Editorial Commentary

ADHERENCE TO TREATMENT

The process of rational treatment involves definition of the patient's problem, specifying treatment objectives, and checking the effectiveness and safety of the treatment before prescribing it. In addition, information on the medicines prescribed, instructions and warnings must be given to the patient. The treatment must also be monitored (continued or stopped).

Adherence to treatment therefore does not only involve taking medications but also their availability to the health care system and patients. It also involves patients attending for follow up visits. Optimal outcomes in health require efficacious treatments and adherence to those treatments.

Adherence to treatment is a world-wide problem, especially among patients suffering from chronic diseases. The order of magnitude in developed countries is estimated at 50%. The picture in developing countries has not been clearly defined but is likely to be lower. In this issue of the journal is an article on drug compliance among psychiatric patients. The article describes some features of adherence in these patients and concludes that there is the need to extend and intensify mental health education to both psychiatric patients and their accompanying relatives (Mensah E and Yeboah F, this issue of GMJ). It is important to also recognise the role of providers and the health system.

The consequences of poor adherence include worsening of the illness, increased cost of care, resistance to treatment (especially for antimicrobials) as well as social consequences like lack of confidence in the health care delivery system. A recent publication indicates that increasing the effectiveness of adherence interventions might have a far greater impact on the health of the population than any improvement in specific medical treatment.

Five dimensions of adherence have been described: They are social and economic factors, health care team and system-related factors, illness-related factors, therapy related factors and patient-related factors. It is important to realise that only one of the factors directly relates to the patient emphasizing the multifactorial nature of adherence to treatment. These factors, especially the non-patient related ones have to be taken into consideration when designing studies and interventions to improve adherence to treatment.

REFERENCES

1. Haynes RB et al. Interventions for helping patients follow prescriptions for medications. Cochrane Database of Systematic Reviews 2001


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