

Development of a new hospital medication adherence scale in cardiovascular disorders: the Mascard

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Introduction: Non-adherence to prescribed cardiovascular drugs may lead to complications in both secondary and primary prevention. Thus, cardiovascular diseases lead to regular monitoring, which may require hospitalizations, making the hospital a place to re-evaluate both the patient's health and the medication adherence behavior in primary care.

Main: The objective of this study was to develop a new scale to assess medication adherence in patients with cardiovascular diseases usable during hospitalization.

Methods: A cohort of 219 high risk cardiovascular patients was included for this study. Data on reasons for non-adherence were collected using the newly developed medication adherence scale in cardiovascular disorders (Mascard) and compared with physician assessment and the control of their cardiovascular risk factors.

Results: The Mascard consists of 5 items concerning attitudes toward medication intake. It has good psychometric properties (Cronbach alpha 0.49) and validity [positive predictive value (PPV) 0.96 and negative predictive value (NVP) 0.5] and correlated with physician assessment (Somers D = 0.34, $P < 10^{-4}$) and control of cardiovascular risk factors.

Discussion and conclusions: This new free to use and validated scale is rapid, easy to use and may be useful for health care practitioners to assess cardiovascular medication adherence in inpatients.

Digital communication to assess medication experiences: needs and wishes of patients and pharmacists

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Aim: Early detection of problems patients experience in their medication use can improve medication adherence. The TRIAGE question set aims at detecting problems at the counter. TRIAGE could potentially be valuable to digitally guide patients between pharmacy visits, e.g. by integrating the questions into a digital pharmacist app. Our aim was to assess needs and wishes of patients and pharmacists concerning digital communication.

Methods: Semi-structured interviews were held with eight pharmacists. Two digital focus groups with 12 patients were organized. All audiotapes were transcribed. Data were analysed with open, axial and selective coding using Atlas.ti.

Results: Pharmacists and patients were positive about digital communication. Both valued the possibility of monitoring medication use by assessing experiences in between pharmacy visits through an app and considered the TRIAGE-questions to be suitable. Patients and pharmacists suggested some rephrasing of questions as well as adding

a question on how the medication was used. Patients expect feedback preferably in the next pharmacy visit. Pharmacists expect that the responses entered in the app will facilitate the conversation in the pharmacy, especially for patients with negative experiences, and expect this to improve adherence.

Discussion: Selection bias might have occurred. The viewpoint of patients with limited (digital) literacy skills remains unknown.

Conclusion: Patients and pharmacists are positive about digital communication between pharmacy visits and view integration of TRIAGE-questions in a digital app, with some adjustments, as an added value for supporting patients' medication use.

Medication adherence among young adults in the non-EU country-implications from a web-based study

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Introduction: Medication adherence is a common problem among elderly adults and the literature on nonadherence is considerable for this age group but there is a gap of publications in young adults.

Aim: The aim was to assess the level of medication adherence among young adults in Albania.

Methods: A cross-sectional web-based study was conducted in May 2021. The Rief adherence index (RAI) questionnaire was used for the data collection through the Google forms platform using the snowballing method. The call for participation was posted in the authors' social networks with different reminders. Only adult people age ≥ 18 were eligible to participate. A checklist for Reporting Results of Internet E-Surveys (CHERRIES) was taken into account while conducting the study. The participants had the possibility to complete the questionnaire once.

Results: The study included a total of 440 people. The mean age was $29.8 \pm SD 14.8$. 77.3% of participants were female with higher education. 23.6% of participants suffered from a chronic illness. Regularity was reported in initiating the use of medications prescribed. Changing medication doses and discontinuing treatment earlier without consulting a doctor was the most common phenomenon found.

Discussion: In this study, we found that medication non-adherence is common among young adults although with high educational levels.

Conclusion: Health professionals should provide sufficient information and counseling on medication adherence to doses and taking medications as prescribed to young adults that often are underestimated in relation to medication adherence.

A pharmaceutical care intervention increased adherence seemingly through an effect on beliefs about medicines

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Introduction: Beliefs about medicines is one of the strongest determinants of adherence. It's plausible that adherence interventions can be effective by changing patients' beliefs about medicines.