Intentional non-adherence in chronic illness before and during the COVID-19 pandemic

AIM OF THE STUDY

1) Testing of the recently developed Intentional Non-adherence Scale in a non-hospital sample
2) Build up and test a model of determinants of medical adherence
3) Incorporate COVID-fear

PRE-COVID SAMPLE

- Representative sample in Hungary by age, gender and regions
- Citizens aged above 30 years
- Total sample n=1000 // chronic diseased n=482
- **PRE-COVID data collection: January 2020**

COVID SAMPLE

- Online chronic patients panel
- mean age: 64, 70% female
- Total sample n=583
- **COVID data collection: April 2021**

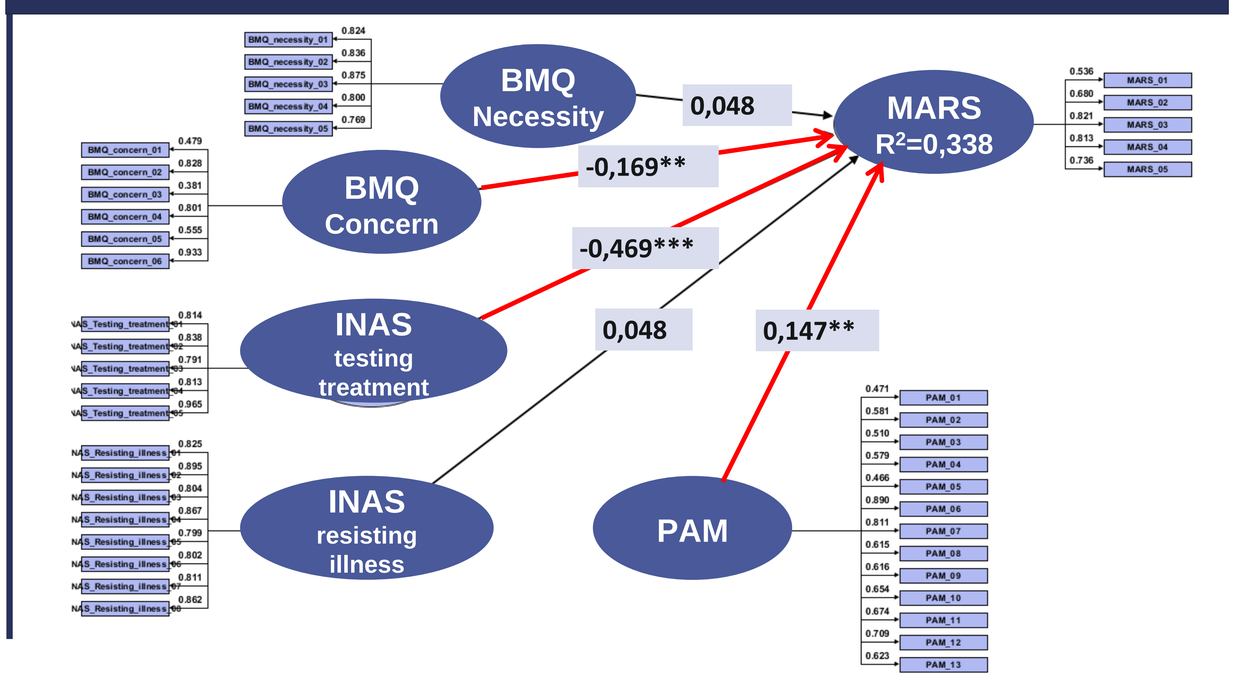
MEASURES

- **INAS** - Intentional non-adherence scale (Weinman et al., 2018)
- **BMQ** – Specific scales (Necessity & Concerns) Beliefs about Medicines Questionnaires (Horne et al., 1999)
- **PAM** - Patient Activation Measure (Hibbard et al., 2005)
- **MARS5** - Medication Adherence Report Scale (Horne et al., 2002)
- **COVID** fear, (Ahorsu et al., 2020)

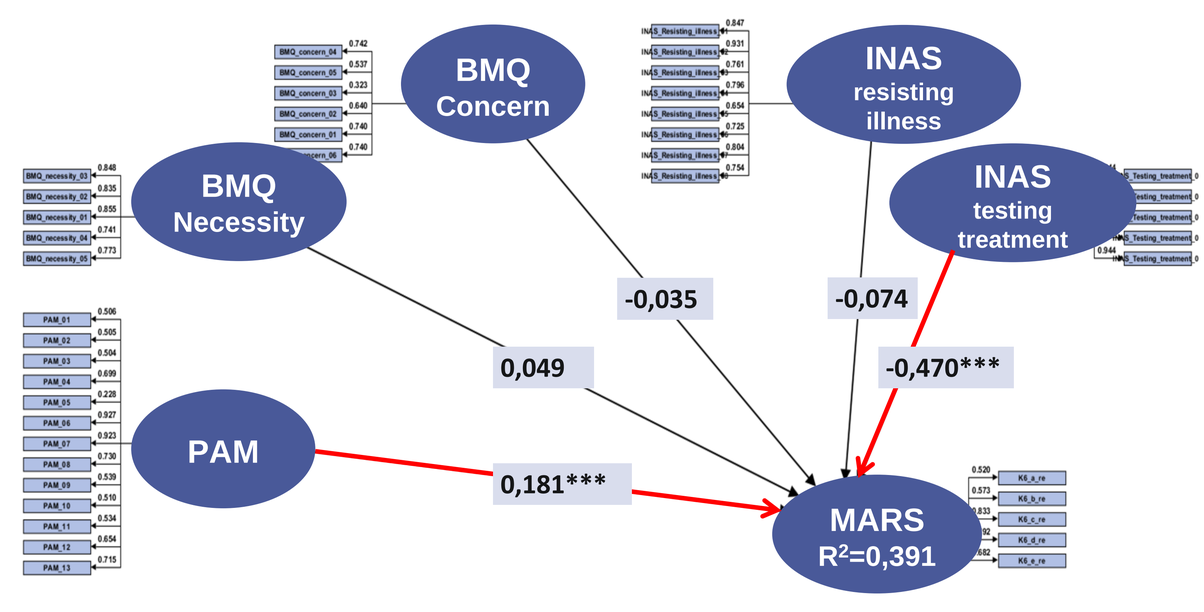
MODELLING

- PLS – SEM with Adanco,
- 1st model is pre-covid 2nd and 3rd were built on during-covid database
- Reliability and AVE are good enough

PRE-COVID MODEL



DURING COVID MODEL



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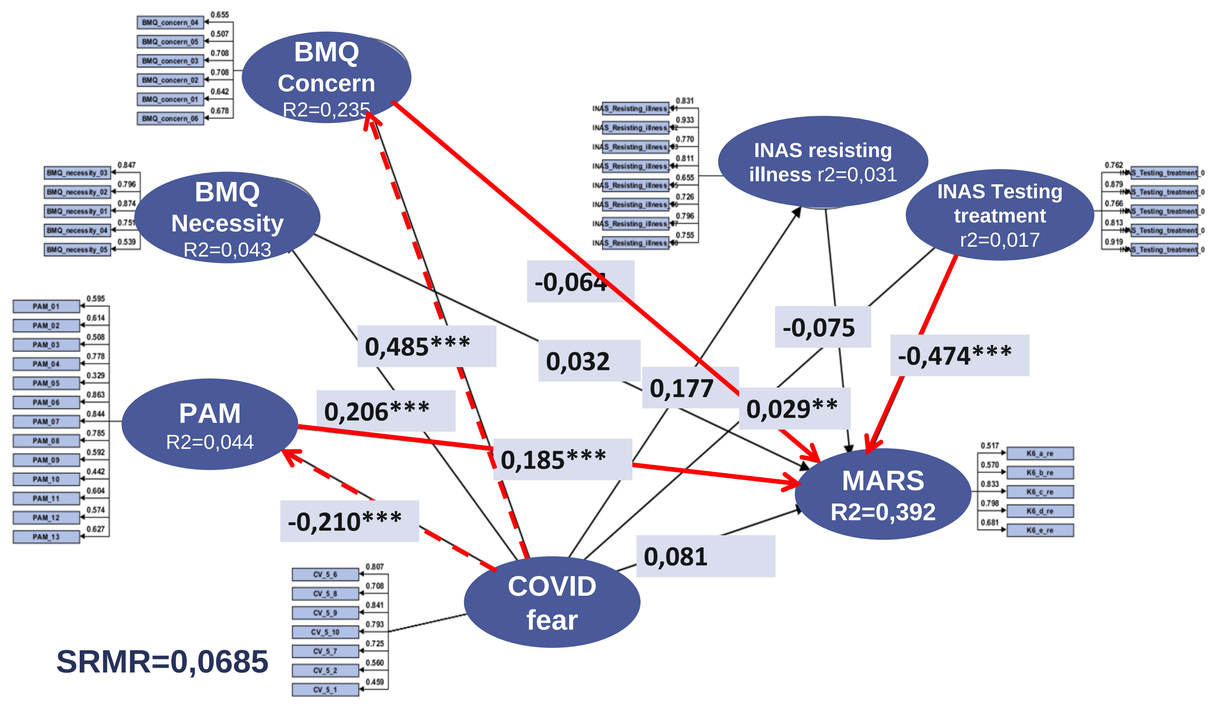
COVID MODEL WITH MEDIATION OF COVID FEAR



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CONCLUSIONS

- **In original pre-Covid model (January 2020)** BMQ Concern and INAS Testing Treatment had a negative effect on MARS5 while PAM had a positive effect.
- **In COVID database (April 2021)** the same model has only two significant effects (PAM & INAS TT) while **BMQ Concern looses its direct effect**
- As COVID – fear is inbuilt as a potential mediator **BMQ Concern receive its significant, negative direct effect.**
- In mediated COVID model there are two significant **full-mediation for COVID fear via PAM and BMQ Concern.**

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