

New medicine service: tackling nonadherence at the beginning of the treatment journey

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Background Medication nonadherence for patients with chronic diseases is extremely common, affecting as many as 40% to 50% of patients who are prescribed medications for management of chronic conditions. In Portugal, a recent review concluded that adherence rates varied from 41.6% to 89%, depending on the disease.

Purpose To identify and assess the adherence, health related needs and pharmaceutical interventions related to newly prescribed medicines used in the treatment of chronic conditions in the community pharmacy setting.

Method The intervention was designed based on the 'New Medicine Service' available in the UK, which consists of one follow-up contact approximately 1 week, and a second follow-up contact approximately 2-3 weeks after the initiation of a new medicine for a chronic condition. A computer application, developed on the Salesforce Health Cloud® software, was customized to support the intervention. Logins were assigned to 108 pharmacies and training was provided to pharmacy teams for the implementation of the program. Data collected (after obtaining informed consent) from all completed interventions were anonymized and subsequently treated using Microsoft Excel®.

Findings Between February and October 2020, 3147 interventions were completed. Participants were mainly female (60,0%). The mean age was 64,8 (\pm 14,9) years. The most frequent indications for new medicines were diabetes ? ATC A1 (10,4%, n=326); agents acting on the renin-angiotensin system - ATC C09 (13,9%, n=436); lipid modifying agents - ATC C10 (13,6%, n=428); and antidepressants ? ATC N06A (17,7%, n=558). In general, nonadherence at the first contact was 8,4% (n=265) and 10,3% at the time of the second contact. The difference between the first and second contact was even more relevant for antidepressants (13,3% at t1 and 17,0% at t2). In 22,6% (n=72) of non-adherence cases, patients reported not having started taking the medicine at all at the time of the first contact, and 10,2% (n=38) by the time of the second contact. Health related needs identified by pharmacists decreased between the first and the second contact, being the 'need for more information about the medicine' the most prevalent one (39,1%, n=780). Pharmacists' interventions were similar at the two contacts: promoting adherence to treatment and educating about the medicine.

Conclusion Following up on patients after dispensing a new medicine for a chronic disease allows pharmacists to identify and address issues related to patient adherence to treatment. We intend to use the data to assist us in designing more effective interventions based on drug class or patient characteristics to improve treatment outcomes.