



SBR 2019
**36º CONGRESSO
BRASILEIRO DE
REUMATOLOGIA**
CENTRO DE EVENTOS DO CEARÁ
04 A 07 DE SETEMBRO

PROMOÇÃO



REALIZAÇÃO



Prevalence and predictors of adherence to treatment in patients with systemic lupus erythematosus

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BACKGROUND

Non-adherence is a major issue in systemic lupus erythematosus (SLE) patients. The objectives of this study were to determine the prevalence and predictors of medication non-adherence among patients with SLE.

MATERIALS AND METHODS

A cross-sectional investigation was performed. Participants were recruited by consecutive sampling from the Lupus Clinic. Patients' self-reported medication adherence was assessed by the eight-item Morisky Medication Adherence Scale. Demographics, clinical, laboratory and therapeutic variables were included as predictors. Univariate analysis were carried out on each potential predictive factor. Variables meeting p value less than 0.2 on univariate analysis, or clinically regarded as important risk factors, were selected for multivariable regression analysis.

RESULTS

A total of 113 patients (96% female, mean age 49 years old) were included in this pilot study. The percentage of patients classified as having low adherence to medication was 33.6%, medium adherence 46.9%, and high adherence only 18.6%. Marital status, age, income, education, race, discoid rash, subacute cutaneous rash, prednisone intake were selected for the multivariable analysis. Only marital status ($p = 0.04$; OR: 2.61; CI: 1.02-6.68) and subacute cutaneous rash ($p = 0.04$; OR: 0.21; CI: 0.46-0.98) remained associated with adherence to medication after regression analysis. Discoid rash presented a borderline significant p-value ($p = 0.07$; OR: 0.34; CI: 0.11-1.10).

CONCLUSION

High adherence is a difficult target in SLE patients but still should be pursued. It appears that cutaneous manifestations positively impact on adhesion to treatment, while being married decreases adherence in this sample of our cohort. The selection of medical agent did not impact on patients' adherence.