

RELATIONSHIP BETWEEN DAILY DOSE FREQUENCY AND ADHERENCE IN CHRONIC MYELOID LEUKEMIA

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BACKGROUND

Adherence to tyrosine-kinase inhibitors (TKIs) treatment is regarded one of the mainstay of chronic myeloid leukemia (CML).

PURPOSE

To analyze the variability in the adherence to TKIs treatment of CML in function of the prescribed drug and evaluate how pharmaceutical care can improve it.

MATERIAL AND METHODS

A prospective, multicenter and observational study from october-2014 to may-2015.

Subjects were patients diagnosed of CML who received treatment with TKIs.

Study consists in two phases:

- **Observation phase (OP)** to obtain initial vision of the adherence
- **Second phase of intervention (IP)** of 12 months, where pharmaceutical care was performed on non-adherent patients, and reevaluation of adherence.

Adherence was analyzed by compilation of three indirect methods: **MMAS8 self-questionnaire** (8-item Morisky Medication-Adherence scale); **the ESPA** (Simplified Scale for Adherence Problems), and **dispensing-record (DR)** in the last 6 month (non-adherent: DR lower than 90%).

The identification of a lack in adherence by any of the threes methods, classified the patient as non-adherent.

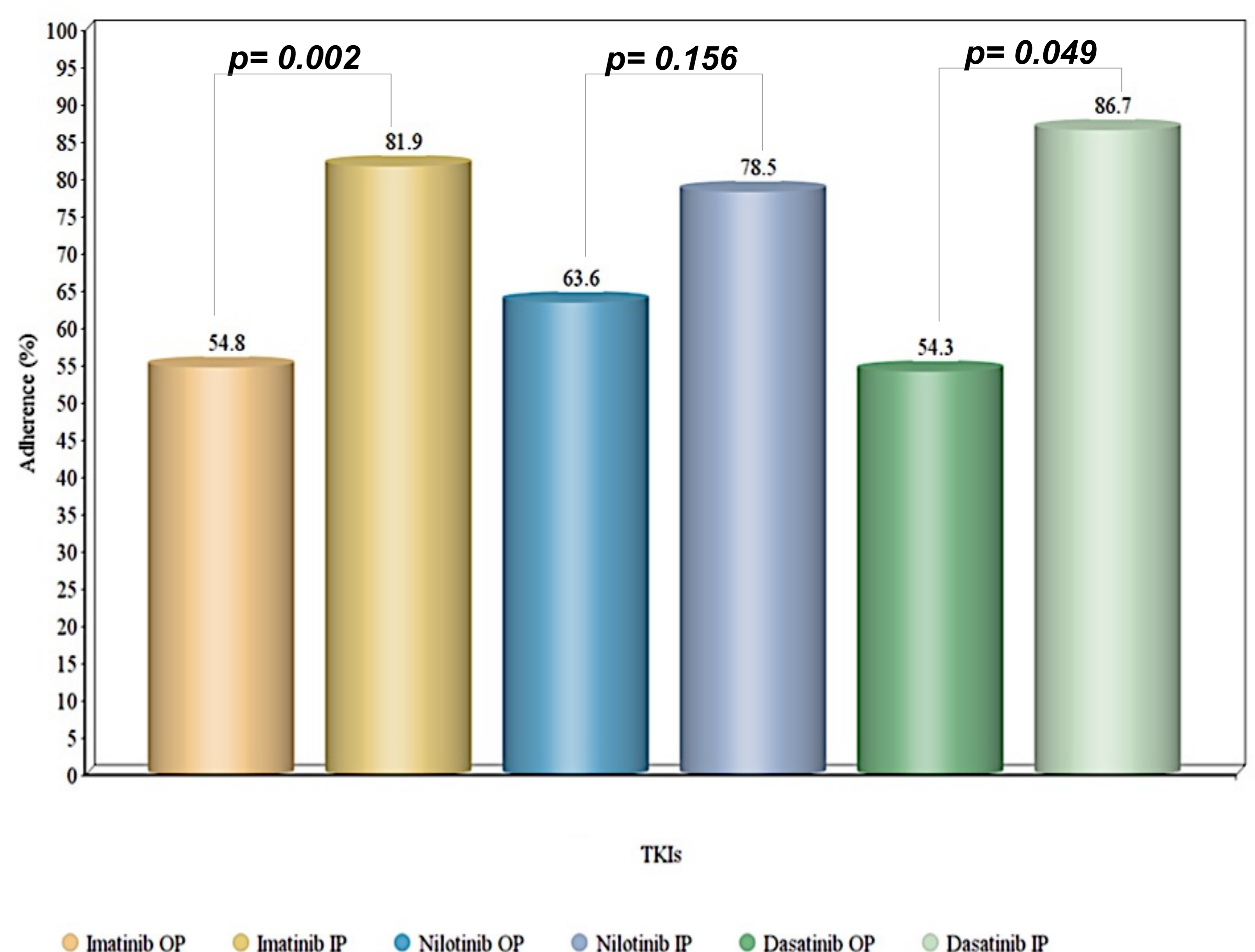
The study had been approved by the hospital's Ethical Committee(CEIC) and classified as EPA-SP by the AEMPS with LOH-IMA-2013-01 code. Patients were requested to sign an informed consent form prior to the inclusion.

RESULTS

130 patients were included, with an average age of 58,9 (20-90) years and 55,5% male. 63.8% of patients received treatment with imatinib, 24.6% nilotinib and 11.6% with dasatinib.

Adherence in **observation phase** was 68.4%, showing no differences in the adherence of the different treatments ($p = 0.67$). After the intervention phase, the adherence was **82.9%** ($p = 0.007$).

However, treatment subgroup analysis showed that adherence, after the intervention phase, **only improved in those patients whose TKI was given once daily:**



CONCLUSIONS

Our results suggest that pharmacist intervention in outpatient-units improve adherence in patients with CML treated with TKIs; however, the adherence is only improved with the once-daily treatments (imatinib and dasatinib).