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DOI: 10.1093/ndt/gfy104.FP372

Publication date: 2018

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Citation for published version (APA):
MEDICATION ADHERENCE TO ANTIHYPERTENSIVES AND LIPID-LOWERING DRUGS IN RELATION TO BELIEFS ABOUT MEDICINE AMONG CHRONIC KIDNEY DISEASE PATIENTS: A MIXED METHODS STUDY

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INTRODUCTION AND AIMS: Chronic kidney disease patients have a higher risk of suffering from cardiovascular diseases such as hypertension and hyperlipidemia. Hypertension and chronic kidney disease are related, and uncontrolled hypertension increases the risk of progression in chronic kidney disease. 50% of patients suffering from a chronic disease are non-adherent, which is associated with inadequate disease control. The aim of this study is to investigate and explore adherence and beliefs about medicine among chronic kidney disease patients in treatment with antihypertensives or lipid-lowering drugs.

METHODS: A mixed methods approach was used combining questionnaires and semi-structured interviews. Patients aged over 18 with a chronic kidney disease were included. The questionnaire included Beliefs about Medicine Questionnaire (BMQ) to measure beliefs and Danish Medication Adherence Report Scale (D-MARS) to measure adherence. Qualitative semi-structured interviews were conducted to explore attitude, perception, and knowledge about medicine. Transcripts were systematically themed and condensed.

RESULTS: 86 participants completed the questionnaire and were included in the statistical analysis. The average age of the participants was 60.3 years (SD ± 11.3). Of participants in treatment with antihypertensives, 85.4% had high adherence, whereas 87.2% of participants in treatment with lipid-lowering drugs had high adherence. Medium/low adherers had significant lower age than high adherers and were more concerned about their treatment. 13 of the 86 participants who answered the questionnaire were interviewed and included in the qualitative analysis. The appearing themes were mapped against a theoretical framework of this study which was derived mainly from The five dimensions of adherence proposed by the World Health Organization. The main themes were patient-related factors (disease and medicine knowledge, health and disease perception, attitude towards medicine, self-management, disease and medicine concerns), therapy- and condition-related factors (side effects and asymptomatic disease), health care team and system-related factors (patient-physician relationship), and social and economic factors (family support).

CONCLUSIONS: Patient-related factors were the most prominent themes among the interviewed participants. Concerns about medicine and younger age were associated with non-adherence. Concerns were identified as fears of side effects and drug interactions.