MAIN FACTORS ACCOUNTING FOR NON-COMPLIANCE WITH MEDICAL PRESCRIPTIONS AMONG PATIENTS WITH CHRONIC AND NON-CHRONIC ILLNESSES
Manuel Villaverde Cabral, Pedro Alcântara da Silva & Catarina Vilhena Páscoa

Background: The lack of adherence of medical prescriptions, total or partial, whatever the cause and the dimensions of the phenomenon, has a multiplicative of important negative consequences. Starting with the person who is, the lack of compliance will lead to a negative motivation at least at a good one, the therapeutics process, becoming the cause of difficulties to most the case and avoid the maneuver of prescriptions, for health professionals, non-compliance, regardless. It is not intended to do, will create a major difficulty to diagnose the situation and generate ideals about the efficiency of the prescribed treatment, this is seen and affect the relationship of trust between patient and physician, having lack ofigroup information about the diagnosis, and their therapy knowledge, which is the most important that communication between doctor and patient represents, according to literature, one of the most important factors for the right absence of prescriptions. Finally, non-compliance has consequences for health care service utilization, generating waste for the health system and, in the last resort, for the national economy.

Objectives: Differently are presented among patients with chronic and acute illnesses regarding how closely and consistently they follow the medical prescriptions, and how the relation between patients constitutes in the therapeutic regimen’s efficiency. We also point out the main reasons given by patients in cases of non-compliance as well as the different strategies they propose in order to improve compliance with their therapeutic regimen.

Data and methods: Patients’ non-compliance in medical care prescribed by doctor – medicines, means of complementary diagnoses, and other recommendations – was studied, sources, self-mistakes and negative consequences. The same regards the data pathed to a survey on Patients’ Adherence and Behaviour Toward the Use of Obligations, Prescribed By Doctors, conducted in Portugal and covering a representative sample of the population. The analysis of the data produced a set of four groups with chronic and non-chronic patients, general practitioners and specialist doctors, and unilateral and complementary: a prescription.
The study was conducted in Portugal, between February and April 2008, among 1380 individuals, with 66 or more years old.
The survey was applied in a face to face situation in the individuals home.
The response differed 64.5%, respecting a probability of 95%.
The data analyzed in this paper only reports the individuals (868) who declared chronic illness – chronic and/or acute condition, and who were following some therapeutic regimen.

Characteristics of the respondents: Categories of the patients:
- Acute illness: 16.9%
- Chronic illness: 50.7%
- Acute illness and chronic illness: 24.8%
- Other: 7.6%

When it comes to missing your medications because of:

- The symptoms went away before taking the medication:
  - Acute illness: 6.3%
  - Chronic illness: 2.8%
  - Acute illness and chronic illness: 5.7%
  - Other: 0.3%

- I didn’t feel like taking the medication:
  - Acute illness: 2.3%
  - Chronic illness: 2.2%
  - Acute illness and chronic illness: 2.5%
  - Other: 0.4%

- I was not sure I could afford the medication:
  - Acute illness: 1.3%
  - Chronic illness: 1.7%
  - Acute illness and chronic illness: 1.0%
  - Other: 0.5%

- I didn’t want to take a medication with side effects:
  - Acute illness: 0.9%
  - Chronic illness: 1.5%
  - Acute illness and chronic illness: 1.3%
  - Other: 0.2%

- I was too sleepy to take:
  - Acute illness: 0.8%
  - Chronic illness: 0.6%
  - Acute illness and chronic illness: 0.9%
  - Other: 0.4%

- I didn’t feel like being reminded of the dosage:
  - Acute illness: 0.5%
  - Chronic illness: 0.4%
  - Acute illness and chronic illness: 0.5%
  - Other: 0.3%

- I was forgetful:
  - Acute illness: 0.4%
  - Chronic illness: 0.3%
  - Acute illness and chronic illness: 0.4%
  - Other: 0.2%

- I was too busy to take:
  - Acute illness: 0.3%
  - Chronic illness: 0.3%
  - Acute illness and chronic illness: 0.3%
  - Other: 0.2%

- I was worried about the long term effects of medications:
  - Acute illness: 0.3%
  - Chronic illness: 0.3%
  - Acute illness and chronic illness: 0.3%
  - Other: 0.1%

- Mortal to avoid side effects:
  - Acute illness: 0.3%
  - Chronic illness: 0.3%
  - Acute illness and chronic illness: 0.3%
  - Other: 0.1%

Conclusion: To general, patients with chronic illnesses do not show, on average, significant differences in the way they decide to comply with medical prescriptions when compared with patients with acute illness. However, the former also say that, comparing with the moment when they took the pills, patients believed its role more consistently, whereas acute patients do not show any difference between the start of the treatment and now.

Virtually all chronic illness patients felt easier with their diagnoses (‘simplified’) in the average category, about the importance of taking medications according to the prescribed schedule the patient should follow to take the medications, how to deal with side effects, and what to do in the case of missing a dose. On average, patients with acute illnesses say they do not talk very much with their doctors.

The main reasons for non-compliance were single forgetfulness, the fact that the patient was falling behind and the difficulty to respect the treatment schedule, the former people, had a larger incidence among acute patients. Avoiding side effects is the only reason for interrupting treatment given by chronic patients more frequently than acute patients, the reason for explained by the fact that, in the case of these patients, treatments can be quite long.

The strategies people use in taking the drugs to treat their illness regimens are to talk to the doctor as much as they can, to get an easy-to-read plan from the physician, to stick along with daily reminder, and to set the physician and/or the pharmacist to adjust the regimen of the patient’s. daily schedule (Table). These are all more important for chronic than acute patients.

When asked about whether patients thought they had previously done to be more successful with the treatment regimen, the majority claims that they would not have changed anything in particular. There was no way to would have changed something to them that they would have preferred to talk more with the doctor about treatment regimen, and to have informed themselves better about the treatment and the medication.