

Reasons for non-compliance in patients suffering from chronic dermatosis

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Objective: To establish the reasons for non-compliance in patients suffering from chronic dermatosis.

Methodology: A cross sectional descriptive study was conducted in a tertiary care hospital and during a year, by using non-probability convenient sampling 100 patients of dermatosis were enrolled in the study. Data analysis was carried out by SPSS version 21.0.

Results: Out of 100 subjects, 61% were males and 39% were females. 80% subjects followed the prescription, only 13% had difficulty in understanding and willingness to take prescribed medicine. Though it is a very common cause of non-compliance, only 9% reported side effects during this period. 22% subjects had issue of bearing the cost of treatment and 62% discontinued medication due to some reason while 39% discontinued medicines due to general

negligence. 74% subjects were properly taking the medicines while 26% may change the dose as per their need, only 15% were taking non-medical medication and 68% stopped regular follow up with doctor while most used prescribed medicines for no more than 6 months (1 month (15%), 2 weeks, 2 months and 3 months (8%). Only 4% took the prescribed treatment for 6 months regularly while 1% discontinued the treatment right after the start.

Conclusions: Poor adherence to medication is common. Patients with non-compliance need more intensive strategies for maintaining adequate medication adherence. Asking patients non judgmentally about medication-taking behavior is a practical strategy for identifying poor adherence. (Rawal Med J 201;41:193-196).

Key words: Chronic dermatosis, non compliance, dermatology patients.

INTRODUCTION

Chronic Dermatitis refers to the long-lasting irritable area. It is a common, pruritic, chronic relapsing, inflammatory skin disease, which includes Xerosis, intense pruritus and lichenification.¹ These are multifactorial diseases that seem both to rise in frequency and to be dependent on a genetic predisposition² and may be associated increased serum IgE levels and peripheral blood eosinophilia.^{3,4} Different dermatosis can last for long duration in a chronic manner requiring long term adherence to treatment and regular follow up. This is supported by cross-sectional and longitudinal studies.⁵ It is important to establish the reasons for non-compliance in patients suffering from chronic dermatosis in Pakistan, however studies are very limited. Hence it has been planned to highlight the reasons for non-compliance in chronic dermatitis. The aim of this study was to determine the reasons for non-

compliance in patients suffering from chronic dermatosis.

METHODOLOGY

In this cross sectional study, a total of 100 patients suffering from common skin conditions were enrolled in the study over a period of 6 months. Patients with minimum age of 13 years with skin conditions for more than 6 months were considered. The rare skin conditions and congenital syndromes like tuberous sclerosis, NF1, Xeroderma pigmentosum etc were excluded. Initially, 123 patients were interviewed, but only 100 were eligible to be enrolled in study.

Physical examination was performed by dermatologist. Data collection included demographic variables as well as gender, date of birth, educational details, disease duration, prescription understanding, treatment willingness, follow up period, medication discontinuation, followed prescription, follow up dose, dose as prescribed,

cost of treatment, side effects, difficulty in understanding, non medical medication and general neglect. The results were analyzed using SPSS Version 21.

RESULTS

Out of 100 subjects, 61% were males and 39% were females. Mean age was 31 ± 13 years. Patient enrolled in the study had eczema, psoriasis and lichen planus (Table 1).

Table 1. Disease seen in study population.

Disease Status	Number
Pruritus	17
Eczema	11
Acne	27
Urticaria	5
Lichen Planus	8
Keratoderma/Fissures	10
Xerosis	12
Psoriasis	10

Matriculation was the commonest education level (Fig. 1). Duration of illness was one to two years in most patients (Fig. 2). 98% prescription was written clearly. Out of 100 subjects, 92% were given follow up dates.

Fig. 1. Education level of study population.

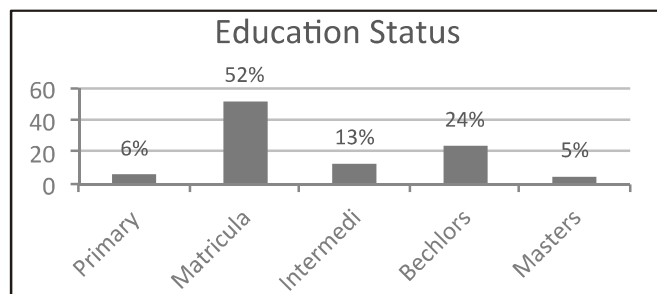
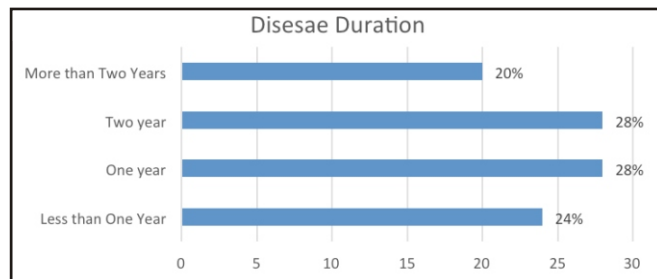


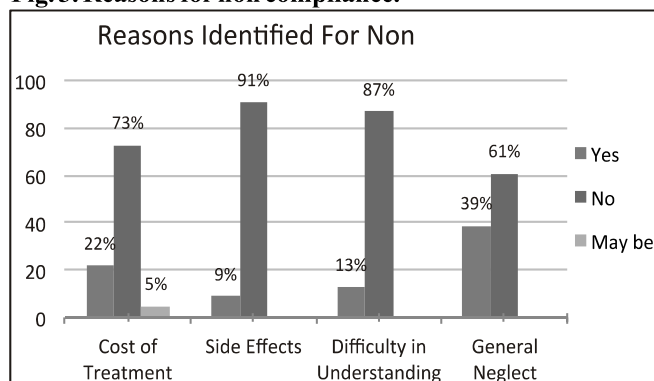
Fig. 2. Duration of illness.



Initially, 90% were willing to take and follow the treatment. 45% subjects had tried multiple remedies, mainly herbal and home remedies before contact to doctor. Only 38% took the medicine and 62% discontinued medication due to some reason. 80% followed the prescription. Only 32% were able to come regularly on due dates and 68% were unable to come on due date. (

Only 74% took the proper dosage of treatment and 26% changed the prescribed dose owing to their medical condition.

Fig. 3. Reasons for non compliance.



Out of 100, only 15% reported they were using non-medical medication. The identified reasons for non-compliance were cost of treatment, side effects and facing difficulty in understanding prescription (Fig. 3). Most of the subjects used prescribed medicine for no more than 6 months (1 month (15%), 2 weeks, 2 months and 3 months (8%), however very few (4%) took the prescribed treatment regularly for 6 months. Small fraction of subjects (1%) discontinues the treatment right after the start responding the treatment on their own without any further consult.

DISCUSSION

In past very little studies conducted to estimate treatment adherence issues in the individuals of chronic dermatosis.⁶ We tried to demonstrate the basic reasons for non-compliance in patient suffering from chronic dermatosis with different education background having different duration of disease followed for a period of 6 months or more.

Many factors may influence patient adherence to medication: patients' demographics, cost of

medication, medication side effects, duration of treatment, frequency of expected intake, number of medication taken by patient, complexity of disease.^{7,8} In our study, most of the patients discontinued medication due to general negligence or lost to follow-up while some changed the prescribed dose as per their medical condition. As result showed, 26% did not take medicines as prescribed. The most important patient-identified barrier to appropriate use of medication was the fear of side effects, which resulted in non-compliance.⁹ In our study, the reported side effects were only 9%. Understanding and enhancing patient compliance with physician-prescribed treatments are relevant aspects of medical care [10] and in our study 98% subjects were able to understand the treatment while in follow up 13% said that they have difficulty in understanding.

The percentage of patients who practice truly optimal treatment is even lower than the variable practice of self-treatment⁶ and the same results were observed in our study, as 45% tried multiple remedies before coming to doctors. In follow, up only 15% reported that they were using non-medical medication. Studies have shown that adherence to medical treatment may have been overcome by well-established doctor-patient relationship.^{6,11} This psychosocial factor may result in better compliance. In another study, mean adherence from the baseline to the end of the study was 32%.¹² In our study, 92% subjects were given follow up dates and only 32% were able to come regularly on due dates and 68% were unable to come on due date. Patients may respond to the treatment, either they do not return for follow up or discontinue medication because of any reason without consultation and some may get disheartened because of long duration of treatment and recovery. One year follow up assessment showed that psychological treatment led to better improvement in skin condition than standard medical care.¹³

More recent information examining physician visits for chronic dermatitis in the United States from 1997-2004 estimates a large increase in office visits for chronic dermatitis occurred but it has not been possible to allocate which type has increased so rapidly.¹⁴ In our study, only 4% subjects took

medicines regularly. Non-adherence to medication is a chronic problem that impacts healthcare professionals and patients. In psoriasis, studies suggest that up to 40% of patients do not use their medication as directed.¹⁵ New technologies such as reminders through cell phones and personal digital assistants and paging systems may be needed to help patients who have the most difficulty meeting the goals of a regimen. Another idea to establish reasons for noncompliance is the prevalence rate of chronic dermatitis is rising, and chronic dermatitis affects 15-30% of children and 2-10% of adults.^{16,17}

CONCLUSION

The problem of medication non-adherence may improve by multi-faceted approach to address patient behaviors, attitudes and other barriers described in our study.

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Conception and design: Sadaf Ahmed Asim
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 Analysis and interpretation of the data: Sadaf Ahmed Asim
 Drafting of the article: Sadaf Ahmed Asim
 Critical revision of the article for important intellectual content: Zarnaz Wahid
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