

HOW DIABETICS' PATIENTS IDENTIFY THEIR MEDICINES?

INTRODUCTION

For chronic diseases, medication adherence has an estimated average of 50% for developed countries, being even lower in developing countries, the compliance rate showed decrease over the period of medication use.¹ The responsible use of medicines includes its proper use, the lack or insufficient knowledge of the drugs used can contribute to a decrease in the effectiveness of pharmacological treatments and lead to negative clinical outcomes.²

OBJECTIVES

The main goal of this study was the characterization of diabetic patients' knowledge in the identification of medication, respectively medicine's name, drug's strength, and therapeutic indication.

METHODS

A cross-sectional study was developed at a specialized medical center in the diabetes area (AEDMADA).

INCLUSION CRITERIA:

- ≥ 18 years;
- Diagnosis of Diabetes *mellitus*;
- Patients using at least one medicine.

Data collection was conducted through structured interviews, which was held during a consultation in a systematic way by completion of a questionnaire.

	N	%
NAME		
Knows Medicine's Name	52	48.6
Does Not Know Medicine's Name	55	51.4
READ		
Can Read Medicine's Name	716	96.5
Can Not Read Medicine's Name	26	3.5
DRUG'S STRENGTH		
Knows Drug's Strength	182	24.5
Does Not Know Drug's Strength	560	75.5
THERAPEUTIC INDICATION		
Knows The Correct Therapeutic Indication	502	67.7
Does Not Know The Correct Therapeutic Indication	47	6.3
Does Not Know The Therapeutic Indication	125	16.8
The Information On The Therapeutic Indication Is Not Complete	68	9.2

TABLE 1: Medication knowledge characterisation.

DISCUSSION

Despite few published studies on patients' knowledge about medication, all point to a lack of knowledge in this area. A descriptive transversal study carried out in Lisbon volunteer community pharmacies identified "therapeutic goal" (70.9%; $p < 0,001$), "process of use" (36.7%; $p = 0,032$) as the dimension that presents the best knowledge, dimensions of "safety" (1.9%) and "conservation" (5.8%) as those with the lowest levels of knowledge.³

Another study developed in Spain, including patients ≥ 65 years and taking 5 or more medicines concluded that there are considerable gaps in the knowledge of complex chronic patients about therapeutic indication, the correct method for administering them and drug's strength, being the number of patient involuntary medication errors related to these gaps.⁴

REFERENCES | 1. World Health Organization. Adherence to long-term therapies: evidence for action. World Health Organ. 2003; Geneva. | 2. World Health Organization. The Pursuit of Responsible Use of Medicines: Sharing and Learning from Country Experiences. Geneva; 2012. Available from: http://www.who.int/medicines/areas/rational_use/en/ | 3. Rubio JS, García-Delgado P, Iglesias-Ferreira P, Mateus-Santos H, Martínez-Martínez F. Measurement of patients' knowledge of their medication in community pharmacies in Portugal. *Cien Saude Colet*. 2015;20(1):219-28. | 4. Martí L, Orozco-beltra D, Iglesias-alonso F, Lorenzo S, Nun R. What older complex chronic patients need to know about their everyday medication for safe drug use. *Expert Opin Drug Saf*. 2014;13(6):713-21.

RESULTS

Were included in this study one hundred and seven (107) patients, 41.1% female and 58.9% male, aged between 35 and 88 years, with a mean age of 65.6 ± 10.5 years. The most prevalent health problems, beside diabetes mellitus, were hypertension (83.2%) and dyslipidaemia (74.8%), with a mean of 4.7 ± 1.9 health problems per patient.

Each patient was using a mean of 6.9 ± 2.9 medicines and 0.2 ± 0.4 food supplements per day (FIGURE 1). The therapeutic group often used was C (Cardiovascular System), A (Alimentary Tract and Metabolism) and N (Nervous System) with respectively 33.8%, 32.6% and 11.5% (FIGURE 2).

Patient's medication knowledge characterisation is described in TABLE 1.

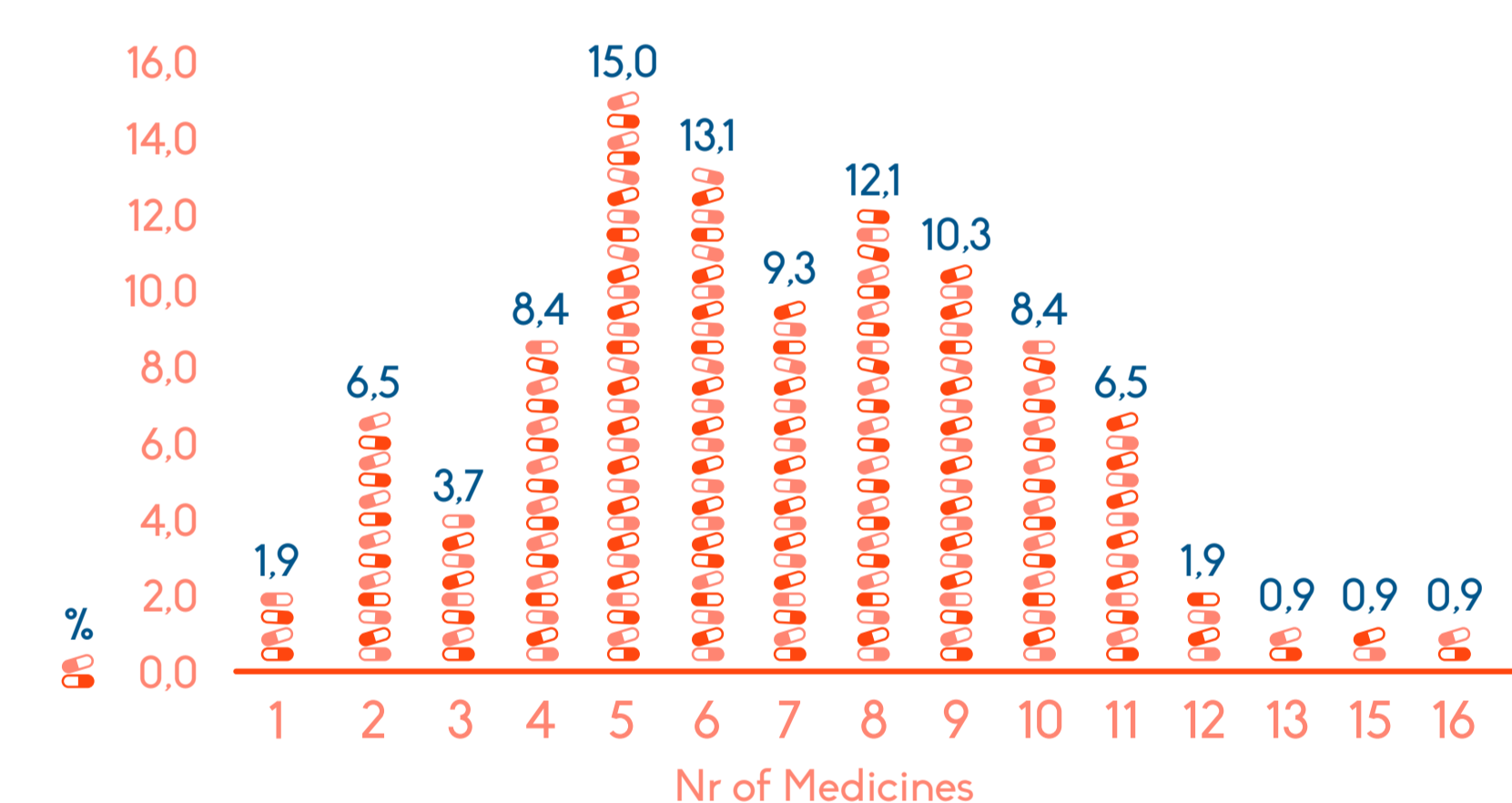


FIGURE 1: Characterisation of the number of medicines used by patients.

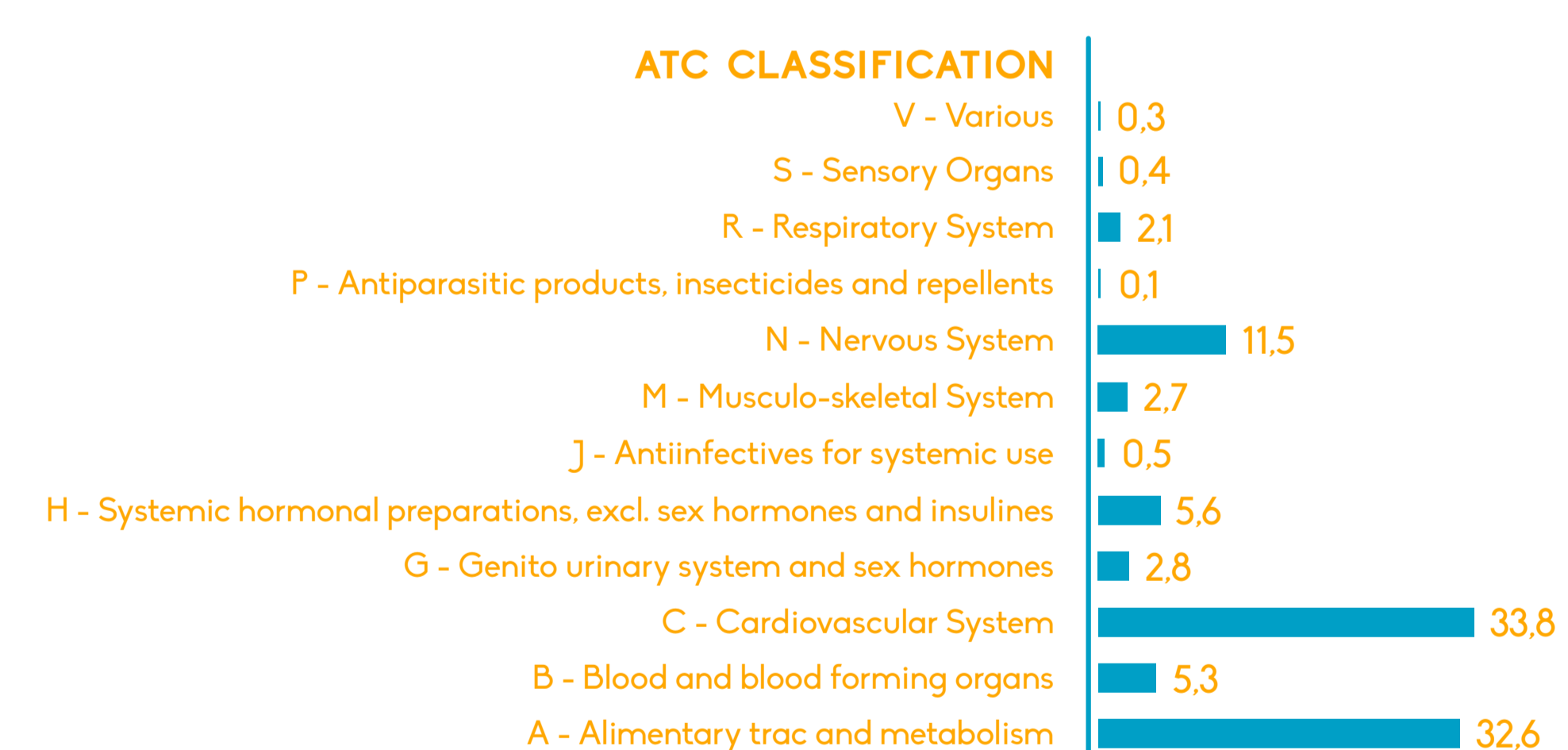


FIGURE 2: Characterisation of drugs used by patients according to ATC classification.

CONCLUSION

The results obtained indicate that patients have some lack of ability in the basic identification of the medicines used.

In the future it will be desirable to perform a more extensive analysis that includes further variables related to the knowledge of the patients about medicines, including instructions of use, possible side effects and storage conditions, in order to be able to establish an action plan that can provide patients with more and better skills to achieve a responsible use of medicines.