



THE LONGER THE TIME OF DISEASE, THE LOWER ADHERENCE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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BACKGROUND

About 50% of patients diagnosed with chronic diseases will have problems of therapeutic adherence, which may be higher in developing countries. The non-adherence therapy contributes to worsening of clinical outcomes, reduced quality of life, higher cost and utilization of health services, up to an increase in the mortality rate. And, in rheumatologic diseases, it may result in worsening of pain and functionality. Among patients diagnosed with systemic lupus erythematosus (SLE), non-adherence can range from 43% to 75%. In Brazil, publications on this subject are scarce. Thus, the objective was to determine the prevalence of low drug adherence among these patients and to identify associated factors with this condition.

MATERIALS AND METHODS

Quantitative, cross-sectional, analytical study with data obtained through interview and review of medical records. Adherence was assessed by means of the Modified Drug Adherence Scale of Morisk and considered low, if score zero or one; average, two or three; high, four. The degree of disease activity was determined by MEX-SLEDAI, considering SLE activity above 5 points. Frequency and mean measures were used in the population characterization. Pearson's chi-square test and the Fisher's exact test were used in the association analysis. Considered statistical significance of 5%. The software used SPSS, version 22.0.

RESULTS

A total of 81 patients were evaluated: 97.5% female, mean age 41.44 (\pm 11.53), 49.4% non-caucasian, 64.2% with 11 or more years of study, 53.1% with family income up to 1 minimum salary, 49.4% married or with stable union, mean diagnosis time of 11.37 years (\pm 8.97), and 14.8% had a disease considered active by MEX-SLEDAI. According to the Morisk scale, most patients were classified as having a mean adherence (61.7%); the frequency of low adhesion was 27.2% and high adhesion, 11.1%. Disease duration was the only factor associated with adhesion: the longer the disease duration, the lower adherence (p = 0.024). Schooling, family income, degree of disease activity, presence of indirect signs of severity (renal manifestations, neurological manifestations, hemolysis, thrombocytopenia or previous hospitalization because of SLE activity) were not related to adherence.

CONCLUSION

In this study the low adherence rate was lower than that reported in most studies, having been associated with longer disease duration.

This is an important issue during the SLE follow-up, especially in the population with longer diagnosis time, considered as having low activity disease, since the low adherence could be associated its reactivation or unnecessary change in treatment.