

Promoting medication adherence in COPD patients: pilot study in a sample of Italian community pharmacies

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Introduction:

Underuse and improper use continue to be one of the most common causes of poor medication-adherence in patients with COPD that use chronic inhalation therapy (CIT). It is estimated that more than 50% of patients do not take correctly the prescribed medications. The positive effects of education and training on the correct use of inhaler device in CIT are certain, but more than a quarter of the patients do not receive instructions about how to use inhalers properly.

Aims:

- To measure medication adherence in COPD patients undergoing CIT.
- Analyze the causes of non-adherence.
- Evaluate the effectiveness of an educational intervention program provided by community pharmacist.

Materials and methods:

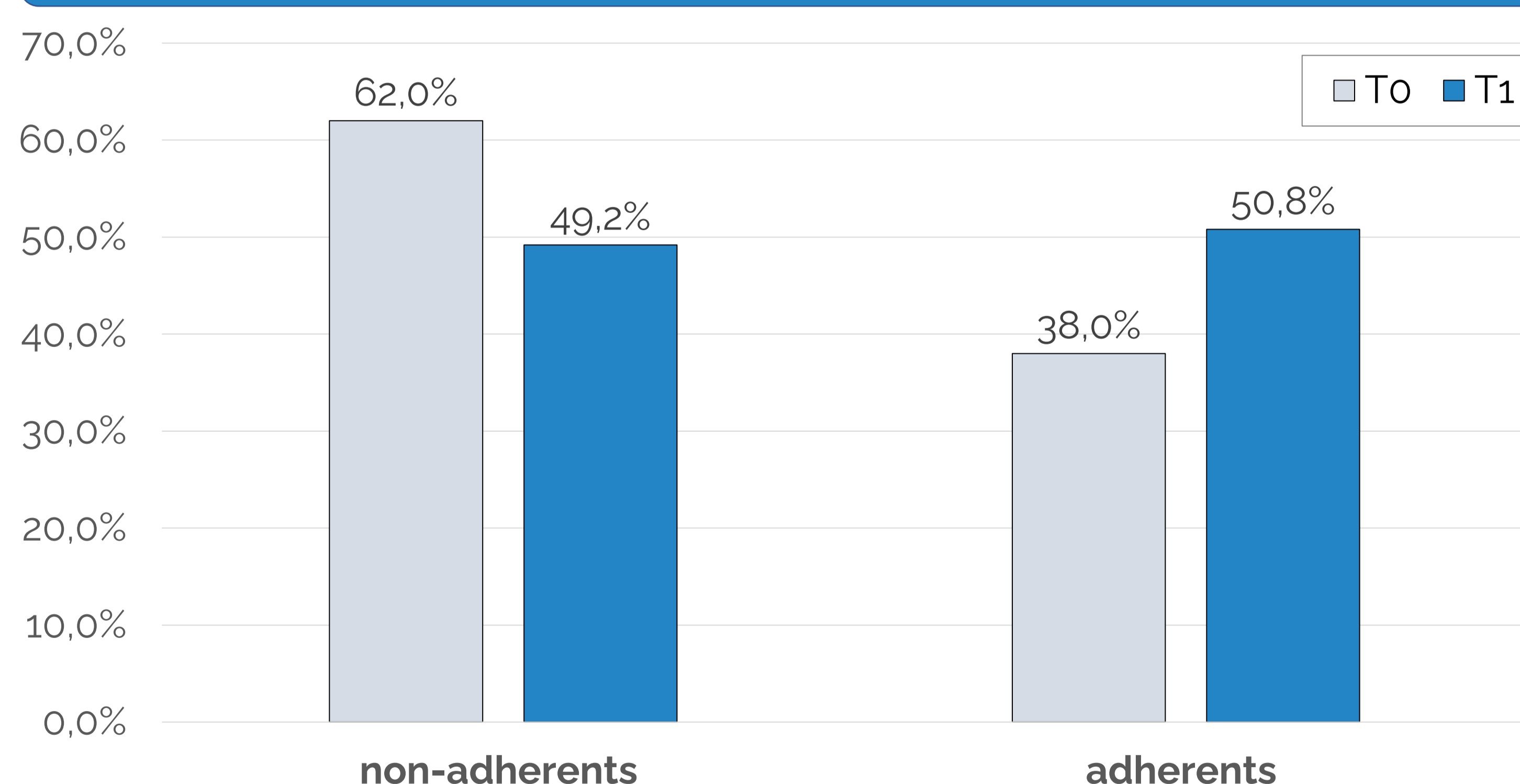
A pilot study to assess medication adherence to inhaler treatment in COPD patients attending at community pharmacies was developed. All participating pharmacies involved a clinical community pharmacist (CCPs) who had been specifically trained to deliver the educational intervention. Medication adherence and causes of non-adherence to CIT were assessed with TAI-Test at baseline (T0) and after 2 months (T1). CCPs performed a tailored education intervention to patients on the basis of T0 TAI score and patterns of non-adherence.

Results:

⊕ Twelve community-pharmacies participated in the pilot study ⊕

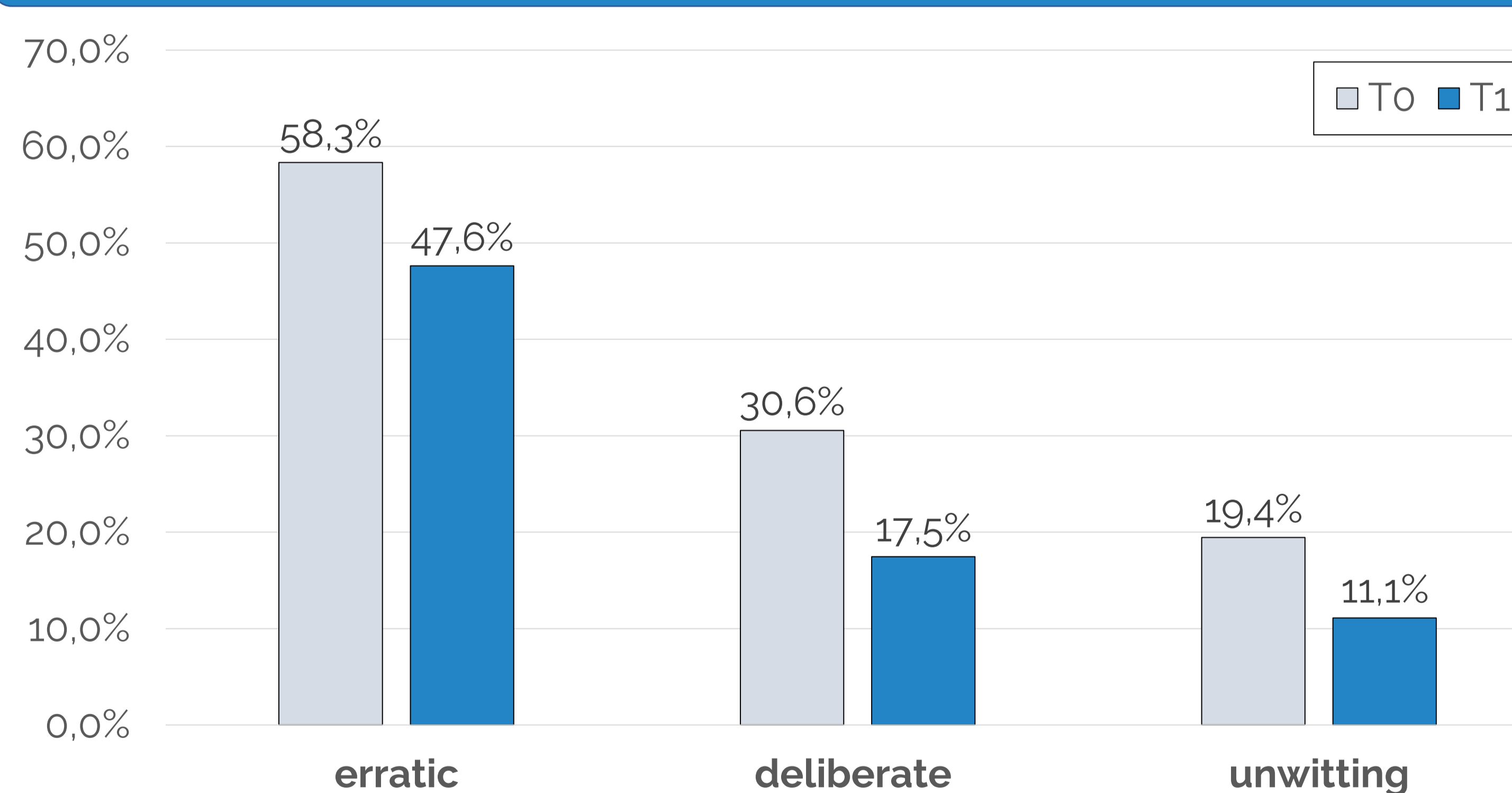
T0
71 patients enrolled
CCPs tailored education intervention
T1
63 patients attend visit 2

Medication adherence to Inhaler therapy



At T0, TAI Test highlights that 62.0% were non-adherents (low or intermediate score of adherence). After educational intervention performed by CCPs (T1) 50.8% of COPD patients were totally adherent to CIT (high score of TAI Test).

Patterns of non-adherence



At T0 58.3% of subjects presented erratic pattern of non-adherence, 30.6% deliberate and 19.4% unwitting. After educational intervention performed by CCPs all non-adherence behavior patterns were improved.

Conclusion:

Preliminary data showing that a targeted educational intervention driven by TAI promoted by CCPs may improve medication-adherence to CIT.