

ADHERENCE TO MEDICAL ADVICE AMONG DIALYSIS PATIENTS

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Adherence to medical advice is among the significant factors which determines overall clinical and economic outcomes. We evaluated the adherence to medical advice by using a questionnaire, which contained 27 questions for overall assessment of medications intake, dialysis, and nutritional adherence.

Of all 202 patients, 62% were male, mean \pm sd age was 62 ± 16.2 . Among comorbidities, hypertension was present in 65%, diabetes in 44%, cardiovascular diseases in 43%, peripheral vascular diseases in 11% and cerebrovascular diseases in 8%. Using mini mental state exam (MMSE), 1.5% of patients were incompetent (MMSE<19) and 19% were demented (MMSE: 19-24). Considering depression score, 27% of patients were depressed (DS=>16). In terms of medication intake, 41% of our patients take medications directly from the bottle, 53% from the pillbox and 4% need assistance from others. The reasons to forget to take medications were, busy with other work in 29% of patients, 4% for frequent dosing, assistance unavailable 3.9% and not feeling well in 13%. In terms of dialysis compliance, the reasons for shortening dialysis were medical issues in 35%, personal issues in 4%, transportation problem in 2% and other reasons in 58%.

Univariate analysis for phosphate binders' adherence shows a decrease in adherence was significantly associated with increase in depression (OR: 2.40, 95% C.I: 1.13-5.10, Pvalue=0.024). However, dementia was not associated with non-adherence. We conclude that a depression, which may not be very obvious, can be significantly associated with non-adherence. Healthcare providers should be aware of early sign and symptoms of depression.