

# ADHERENCE TO CAPECITABINE CHEMOTHERAPY

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## BACKGROUND

Dispensation of capecitabine at Hospital Pharmacy Department represents 38% of dispensations of oral chemotherapeutics agents at our hospital.

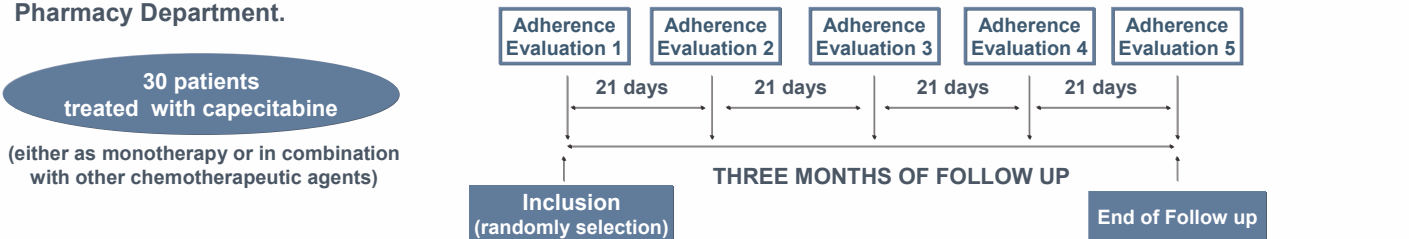
Monitoring adherence may help to prevent a treatment failure, to avoid adverse effects and to reduce the costs resulting from them.

## PURPOSE

To evaluate drug adherence to capecitabine.

## METHODS

Prospective observational study, conducted between July and September 2011 in the Outpatient Unit of a Hospital Pharmacy Department.



RECORDED DATA			
PERSONAL DETAILS	DISEASE VARIABLES	TREATMENT ISSUES	DRUG ADHERENCE PARAMETERS
Age	Tumour type	Type of treatment	DISPENSING RECORDS
Gender	Performance status: ECOG	Line of chemotherapy	PILL COUNT
Marital status	Disease onset	Pill burden	MORINSKY-GREEN TEST
Educational background	Concomitant illness	Associated treatments	
Occupation		Treatment time	
		Side effects	

A patient was considered to be adherent to treatment if it was achieved an overall percentage of adherence  $\geq 95\%$  by three indirect methods

## RESULTS

30 INCLUDED PATIENTS, 50 INTERVIEWS were conducted (1,7 interviews/patient)		
PERSONAL DETAILS	DISEASE VARIABLES	TREATMENT ISSUES
Mean age: 65,3 years	Principal medical diagnosis: colon tumours (43%), rectum tumours (27%) and breast cancer (17%).	Type of treatment: 17% neoadjuvant, 33% adjuvant, 50% palliative therapy
73% men	ECOG 0-1	60% first-Line chemotherapy, 27% 2-3th line
10% live on their own	Disease onset: 11 months (median)	Median pill burden: 9,6 tablets/day (4,8 tablets/dose)
37% higher education	Concomitant illness: 2,1 (average)	63% monotherapy, 37% with associated treatments (monoclonal antibodies, intravenous chemotherapy)
No health-care occupation		Treatment time: 6 months (average)
		Side effects were detected in 26 interviews, 50% of them were hand-foot erythrodysesthesia. Two patients required dose adjustment as a result.

Overall, 28 patients (93%) were considered to be adherent.  
Two patients (7%) reported some kind of compliance error in one of their interviews.  
Reasons for non-adherence were forgetting to take treatment and side effects.

## CONCLUSION

ADHERENCE TO CAPECITABINE IN CLINICAL PRACTICE IS HIGH, DESPITE HIGH PILL BURDEN AND CLINICAL STATUS