

PERSPECTIVE DIRECTIONS FOR THE DEVELOPMENT OF SCIENCE AND
PRACTICE

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ADHERENCE TO TREATMENT OF PATIENTS WITH GOUT

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Adherence to doctor's prescriptions is important for the control of chronic diseases, including gout, as it is clear that long-term efficacy of drugs is significantly impaired due to patients' reluctance to treat.

Most studies on this subject report very low adherence to urate-lowering therapy among patients with gout [1-4].

Among the factors influencing the commitment of patients to treatment are the following: socio-economic (support of family and friends, material costs), factors related to the health care system, disease (absence of symptoms and complaints, disease control), therapy (difficulties with adherence to the prescribed treatment regimen and its duration, repeated changes in the treatment regimen, side effects), patient (knowledge, attitudes, beliefs and expectations that the patient has about a particular therapy) [5-6].

It remains an urgent problem to find out the main reasons for low adherence to treatment and to develop effective methods and measures aimed at improving it in the work of a family doctor.

The aim is to assess adherence to urate-lowering therapy in patients with gout and the main causes that affect it.

Materials and methods of research. We examined 50 outpatients with gout, whose mean age (SD) was 50.45 (10.25) years male. The diagnosis of gout was established on the basis of the criteria of the European League Against Rheumatism in 2015.

Adherence to urate-lowering therapy was assessed using the 8-point Morisky-Green Medication Adherence Scale, which includes 8 questions related to the patient's attitude to medication. Answers to questions 1-7 are given in the format "yes/no". There are 5 possible answers to the 8th question: never/very rarely; from time to time; sometimes; mostly; always. For each answer of the format "no" (or

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“never”) the patient receives 1 point. Interpretation of results occurs as follows: if the patient scores 8 points on a scale, then his commitment to treatment is considered high, 7-6 points – medium, less than 6 points – low.

In order to determine the reasons for low adherence to treatment, the researcher conducted a survey of patients at the visit, followed by registration of responses.

Statistical analysis was performed using the application package "Microsoft Excel 2010" and Statistica 6.1 (StatSoft Inc.).

Results and discussion. In patients with gout, the average duration of the disease was 5.58 (3.67) years, the total number of affected joints – 5 (2; 10), the number of exacerbations per year – 3.2 (2.67). The most common chronic form of arthritis was registered in 45 (90 %) patients and intermittent - in 5 (5 %).

When analyzing the responses of patients according to the Morisky-Green Medication Adherence Scale, it was found that 20 (40 %) respondents scored less than 6 points, 21 (42 %) – 7-6 points, 9 (18 %) – 8 points, most patients showed low and medium adherence to treatment and only a third – high adherence.

Subsequently, factors such as age, marital status, level of education, knowledge of risk factors for exacerbation, non-drug methods of gout outbreak prevention were assessed to determine the degree of influence of the outlined factors on adherence to treatment.

It turned out that men's adherence to treatment decreases with age. Marital status did not affect adherence to treatment, although adherence to treatment was slightly higher among married patients and an increase in adherence among patients with higher education. Thus, the main reason for refusing to take medication was the patient's lack of understanding of the need for their use. Given the possibility of influencing this cause in the outpatient setting with patients, an explanatory work was carried out on the first visit (as indicated in the recommendations of the European League Against Rheumatism 2016), which included informing each patient about the pathophysiology of the disease, effective treatments, comorbid diseases, principles therapy of an acute attack of arthritis, the need for lifelong reduction of blood uric acid below the target level. The need for systematic screening for comorbid diseases and cardiovascular risk factors has also been reported.

When assessing the correction of the cause of low adherence to treatment (lack of understanding of the need for medication) after 6 months, it was found that informing the patient about the main aspects of his disease and treatment allowed most patients to correct the cause of irregular medication and increase adherence.

Conclusions. The majority of patients with gout showed low and medium adherence to treatment, only a third of patients had a high adherence. Adherence to treatment was influenced by such factors as age, general well-being, lack of effect from the therapy, lack of understanding of the patient's need for urate-lowering therapy.

Informing the patient about all aspects of his illness and the purpose of treatment, as well as monthly counseling and keeping a self-monitoring diary, helped to correct the cause of irregular medication and increase adherence to treatment. At the primary stage, it is recommended to use the Morisky-Green Medication Adherence Scale.

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