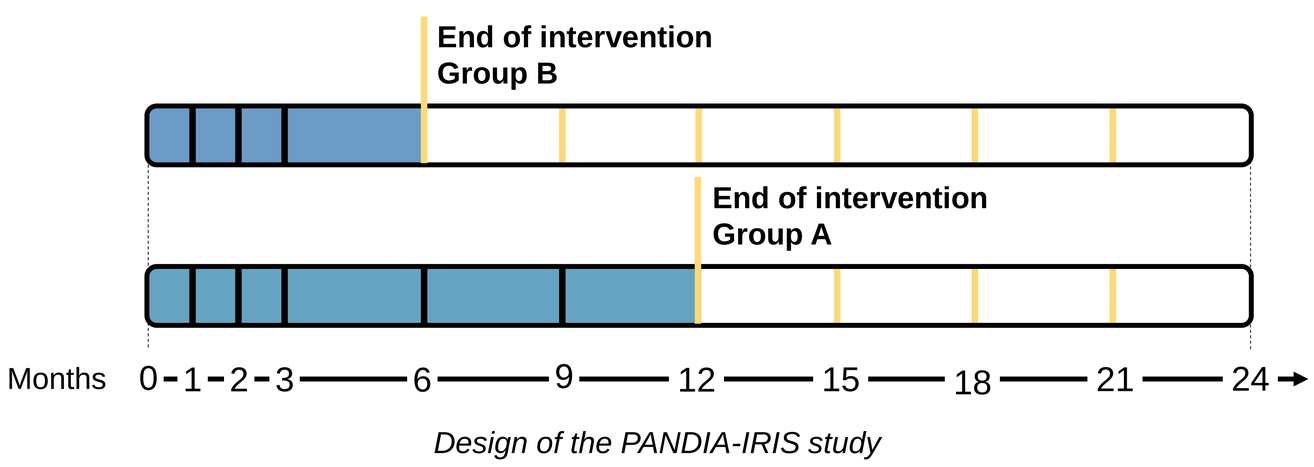
What are the factors and reasons for non-participation to an adherence program among patients with diabetic kidney disease?

Carole Bandiera[1,2,3], Liliane Lam[1], Jennifer Dotta-Celio[3], Dina Duarte[4], Gregoire Wuerzner[4], Menno Pruijm[4], Anne Zanchi[4,5], Marie P. Schneider[1,2]

[1]School of Pharmaceutical Sciences, University of Geneva, Geneva, Switzerland. [2]Institute of Pharmaceutical Sciences of Western Switzerland, University of Geneva, Geneva, Switzerland.
[3]Center for Primary Care and Public Health (Unisanté), University of Lausanne, Switzerland. [4]Service of Nephrology and Hypertension, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland.
[5]Service of Endocrinology, Diabetes and Metabolism, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland.

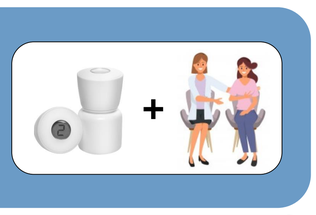
PANDIA-IRIS adherence program: 73% (202/275) patients refused to participate

- The PANDIA-IRIS study is a 1:1 randomized controlled and open trial
- Aim: to determine the impact of the duration of the interprofessional adherence program (6m vs. 12m) on long-term adherence
- Eligibility criteria: patients with diabetic kidney disease (eGFR ≤60 ml/min/1.73m^2) visiting their nephrologist or endocrinologist at the Lausanne University Hospital (Switzerland)



Design of the PANDIA-IRIS study

INTERVENTION:
✓ Electronic based feedback
✓ Face-to-face interview between patient and pharmacist



FOLLOW-UP:
Blinded use of electronic monitor (EM) only

| Medication adherence visit | Post intervention visit (refill)

Aim

1) To **describe** patients who refused vs. accepted to participate to the PANDIA-IRIS study
2) To **understand,** in-depth, reasons for non-participation in patients who refused, and perceived usefulness in patients who accepted

Methods

1) A **quantitative** comparison of sociodemographic and clinical variables (eligibility: patients who signed the general consent)
2) **Qualitative** interviews with patients who refused (n=16) and accepted (n=14) to participate

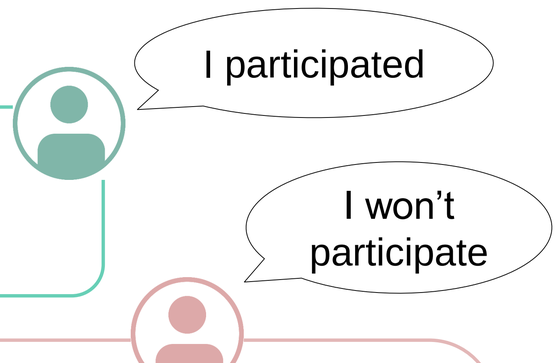
Results

1) Patients who refused are **older** and diagnosed **for a longer duration** than patients who accepted.
More women refused to participate compared to men.

	Patients who accepted n=57	Patients who refused n=123	p-value
Age (years)	64.0 (SD: 10.0)	67.7 (SD: 10.5)	**P=0.024**
Gender	Male: 50 (87.7%) Female: 7 (12.3%)	Male: 85 (69.1%) Female: 38 (30.9%)	**P=0.007**
Diabetes types	Type 2: 54 (94.7%) Type 1: 1 (1.8%) Other*: 2 (3.5%)	Type 2: 108 (87.8%) Type 1: 2 (1.6%) Other*: 13 (10.6%)	P=0.194
Time from diabetes diagnosis (years)	Median: 9 (IQR 4-16)	Median : 15 (IQR 7-23) Missing data: 11 patients	**P=0.002**
eGFR decline per year (mL/min/1.72m^2/year)**	Median: -2.5 (IQR -4.1 ; -0.9)	Median: -1.8 (IQR -4.2 ; -0.5) Missing data: 5 patients	P=0.405
HbA1C (%)	Median: 7.1 (IQR 6.7-8.0) Missing data: 11 patients	Median: 7.4 (IQR 6.8-8.3) Missing data: 34 patients	P=0.228
Number of chronic treatments	Median: 8 (IQR 6-11)	Median: 9 (IQR 7-12)	P=0.228

*Type 1, glucocorticoid-induced, post-transplantation, post-pancreatectomy diabetes or Latent Autoimmune Diabetes in Adults (LADA)
**eGFR: estimated Glomerular Filtration Rate

2) The decision to participate to an interventional study is **complex and multifactorial,** it involves the patients and their relatives.



✓ EM feedback **useful** to prevent forgetfulness
✓ Medication **literacy** improved and **motivation** increased
✓ **Reassured** by the interprofessional intervention

- **Do not feel the need** of an adherence support program
- **Did not agree** to use the EM
- **Study design** is perceived as a **burden**
- Described a **well-established medication routine** but the study **could have been beneficial if introduced earlier** in their therapeutic journey
- Other barriers: **difficult relationship** with healthcare providers, **lack of awareness** of pharmacist's role in supporting adherence, **negative perception** of clinical research

Conclusions

There is an urgent need to advocate for **interprofessional outpatient collaborations** between physicians, pharmacists and nurses **to support medication adherence in patients with diabetic kidney disease.**

carole.bandiera@unige.ch
marie.schneider@unige.ch

UNIVERSITÉ DE GENÈVE · ISPSO INSTITUT DES SCIENCES PHARMACEUTIQUES DE SUISSE OCCIDENTALE · CHUV · unisanté Centre universitaire de médecine générale et santé publique · Lausanne

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