CHRONIC DIALYSIS, MEDICATION ADHERENCE, BELIEFS ABOUT MEDICINES AND MIGRATION BACKGROUND (DIANA STUDY)

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Background

Chronic kidney disease (CKD)

• Progressive loss in kidney function
• 10% of the Swiss population suffers from CKD
• At an advanced stage → renal replacement therapy
1) In the chronic dialysis unit of the Lausanne University Hospital, what are the sociodemographic, clinical and medication characteristics of the patients?

2) Do the medication adherence and beliefs about medicines differ depending on the migration background?

3) What are the medications’ management, knowledge and perceptions of this population?
INTRODUCTION

METHODS

RESULTS

CONCLUSION

Background

N permit (Asylum-seekers)

F permit (Provisionally admitted foreigners)

B EU/EFTA permit (Resident foreign nationals)

C EU/EFTA permit (Settled foreign nationals)

https://www.sem.admin.ch/dam/data/sem/asyl/verfahren/bfm-asylschema-e.pdf
Aims

Quantitative sub-study
• Collect sociodemographic, clinical and medication data
• Assess medication adherence
• Assess beliefs about medicines

Qualitative sub-study
• Explore patients’ medication management, knowledge and perceptions (taking into account the migration background)
Patients characteristics (n=45)

<table>
<thead>
<tr>
<th>Socio-demographic characteristics</th>
<th>Swiss</th>
<th>B/C permit</th>
<th>F/N permit</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>n₁=24</td>
<td>n₂=5</td>
<td>n₃=16</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male sex</td>
<td>67%</td>
<td>60%</td>
<td>56%</td>
<td>p= 0.827¹</td>
</tr>
<tr>
<td>Age (mean, SD)</td>
<td>65 (3)</td>
<td>61 (2)</td>
<td>46 (3)</td>
<td>p&lt;0.001²</td>
</tr>
<tr>
<td>Years in Switzerland (median, 1ˢᵗ and 3ʳᵈ quartiles)</td>
<td>63.5 (51.5, 72.5)</td>
<td>36 (16, 38)</td>
<td>4.5 (3, 6)</td>
<td>p=0.001³</td>
</tr>
<tr>
<td>Employment (%) (n₁ =21  n₂=5  n₃=8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>26%</td>
<td>40%</td>
<td>0%</td>
<td>p=0.179¹</td>
</tr>
<tr>
<td>Clinical characteristics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis</td>
<td></td>
<td></td>
<td></td>
<td>p = 0.410¹</td>
</tr>
<tr>
<td>Hemodialysis</td>
<td>79%</td>
<td>80%</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Peritoneal dialysis</td>
<td>21%</td>
<td>20%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Time spent in dialysis, months (median, 1ˢᵗ and 3ʳᵈ quartiles)</td>
<td>19.5 (8.5, 46)</td>
<td>22 (16, 51)</td>
<td>62 (38.5, 101)</td>
<td>p=0.026³</td>
</tr>
<tr>
<td>Transplant list</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>54%</td>
<td>38%</td>
<td></td>
<td>p=0.281¹</td>
</tr>
</tbody>
</table>

¹Fisher exact test  
²One-way ANOVA  
³Kruskal-Wallis test
Quantitative sub-study
• Collect sociodemographic, clinical and medication data
• Assess medication adherence
• Assess beliefs about medicines

Qualitative sub-study
• Explore patients’ medications’ management, knowledge and perceptions (taking into account the migration background)
Adherence - Morisky results (n=45)

High adherence

Medium adherence

Low adherence

MMAS: ADJ. MEANS

B/C - Swiss

F/N - Swiss

F/N - B/C

MMAS: ADJ. REGR. COEF.
Quantitative sub-study

• Collect sociodemographic, clinical and medication data
• Assess medication adherence
• Assess beliefs about medicines

Qualitative sub-study

• Explore patients’ medications’ management, knowledge and perceptions (taking into account the migration background)
Beliefs about medicines - BMQ results (n=45)
Beliefs about medicines - BMQ results (n=45)

Beliefs

- **Concerning**
  - "Skeptical" 17.8%
  - "Ambivalent" 37.8%

- **Not concerning**
  - "Indifferent" 17.8%
  - "Accepting" 26.7%

Ambivalent > Accepting > Skeptical = Indifferent
Quantitative sub-study
• Collect sociodemographic, clinical and medication data
• Assess medication adherence
• Assess beliefs about medicines

Qualitative sub-study
• Explore patients’ medications’ management, knowledge and perceptions (taking into account the migration background)
Qualitative sub-study

In-depth interviews with an interview guide
[1-5]
- Knowledge
- Management
- Perceptions
- Barriers and facilitators
- Need for information
- Motivation
- Social support

Transcription [6]
- Verbatim

Analysis [7]
- Grounded theory [8]

Inclusion criteria

Different characteristics:

• Gender
• Nationalities
• Languages
• Transplant list or not
• Ages (18-30; 30-50; 50-70;> 70)
• Time spent in dialysis
**Socio-demographic and clinical characteristics (n=18)**

<table>
<thead>
<tr>
<th>ID patients</th>
<th>Gender</th>
<th>Origin</th>
<th>Permit</th>
<th>Years in Switzerland</th>
<th>Dialysis vintage (months)</th>
<th>Interview date</th>
<th>Interview duration (minutes)</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>D15</td>
<td>♀</td>
<td>Kosovo</td>
<td></td>
<td>5</td>
<td>5</td>
<td>124</td>
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<td>Albanian</td>
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<td>D18</td>
<td>♂</td>
<td>Tunisia</td>
<td>+</td>
<td>17</td>
<td>17</td>
<td>14.09.2015</td>
<td>43</td>
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<td>♂</td>
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<td>Mongolia</td>
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<td>6</td>
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<td>D30</td>
<td>♀</td>
<td>Somalia</td>
<td></td>
<td>4</td>
<td>37</td>
<td>05.08.2015</td>
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<td>Somali</td>
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<tr>
<td>D32</td>
<td>♂</td>
<td>Switzerland</td>
<td></td>
<td>.</td>
<td>10</td>
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<td></td>
<td>.</td>
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<td>D39</td>
<td>♂</td>
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<td></td>
<td>.</td>
<td>460</td>
<td>15.05.2015</td>
<td>30</td>
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<td>D44</td>
<td>♂</td>
<td>Portugal</td>
<td></td>
<td>14</td>
<td>62</td>
<td>22.05.2015</td>
<td>32</td>
<td>Portuguese</td>
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<tr>
<td>D45</td>
<td>♂</td>
<td>Switzerland</td>
<td></td>
<td>.</td>
<td>244</td>
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<td>45</td>
<td>French</td>
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<tr>
<td>D51</td>
<td>♂</td>
<td>Kosovo</td>
<td></td>
<td>5</td>
<td>30</td>
<td>30.07.2015</td>
<td>44</td>
<td>French</td>
</tr>
<tr>
<td>D52</td>
<td>♀</td>
<td>Switzerland</td>
<td></td>
<td>.</td>
<td>40</td>
<td>07.05.2015</td>
<td>45</td>
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<tr>
<td>D59</td>
<td>♂</td>
<td>Armenia</td>
<td></td>
<td>4</td>
<td>43</td>
<td>07.07.2015</td>
<td>41</td>
<td>Armenian</td>
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<tr>
<td>D73</td>
<td>♂</td>
<td>Portugal</td>
<td></td>
<td>40</td>
<td>16</td>
<td>30.07.2015</td>
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<td>French</td>
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<td>D75</td>
<td>♀</td>
<td>England</td>
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<td>38</td>
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<td>D78</td>
<td>♀</td>
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<td>39</td>
<td>13.04.2015</td>
<td>38</td>
<td>French</td>
</tr>
</tbody>
</table>

- $\Box =$ Swiss nationality (n=9);
- $\square =$ residence or settlement permit (permit B/C) (n=3);
- $\square =$ provisionally admitted or asylum seekers (permit F/N) (n=6).
Major themes emerged

- **Treatment’ management**
  - Routine
  - Storage and organization systems
  - Forgetting

- **Knowledge and perceived necessity**
  - Knowledge of the medications’ names and their indications
  - Perceived necessity

- **Negative aspects associated with medications**
  - Pill burden
  - Side effects

- **Patient and environment**
  - Relationship with the healthcare’s professionals

- Migration background
D18: “[Taking medications] when I wake up in the morning has become an habit. I wake up in the morning, I have breakfast and I immediately take my medications. […] Like when I was a smoker. I finished eating and I smoked a cigarette”.
(Man, Tunisia, 17 years in Switzerland, Swiss nationality, 20 years in dialysis, spoken language: French)

D15: “At first I must measure the blood sugar […] And then I have the injection for the sugar and after that I have to eat and after I take the medication”
(Woman, Kosovo, 5 years in Switzerland, F/N permit, ~10 years in dialysis, spoken language: Albanian)
Storage and organization systems

D44: “The box is on a piece of furniture so I see them [the medications] all the time in front of me. I don’t forget them. Before they were in the pharmacy box in the bathroom […] but now I put them on the living room’s furniture […] so I see them all the time […] they all are open access, an easy access”.
(Man, Portugal, 14 years in Switzerland, B/C permit, ~5 years in dialysis, spoken language: Portuguese)

D86: “Because I am hyper organized with my weekly box […] every Sunday I fill all my little boxes […] and then every morning I take the box of the corresponding day, which I put […] where I eat […] Every Sunday morning, it is my little mission”
(Woman, Swiss, ~3 years in dialysis, spoken language: French)
D32: “I usually make mistakes when my days are completely disorganized. [...] When they ask me to come to the hospital at 9 a.m., this implies that I have to get up at 7 a.m. which I’m not used to. [...] [Forgetting] is never voluntary”.

(Man, Swiss, 1 year in dialysis, spoken language: French)

D73: “Sometimes I do forget [involuntary], other times I don’t wish [to take my medications] [...] sometimes I get tired of taking all these medications [...]”

(Male, Portugal, 40 years in Switzerland, B/C permit, ~1 year in dialysis, spoken language: French)
D18 (excellent knowledge): “I take Dilatrend® it is for my blood pressure. I take Aspirin cardio®. I take Renagel®. I also take a medication for […] cholesterol […] Statins. I think. Atorvastatine® or something like that”.

(Man, Tunisia, 17 years in Switzerland, Swiss nationality, 20 years in dialysis, spoken language: French)

D85 (mentions only some medications): “I have medications to control the phosphate […] and potassium […] I have sodium bicarbonate”

(Man, Swiss, ~2 years in dialysis, spoken language: French)

D73 (lack of knowledge): “I don’t remember the name now but I know […] and I take yellow stuff that I don’t know for what it is […] There are surely others but I don’t remember […] I am not very sure for what is used […] they have already explained me but there are so many tablets and I forgot”

(Man, Portugal, 40 years in Switzerland, B/C permit, ~1 year in dialysis, spoken language: French)
D20: “It should not be forgotten, because otherwise it damages the graft so I prefer to take them correctly […] it makes life possible”.
(Man, Swiss, 1 year in dialysis, spoken language: French)

D59: “Where would we be without these medications […] I mean, every day there is an hour when I have to take my medications and this is the sine qua non condition to get better it’s very clear”
(Male, Armenia, 4 years in Switzerland, F/N permit, ~3.5 years in dialysis, spoken language: Armenian)
Negative aspects

Pill burden

D30: “The first time there was a lot of medications, it was too much, I thought - my God what they found for me- […] I was scared, it was very difficult […] but now that the treatment is getting better, I feel good”.
(Woman, Somalia, 4 years in Switzerland, F/N permit, ~3 years in dialysis, spoken language: Somali)

Side effects

D78: “It depends on the medication if in fact after I vomit or well after I have allergic reactions […] Temgesic®, when I take too much, I vomit”.
(Woman, Mongolia, 5 years in Switzerland, F/N permit, 8.5 years in dialysis, spoken language: Mongolian)
D86: "All these drugs that I take, it’s possible that one day they will generate something else [...] a kind of poisoning [...] but I want to believe that physicians know exactly what I’m taking, and they know if it’s exaggerated or not, or if it’s better to stop [...] I trust [...] because if we don’t trust, well it is useless to visit a physician
(Woman, Swiss, ~3 years in dialysis, spoken language: French)

D75: “For amlodipine, I negotiated to have this regimen because before they [the physicians] told me to take every day and I thought it was a bit ridiculous to take in the morning when I was already hypotensive so I discussed with the physician and we found this solution”
(Woman, England, 38 years in Switzerland, B/C permit, ~2 years in dialysis, spoken language: French)
D51: “The physicians also told me – go elsewhere for your health because you are in danger – that’s why I came here [to Switzerland] […] I was alone here and I didn’t know a word in French, it was a very difficult situation […] [Now] I’m very happy about my health, about what the physicians did, the nurses, all”.
(Man, Kosovo, 5 years in Switzerland, F/N permit, 2.5 years in dialysis, spoken language: French)

D59: “He didn’t know where exactly he was going, what was the patients’ management [in Switzerland], but when he was in Armenia, he almost had lost his life twice […] for him it was that or nothing, it was a risk that he was willing to take, he did it”.
(Male, Armenia, 4 years in Switzerland, F/N permit, ~3.5 years in dialysis, spoken language: Armenian)
1) Asylum-seekers and provisionally admitted foreigners (permit F/N) are younger and spent more time in dialysis compared to the others;

2) Medication adherence and beliefs about medicines → no significant difference → however F/N patients tend to have more concerns and harms;
Conclusion II

3a) Most patients have integrated the treatment in their daily routine;

3b) Patients’ knowledge is heterogeneous;

3c) Most patients are aware of the importance of taking their medications correctly;

3d) Swiss patients speak twice more about negative aspects compared to the other patients;

3d) Patients trust physicians and have a good relationship with them but patients don’t speak a lot about pharmacists and nurses.
Perspectives

• Collect pharmacy records to estimate the medication adherence → validate the results of the Morisky questionnaire;

• Compare the results with other dialysis centers;

• Transfer the knowledge in practice;

→ strengthen the interdisciplinary collaboration to improve patients’ care.
Medication adherence

“the extent to which a patient’s behavior, with respect to life style, keeping appointments and taking medication, corresponds with agreed recommendations from healthcare providers”
Background

N permit (Asylum-seekers)

F permit (Provisionally admitted foreigners)

B permit (Resident foreign nationals)

C permit (Settled foreign nationals)

https://www.sem.admin.ch/dam/data/sem/asyl/verfahren/bfm-asylschema-e.pdf
Background

<table>
<thead>
<tr>
<th>Pays d'origine (naissance)</th>
<th>Nombre de patients</th>
<th>Pourcentage de patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donnée manquante</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Afghanistan</td>
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<tr>
<td>Algérie</td>
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<tr>
<td>Angleterre</td>
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<tr>
<td>Arménie</td>
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<td>Bosnie-Herzégovine</td>
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<tr>
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<tr>
<td>Côte d'Ivoire</td>
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<td>Géorgie</td>
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<td>3%</td>
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</tr>
<tr>
<td>Yougoslavie</td>
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</tbody>
</table>

Total 94 100%
Valeurs d’adhésion

• Récolte
  – Utilisation du questionnaire « Morisky Medication Adherence Scale » (MMAS-8)
  – Attribution d’un score

• Analyse
  – Codage des questionnaires dans la base de données
  – Séparation des patients en trois catégories selon score
  – Test exact de Fisher

Croyances et perceptions des patients face à leurs traitements

- **Récolte**
  - Utilisation du questionnaire « Beliefs about Medicine Questionnaire » (BMQ)
  - Codage des questionnaires dans la base de données

- **Analyse**
  - Séparation en 4 sous-catégories (NECESSITE, INQUIETUDE, DOMMAGE et SURPRESCRIPTION)
  - Comparaison des scores BMQ grâce au test de Mann-Whitney

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**Fall et al. Validation of the French version of the Beliefs about Medicines Questionnaire (BMQ) among diabetes and HIV patients. Revue Européenne de Psychologie Appliquée/European Review of Applied Psychology. 2014**
Beliefs about medicines - BMQ results (n=45)

All patients (n=45):
Ambivalent > Accepting > Skeptical = Indifferent

Swiss nationality (n=24):
Ambivalent > Accepting > Skeptical > Indifferent

Foreign nationals (B/C) (n=6):
Accepting > Ambivalent = Indifferent > Skeptical

Uncertain situation (F/N) (n=16):
Ambivalent > Skeptical = Indifferent > Accepting
<table>
<thead>
<tr>
<th>METHOD</th>
<th>Phenomenology</th>
<th>Discourse Analysis</th>
<th>Grounded Theory</th>
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<tbody>
<tr>
<td>HISTORY</td>
<td>European Philosophy</td>
<td>Linguistics/Semiotics</td>
<td>Sociology</td>
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<tr>
<td>PHILOSOPHY</td>
<td>There exists an essential, perceived reality with common features</td>
<td>Knowledge and meaning is produced through interaction with multiple discourses</td>
<td>Theory is discovered by examining concepts grounded in the data</td>
</tr>
<tr>
<td>GOAL</td>
<td>Describe the meaning of the lived experience of a phenomenon</td>
<td>Understand how people use language to create and enact identities and activities</td>
<td>Develop an explanatory theory of basic social processes</td>
</tr>
<tr>
<td>METHODOLOGY</td>
<td>Formulating a research question</td>
<td>“What discourses are used and how do they shape identities, activities, and relationships?”</td>
<td>“How does the basic social process of [X] happen in the context of [Y environment]?”</td>
</tr>
<tr>
<td>Sampling</td>
<td>Those who have experienced the phenomenon of interest</td>
<td>Those situated in one or more of the discourses of interest</td>
<td>Those who have experienced the phenomenon under different conditions</td>
</tr>
<tr>
<td>Data Collection: Observations</td>
<td>Observe participants in the context where the phenomenon is experienced</td>
<td>Observe participants in conversation in their natural environment</td>
<td>Observe participants where the basic social process takes place</td>
</tr>
<tr>
<td>Interviewing strategy</td>
<td>Participant describes experience; interviewer probes for detail, clarity</td>
<td>Both engage in dialogue; interviewer probes for intertextual meaning</td>
<td>Participant describes experience; interviewer probes for detail, clarity</td>
</tr>
<tr>
<td>ANALYTIC METHODS</td>
<td>Decontextualization &amp; Recontextualization: Process of coding, sorting, identifying themes and relationships, and drawing conclusions</td>
<td>Identify descriptions of the phenomenon; cluster into discrete categories; taken together, these describe the “essence” or core commonality and structure of the experience</td>
<td>Open, axial, &amp; selective coding: Examine concepts across their properties &amp; dimensions; develop an explanatory framework that integrates the concepts into a core category</td>
</tr>
<tr>
<td>Role of Analyst’s Views</td>
<td>Bracket views</td>
<td>Examine own place in the discourse(s)</td>
<td>Bracket views</td>
</tr>
<tr>
<td>AUDIENCE</td>
<td>Clinicians, practitioners &amp; others who need to understand the lived experience of the phenomenon of interest</td>
<td>Policy makers &amp; interventionists who need to understand the discourses in use to craft effective messages</td>
<td>Researchers &amp; practitioners who seek explanatory models upon which to design interventions</td>
</tr>
<tr>
<td>PRODUCT</td>
<td>A thematic description of the pre-given “essences” and structures of lived experiences</td>
<td>Description of language in-use; identify how different discourses shape how identities, relationships, and social goods are negotiated and produced</td>
<td>Generate theory from the range of the participants’ experience</td>
</tr>
</tbody>
</table>
Concerns and trust

D51: "I don’t know but sometimes I think there is a contraindication [...] however, I think that the physician knows better and if there’s a problem he can tell me [...]

D86: "All these drugs that I take, it’s possible that one day they will generate something else [...] a kind of poisoning [...] but I want to believe that physicians know exactly what I’m taking, and they know if it’s exaggerated or not, or if it’s better to stop [...] I trust [...] because if we don’t trust, well it is useless to visit a physician "
D75: “For amlodipine, I negotiated to have this regimen because before they [the physicians] told me to take every day and I thought it was a bit ridiculous to take in the morning when I was already hypotensive so I discussed with the physician and we found this solution”

D39: “Either with doctors or nurses […] if there is one [medicine] that’s really not very good or stuff like that, I say, if there is a new drug I tell them that I can’t [take]”