

IMPACT OF DISCHARGE PHARMACEUTICAL COUNSELLING ON PATIENT ADHERENCE TO ANTI-INFECTIVE TREATMENT

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BACKGROUND

For years, bacterial resistance can affect the effectiveness of anti-infective treatment. Non-adherence is one of the factors responsible for the development of resistance that results in treatment failures, deaths and additional costs. Several activities could improve patient adherence, one of which is **discharge pharmaceutical counselling (DPC)**.

The aim of the study was to assess **the impact of DPC on adherence** to anti-infective treatment prescribed for acute infection, as well as the **patient's understanding and knowledge** about his treatment.

MATERIAL AND METHODS

- A **prospective**, single-centre and **interventional study**
- Unit of infectious and tropical diseases
- From November 2014 to July 2015
- **Randomization** :
 - ✓ **DPC -** (Control group)
 - ✓ **DPC +** (Interventional group)
- The patient's adherence was assessed indirectly by phone contact with :
 - the community pharmacist
 - the patient : quiz to assess understanding and knowledge of the treatment.

RESULTS

N=89

- 53.9% of mens
- Median age : 64 [44;76] years
- Age ≥ 65 years : 49.4%
- **Anti-infective treatment**
 - ✓ Median daily doses: 3 [2;3]
 - ✓ Median duration: 8 [6;11] days
 - ✓ 42% beta-lactams, 32% fluoroquinolones

Non-adherence
49.4%

DPC + (n=45)

37.8%*

DPC - (n=44)

61.4%

*p<0.05

Behaviors of non-adherence

	DPC -	DPC +	p
Involuntarily omission	31.8%	6.7%	<0.01
Treatment prolongation	38.6%	28.9%	0.33
Dosage adjustment	2.3%	8.9%	0.36
Voluntarily omission	4.5%	11.1%	0.43
Treatment discontinuation	11.4%	6.7%	0.69

Knowledge to anti-infective treatment

	DPC-	DPC +	p
Median score	8 [7;9]	9 [7;9]	0.052
Knowledge of side effect	25%	64.4%	<0.0005

CONCLUSION

DPC halved the rate of non-adherence, reducing involuntarily drug omission and improving patient's knowledge to anti-infective treatment, including knowledge of side effects.

Thus, it would be interesting to extend this practice to other healthcare units. In order to optimise clinical pharmacy activities, identification of risk factors for non-adherence should help to develop DPC by targeting patients at risk of non-adherence.