

# Assessing medication adherence and condition-related knowledge of heart failure patients

#### I Debono<sup>1</sup>, L Grech<sup>1</sup>, RG Xuereb<sup>2</sup>, LM Azzopardi<sup>1</sup>

<sup>1</sup>Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, Msida, Malta

<sup>2</sup>Mater Dei Hospital, Department of Cardiology, Msida, Malta

email: ivan.debono.94@um.edu.mt



# INTRODUCTION

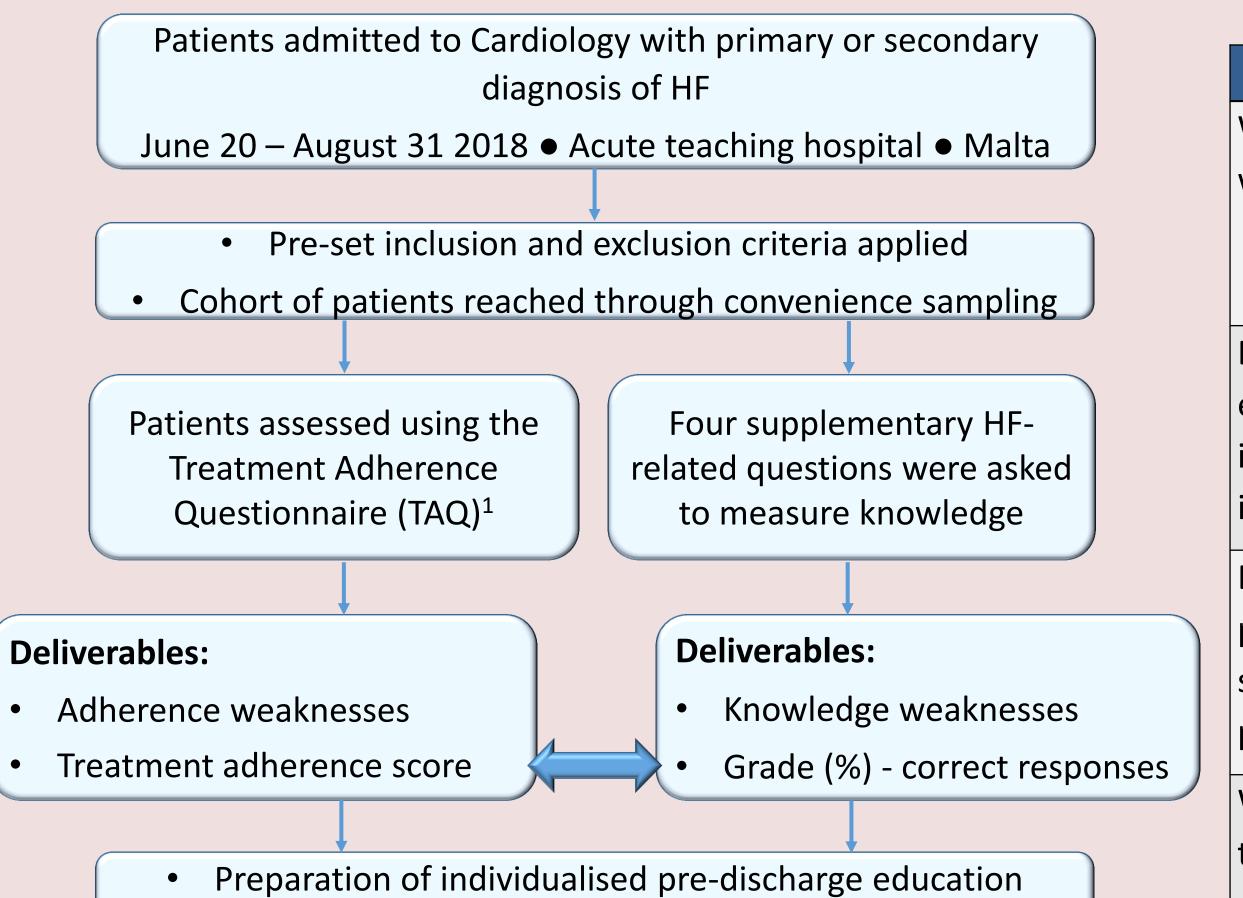
- Non-adherence to treatment and diet and failure to seek care are contributors to readmissions in heart failure (HF).
- Specific questions related to treatment adherence and living with

HF support pre-discharge medication and self-care education.

#### AIMS

To undertake an adherence to treatment assessment and correlate with an assessment of potential of patients to engage into self-management.

#### METHOD



Correlation between TAQ score and responses to questions

#### Table 1. HF-related questions – guide to assess responses

Question	Satisfactory response
What is the name of your	The patient is able to state the generic name of the
water tablet?	diuretic. Problems with pronunciation considered
	acceptable. Visual recognition of package not considered acceptable.
	The patient is at least able to associate a rapid increase in body weight with fluid overload or the
	need of weight monitoring to check fluid overload or efficacy of diuretic dose.
Do you add salt to your	The patient is at least able to show that he/she
prepared food or	should be on a salt-restricted diet. Deliberate non-
seasoning cubes while	adherence considered unsatisfactory.
preparing food?	
Which symptoms (related	The patient is at least able to mention two of the

to heart failure) should following: sudden weight gain; swelling of the feet, you report to your doctor? ankles or abdomen; shortness of breath and/or increasing cough episodes and unusual fatigue.

### RESULTS

- The patients (N=57) had an average TAQ score of 70 (range: 31-95) on a scale of 0-100 indicating a medium-high adherence.
- The mean grade for the four questions was 43% (range: 0%-75%).
- 25 patients gave an unsatisfactory answer to at least 3 questions.
- ✤ 30 patients were unable to name their diuretic.
- 51 patients were categorical about not taking salt. 6 patients added salt-containing seasoning deliberately while cooking.
- 55 patients gave an unsatisfactory answer to weight monitoring to check fluid overload and only associated weight with body fat.
- 34 patients were unable to mention at least 1 basic symptom apart from shortness of breath.
- 15 of the patients exhibited a mismatch between the TAQ score and the percentage grade to the knowledge questions (medium-high TAQ score versus low grade 0-25% to the questions).

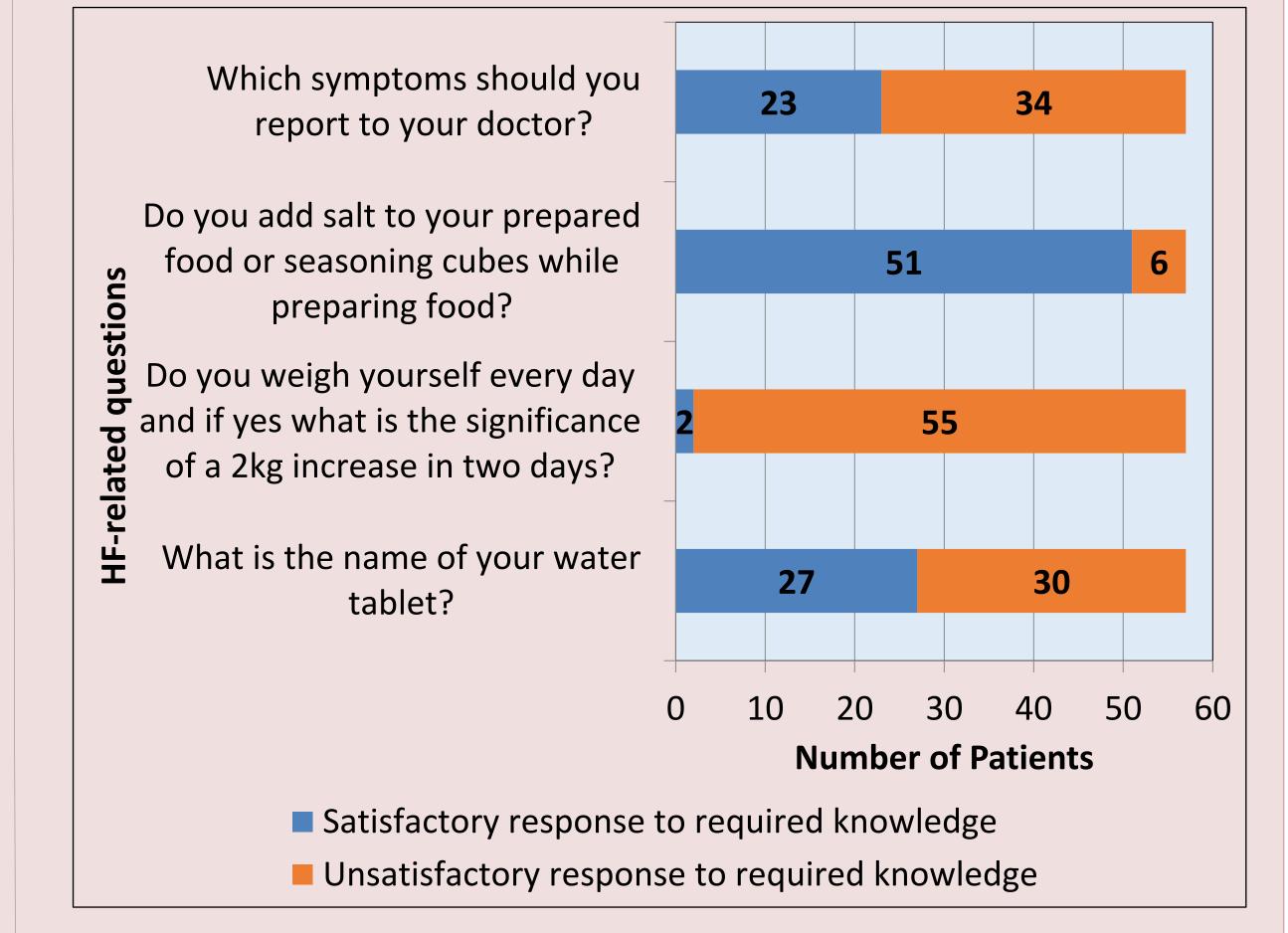


Figure 1. Number of patients (N=57) that gave a satisfactory or an unsatisfactory response to four basic questions in relation to required knowledge on heart failure.

The patients demonstrated the need for support to improve self-management related to lifestyle and medication-use.

- Pre-discharge education warrants emphasis on symptom recognition and weight monitoring to detect fluid overload.
- The lack of engagement in self-management did not reflect a low adherence to treatment.

## REFERENCES

<sup>1</sup>Anastasi A, Grech L, Serracino Inglott A, Azzopardi LM. CP-185 An innovative treatment adherence tool. *EJHP*. 2017; 24.

Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, Msida, Malta um.edu.mt/ms/pharmacy

