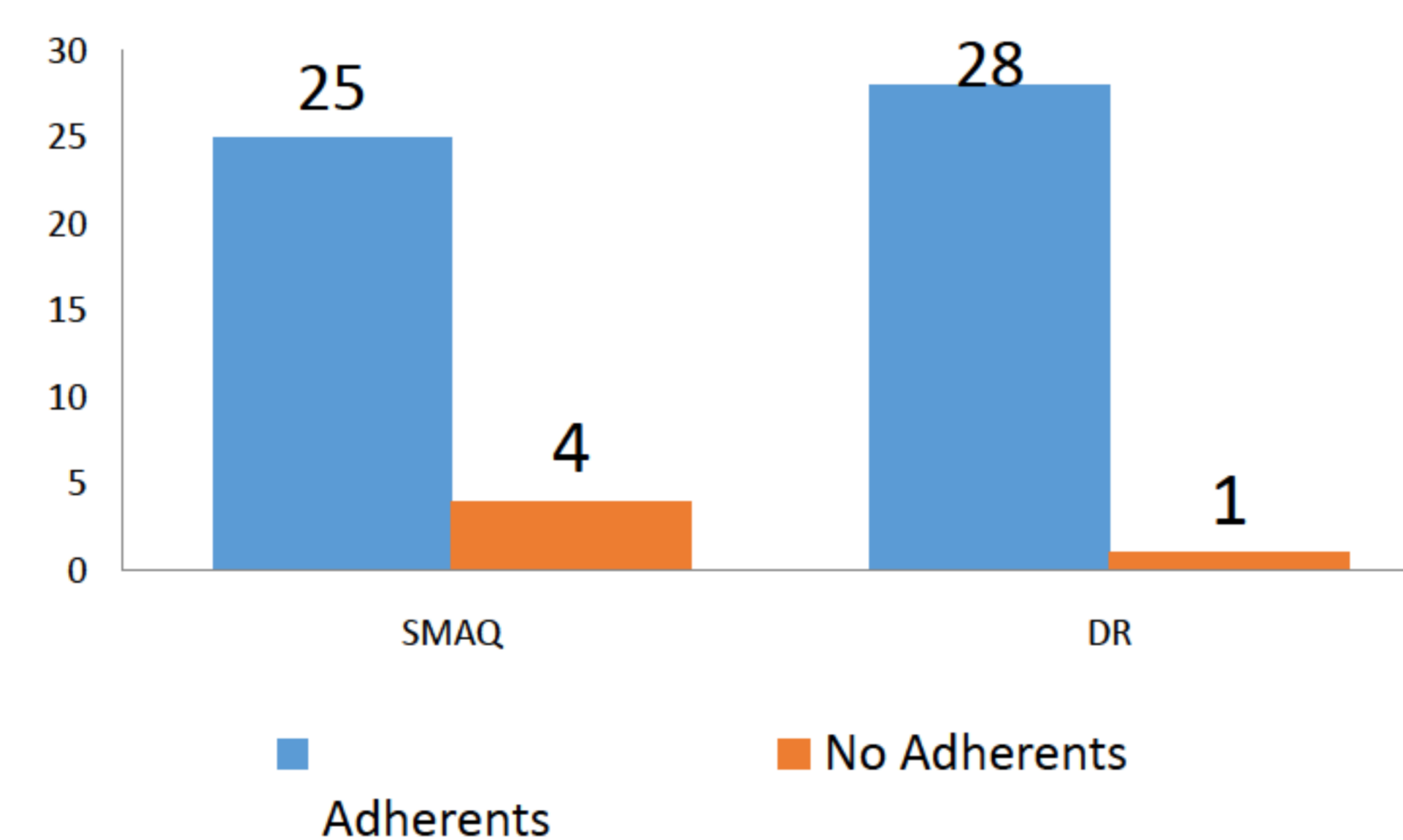


Table 2. Treatment satisfaction (TS)

Dimensions	Rank	N	Average ± ESM	Ground effect (% Vmin)	Ceiling effect (% Vmax)
1. Antihemophilic treatment satisfaction	0 a 6	29	5,62 ± 0,21	0,03	90
2. Satisfaction with treatment effectiveness antihemophilic	0 a 6	29	5,76 ± 0,14	0,03	90
3. Satisfaction secondary effects of antihemophilic	0 a 6	29	5,90 ± 0,10	0,03	90
4. Satisfaction with treatment requirements	0 a 6	29	5,83 ± 0,10	0,03	90
5. Satisfaction with treatment comfort	0 a 6	29	5,66 ± 0,18	0,03	90
6. Satisfaction with knowledge about the disease	0 a 6	29	5,69 ± 0,11	0,03	90
7. Antihemophilic treatment satisfaction as fits your lifestyle	0 a 6	29	5,52 ± 0,16	0,03	90
8. Satisfaction continue treatment	0 a 6	29	5,93 ± 0,07	0,03	90
Average	0 a 6	29	5,74 ± 0,06	α de crombach =0.67	

2. Quality of life Information

Table 2. QoLMex Test

Dimensions	Level of QoL	Frequency	Percentage	Dimensions	Level of QoL	Frequency	Percentage
Concentration	High	24	83	Feelings about the disease	High	2	7
	Medium	5	17		Medium	27	93
	Low	0	0		Low	0	0
Self esteem	High	23	79	Social area	High	22	76
	Medium	6	21		Medium	7	24
	Low	0	0		Low	0	0
Family support	High	14	48	Emotional area	High	14	48
	Medium	15	52		Medium	13	45
	Low	0	0		Low	2	7
Activity Level	High	25	86	Future	High	29	100
	Medium	4	14		Medium	0	0
	Low	0	0		Low	0	0
Knowledge about the disease	High	23	79	School or work absenteeism	High	5	17
	Medium	5	17		Medium	21	72
	Low	1	3		Low	3	10
Risk	High	13	45	Joint problems	High	21	72
	Medium	15	52		Medium	8	28
	Low	1	3		Low	0	0
Physical discomfort	High	6	21	TOTAL	High	22	76
	Medium	22	76	Medium	7	24	
	Low	1	3	Low	0	0	

Table 4. Correlation between test dimensions of quality of life QoL- MEX vs ST test

	Concentration	Self esteem	Risk	Physical discomfort	School or work absenteeism
4. Satisfaction with treatment requirements				0,406*	
5. Satisfaction with treatment comfort				0,368*	-,391*
6. Satisfaction with knowledge about the disease		0,407*			
7. Antihemophilic treatment satisfaction as fits your lifestyle				0,407*	
8. Satisfaction continue treatment			0,486**		

*The correlation is significant at the 0.01 level (bilateral).

** The correlation is significant at the 0.05 level (bilateral).

4. Conclusions: Overall, the QOL of patients was high, patients were adherent in more than 80%, and the TS was high, this latter with a positive correlation with some dimensions of QOL related directly to the pharmacological treatment such as **physical discomfort and risks**. On the other hand, there was also a correlation between the TS and QOL dimensions, such as **concentration, self-esteem, school or work absenteeism**).

References:

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