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Adesão e Persistência no Tratamento do Glaucoma

Mário Ramalho

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Adesão, Cumprimento e Persistência

- A adesão a uma terapêutica prescrita tem duas componentes[1]:
  - ***Cumprimento***: fazer uma terapêutica como instruído

  - dose, hora e via de administração corretas

  - ***Persistência***: continuar a tomar o fármaco

  - receitas médicas renováveis

A velocidade de progressão do glaucoma varia muito sendo importante identificar os doentes com falta de adesão[2]

1 - Ashburn FS Jr, Goldberg I, Kass MA. Compliance with ocular therapy. Surv. Ophthalmol. 1980;24:237–248
2 - European Glaucoma Society. Terminology and guidelines for glaucoma. 3nd Edition. 2008.

Adesão, Cumprimento e Persistência

Uma fraca adesão pode ter um papel importante na progressão do glaucoma[2]

- Natureza **assintomática** da doença

- O glaucoma é uma doença **crónica** que necessita de uma terapêutica de longa duração com possibilidade de múltiplos medicamentos

2. European Glaucoma Society. Terminology and guidelines for glaucoma. 3nd Edition. 2008.

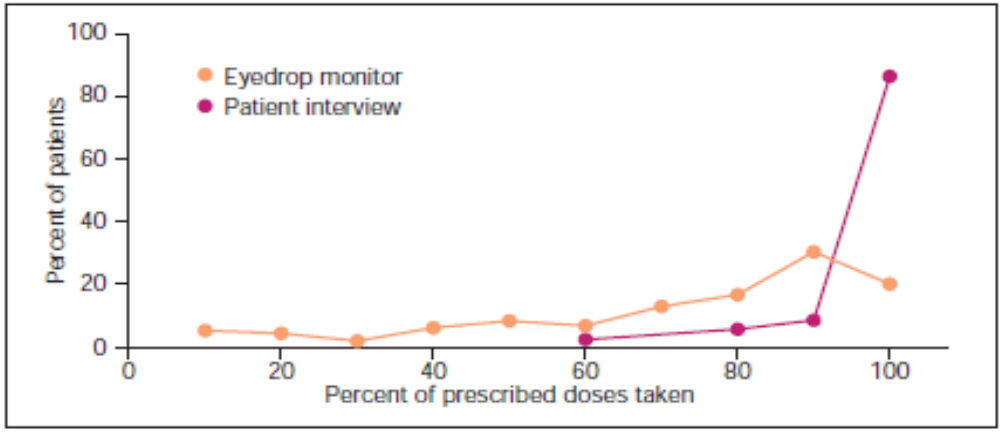
Adesão, Cumprimento e Persistência

Kass et al. (1986)

Table 2. Summary of compliance by eye drop monitor and by patient report[13]

Percent of prescribed doses taken	Patient report		Eye drop monitor	
	Number	%	Number	%
0 - 24.9	0	0	11	6.0
25 - 49.9	0	0	17	9.2
50 - 74.9	2	1.1	35	19.0
75 - 100	182	98.9	121	65.8

Figure 1. Distribution of compliance with topical pilocarpine treatment as reported by the patients and recorded by the eyedrop monitor.



1 - Ashburn FS Jr, Goldberg I, Kass MA. Compliance with ocular therapy. Surv. Ophthalmol. 1980;24:237–248

Adesão, Cumprimento e Persistência

European Glaucoma Society - Guidelines

Há ***quatro modos*** pelos quais os doentes podem ter má adesão terapêutica[2]:

- Não tomar os medicamentos ou fazê-lo incorretamente
- Uso excessivo de medicamentos
- Auto-medicação
- Tempo de intervalo entre as administrações incorreto

2. European Glaucoma Society. Terminology and guidelines for glaucoma. 3nd Edition. 2008.

Identificar as Causas da Falta de Adesão

GAPS - Glaucoma Adherence and Persistence Study

Variáveis relacionadas com baixa adesão terapêutica[3]

1. Ouvir sobre a doença apenas através do médico
2. Desconhecimento sobre o problema da não adesão
3. Problemas económicos
4. Viagens e férias
5. Efeitos secundários – Hiperémia e prurido
6. Não ser caucasiano
7. Amostras grátis
8. Reminders

3 - Gail F. Schwartz. GAPS - Glaucoma Adherence and Persistence Study. Surv. Ophthalmol. 2008

Identificar as Causas da Falta de Adesão

GAPS - Glaucoma Adherence and Persistence Study

Determinantes da adesão terapêutica[3]

1. Ouvir sobre a doença apenas através do médico

1/3 dos doentes apenas recebe informação pelo seu médico

- Menos confiantes
- Dão a impressão de que percebem tudo
- Não fazem perguntas

3 - Gail F. Schwartz. GAPS - Glaucoma Adherence and Persistence Study. Surv. Ophthalmol. 2008

Identificar as Causas da Falta de Adesão

GAPS - Glaucoma Adherence and Persistence Study

Determinantes da adesão terapêutica[3]

2. Desconhecimento sobre o problema da não adesão

14% dos doentes <u>não acreditam</u> que possam perder visão

Desconhecimento de que a não adesão é um factor de risco para perda de visão

3 - Gail F. Schwartz. GAPS - Glaucoma Adherence and Persistence Study. Surv. Ophthalmol. 2008

Identificar as Causas da Falta de Adesão

GAPS - Glaucoma Adherence and Persistence Study

Determinantes da adesão terapêutica[3]

3. Pr

25%

apesar de toc

3 - Gail F. Schwartz. GAPS - Glaucoma Adherence and Persistence Study. Surv. Ophthalmol. 2008

Identificar as Causas da Falta de Adesão

GAPS - Glaucoma Adherence and Persistence Study

Determinantes da adesão terapêutica[3]

4. Viagens e férias

15% dos doentes referem dificuldade significativa em cumprir o regime terapêutico quando não estão em casa

3 - Gail F. Schwartz. GAPS - Glaucoma Adherence and Persistence Study. Surv. Ophthalmol. 2008

Identificar as Causas da Falta de Adesão

GAPS - Glaucoma Adherence and Persistence Study

Determinantes da adesão terapêutica[3]

5. Efeitos secundários – Hiperémia

Responsável pela mudança ou paragem de medicação em 63% dos doentes que o fizeram devido a um efeito adverso

3 - Gail F. Schwartz. GAPS - Glaucoma Adherence and Persistence Study. Surv. Ophthalmol. 2008

Identificar as Causas da Falta de Adesão

GAPS - Glaucoma Adherence and Persistence Study

Determinantes da adesão terapêutica[3]

6. Não ser caucasiano

3 - Gail F. Schwartz. GAPS - Glaucoma Adherence and Persistence Study. Surv. Ophthalmol. 2008

Identificar as Causas da Falta de Adesão

GAPS - Glaucoma Adherence and Persistence Study

Determinantes da adesão terapêutica[3]

7. Amostras grátis parecem diminuir adesão

3 - Gail F. Schwartz. GAPS - Glaucoma Adherence and Persistence Study. Surv. Ophthalmol. 2008

Identificar as Causas da Falta de Adesão

GAPS - Glaucoma Adherence and Persistence Study

Determinantes da adesão terapêutica[3]

8. Reminders de consulta

Os doentes que recebem telefonemas e carta a recordar a consulta parecem ter maior adesão

3 - Gail F. Schwartz. GAPS - Glaucoma Adherence and Persistence Study. Surv. Ophthalmol. 2008

Detectar a Falta de Adesão

A falta de adesão é difícil de detectar [4,5,6]

- Não adesão é um comportamento socialmente indesejável
- Doente quer que pensemos que é um “bom doente”
- Doentes assumem que o médico o vai “julgar”
- Desejo do doente por aprovação é mais convincente que as consequências da desinformação

4 - Haynes. Helping Patients Follow Prescribed Treatment. JAMA.2002;288:2880-2883
5 - Steven R. Hahn, PART I: Detecting nonadherence. Vol. 5, No. 2 I April 2008
6 - Maguire. Key communication skills and how to acquire them. BMJ.2002;325:697-700

Barreiras à Adesão e Persistência

7 - G. K. Krieglstein R. N. Weinreb. Essentials in Ophthalmology. ISSN 1612-3212. 2007 . Chapter 6

Barreiras à Adesão e Persistência

Regime tratamento

As características do regime de tratamento afectam a adesão e a persistência em particular a posologia e os efeitos secundários relacionados.

- Frequência de gotas tem um efeito negativo
- Tratamento pode ter efeitos secundários sistémicos
- Fraca tolerabilidade do fármaco
- Efeito a longo prazo do tratamento

7 - G. K. Krieglstein R. N. Weinreb. Essentials in Ophthalmology. ISSN 1612-3212. 2007 . Chapter 6

Regime tratamento

Adesão e Persistência: Estratégia Terapêutica

Persistence and Adherence With Topical Glaucoma Therapy

BETH L. NORDSTROM, PHD, DAVID S. FRIEDMAN, MD, ESSY MOZAFFARI, PHARMD, HARRY A. QUIGLEY, MD, AND ALEXANDER M. WALKER, MD, DRPH

• PURPOSE: The present study describes the patterns and predictors of treatment persistence and adherence among patients who are diagnosed with glaucoma or as glaucoma suspects (based on claims codes).
• DESIGN: A retrospective cohort study using health insurance claims data.
• METHODS: Newly treated individuals with diagnosed glaucoma (n = 3623) and suspect glaucoma (n = 1677) were obtained from healthcare claims data in the Ingenix Research Database. For each of these two diagnostic groups, we calculated the duration of continuous treatment with the initially prescribed medication (persistence) and the prevalence of use of the initial medication at various time points (adherence). Four drug classes were included: β-blockers, α-agonists, carbonic anhydrase inhibitors, and prostaglandin analogs.
• RESULTS: Nearly one half of the individuals who had filled a glaucoma prescription discontinued all topical ocular hypotensive therapy within six months, and just 37% of these individuals recently had refilled their initial medication at three years after the first dispensing. Prostaglandins were associated with better persistence than any other drug class, which was indicated by hazard ratios for discontinuation of prostaglandins compared with β-blockers of 0.40 (95% confidence interval, 0.35–0.44) for diagnosed patients and 0.44 (95% confidence interval, 0.37–0.52) for patients with suspect glaucoma. Prostaglandins showed a similar advantage in adherence. Furthermore, patients with diagnosed glaucoma were more likely to adhere to therapy than patients with suspect glaucoma (relative risk = 1.11; 95% confidence interval, 1.05–1.18).
• CONCLUSION: Persistence and adherence were substantially better with prostaglandins than with other drug classes, and patients with diagnosed open-angle glaucoma were more likely to adhere to treatment than suspected glaucoma. (Am J Ophthalmol 2005;140: 598–606. © 2005 by Elsevier Inc. All rights reserved.)

ALTHOUGH THE PREFERRED PRACTICE PATTERN OF the American Academy of Ophthalmology lists medical therapy, laser trabeculoplasty, and surgical treatment as reasonable options for the initial treatment of glaucoma, most patients initially receive topical ocular hypotensives.[1] If topical treatment lowers intraocular pressure (IOP) adequately, the patient is intended to remain on therapy indefinitely to improve outcome.[2] Although recent studies clearly have documented that the lowering of IOP decreases the risk of visual field loss[3,4] and slows progression from ocular hypertension to glaucoma,[5] many patients appear to discontinue their use of topical hypotensive agents.[6–13]

Most studies of persistence with topical glaucoma medications that have been conducted to date have not restricted the study population to patients who were diagnosed with glaucoma or suspect glaucoma.[6–11] Of the two studies that have imposed diagnostic criteria, one study included only suspects,[12] and the other study was fairly small (260 patients in total) and used prescribing records without ascertaining whether the prescriptions were filled.[13] It is important to investigate persistence of treatment within groups of patients with similar diagnostic status; ocular hypotensives that are prescribed for the treatment of primary open angle glaucoma may be used differently from those given for ocular hypertension without optic nerve damage and certainly should be used differently for transient elevations in IOP. In addition, none of the studies that were found in the literature examined both the continuous use of glaucoma medications (persistence) and ongoing use, which allowed for gaps in therapy (adherence). We undertook the present study to investigate the patterns and predictors of treat-

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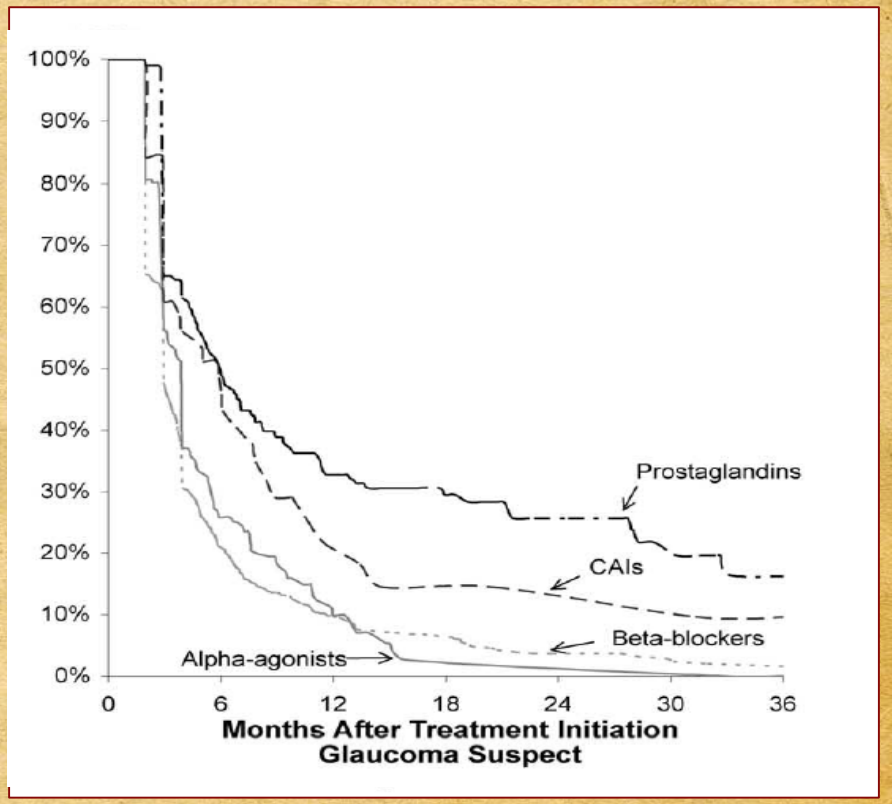

8 – Beth L. Nordstrom, Persistence and Adherence With Topical Glaucoma Therapy. VOL. 140, NO. 4. ELSEVIER 2005

Regime tratamento

Adesão e Persistência: Estratégia Terapêutica

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The Impact of Ocular Adverse Effects in Patients Treated With Topical Prostaglandin Analogs: Changes in Prescription Patterns and Patient Persistence

Thom J. Zimmerman,[1] Steven R. Hahn,[2] Laurie Gelb,[3] Hiangkiat Tan,[3] and Elizabeth E. Kim[4]

Abstract

Purpose: To document patient/physician perceptions of adverse effects and their relationship to medication changes among patients prescribed prostaglandin analogs.
Methods: Medical/pharmacy claims (private U.S. health network) identified patients filling initial topical ocular hypotensive prescriptions from 2001 to 2004; 300 open-angle glaucoma patients prescribed a prostaglandin analog and 103 ophthalmologists were selected by algorithm for telephone interviews. Medical charts for 225/300 interviewed and 75 non-interviewed patients were abstracted. Medication patterns were assessed in pharmacy claims data. Frequency of adverse effects noted by physicians and associations with medication change decisions were examined in charted data. Patients' experiences with adverse effects were compiled from surveys.
Results: In patients treated with latanoprost (N = 4,071), bimatoprost (N = 1,199), or travoprost (N = 1,001), continuous refill of medication through 1 year was seen in 11%, 9%, and 5% of patients, respectively (P = 0.0001; retrospective pharmacy claims). Adverse effects were the second most common reasons noted by physicians for switching medications after lack of efficacy (19% vs. 43%, respectively). Adverse effects were noted in 65% of patient charts. Hyperemia was the most common adverse effect occurring with at least one other adverse effect in 48% of patients with the condition.
Conclusions: Ocular adverse effects, particularly hyperemia, negatively affect patient continuation with therapy and switching.

Introduction

The impact of adverse effects on therapeutic success and patient management has been well studied with systemic medications across therapeutic categories but remains poorly understood in the use of topical intraocular pressure (IOP)-lowering medications in glaucoma. The prevalence of ocular adverse effects, such as pain, burning and stinging, itching, and hyperemia, has been reported and studied with these medications. Hyperemia, one of the more common adverse effects of ocular hypotensive medications, historically has been associated with poor medication adherence. Hyperemia made adherence with several topical therapies often prescribed in the 1970s and 1980s, for example, epinephrine, norepinephrine, and pilocarpine, difficult for many patients.[1–3]

Unfortunately, hyperemia continues to affect medication-taking behavior even with the newer therapeutic agents such as the prostaglandin analogs, currently the most frequently prescribed ocular hypotensive medications. Overall, latanoprost, bimatoprost, and travoprost have been shown to be comparable in their ability to reduce IOP levels[4] and to be well tolerated locally and systemically.[5–9] This combination of effectiveness and tolerability is reflected in the fact that patients prescribed a prostaglandin analog are significantly more likely to continue therapy than are those prescribed beta-blockers, carbonic anhydrase inhibitors, or alpha-2 adrenergic agonists.[10–13] Nevertheless, the most common adverse effect experienced by users of prostaglandin analogs is hyperemia, which is reported in product labeling to occur in 5–50% of patients.[14–16] Among prostaglandin analog-treated patients, hyperemia appears to be related to the prostaglandin molecule itself rather than to the vehicle.[15,17] Other more serious but less common adverse effects may occur. For example,

[1]University of Louisville, Louisville, Kentucky.
[2]Albert Einstein School of Medicine, New York.
[3]HealthCore Inc., Wilmington, Delaware.
[4]Pfizer Inc., New York.

1 em cada 10 doentes que relatam hiperémia, admitem falhar doses da terapêutica.

29% dos doentes que reportam hiperemia ao médico afirmaram que o médico mudou o seu tratamento ou prescreveu uma terapêutica de resgate.

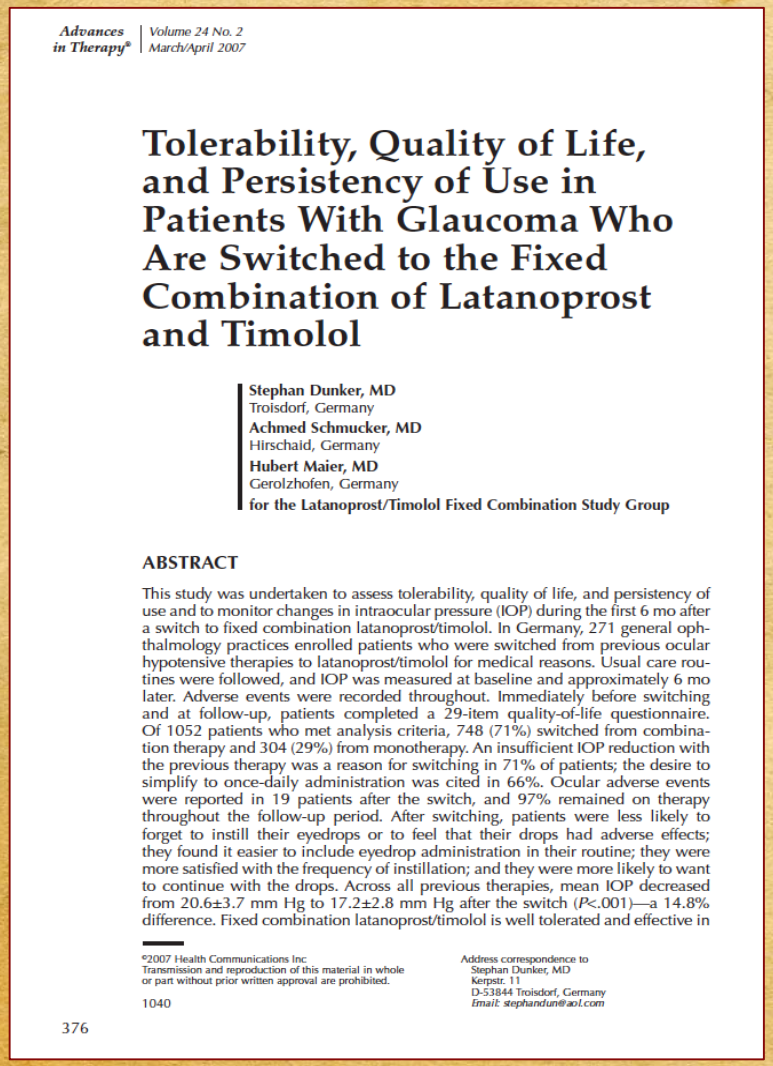
45% dos doentes relataram hiperemia. Mais de um quarto descontinuaram o tratamento.

Quase tantos doentes descontinuaram o tratamento devido à hiperemia como o fizeram devido a todos os outros acontecimentos adversos combinados.

10. Zimmerman TJ et al. J Ocul Pharmacol Ther. 2009;25:145–152.

Regime tratamento

Adesão e Persistência: Estratégia Terapêutica



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Tolerability, Quality of Life, and Persistency of Use in Patients With Glaucoma Who Are Switched to the Fixed Combination of Latanoprost and Timolol

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ABSTRACT

This study was undertaken to assess tolerability, quality of life, and persistency of use and to monitor changes in intraocular pressure (IOP) during the first 6 mo after a switch to fixed combination latanoprost/timolol. In Germany, 271 general ophthalmology practices enrolled patients who were switched from previous ocular hypotensive therapies to latanoprost/timolol for medical reasons. Usual care routines were followed, and IOP was measured at baseline and approximately 6 mo later. Adverse events were recorded throughout. Immediately before switching and at follow-up, patients completed a 29-item quality-of-life questionnaire. Of 1052 patients who met analysis criteria, 748 (71%) switched from combination therapy and 304 (29%) from monotherapy. An insufficient IOP reduction with the previous therapy was a reason for switching in 71% of patients; the desire to simplify to once-daily administration was cited in 66%. Ocular adverse events were reported in 19 patients after the switch, and 97% remained on therapy throughout the follow-up period. After switching, patients were less likely to forget to instill their eyedrops or to feel that their drops had adverse effects; they found it easier to include eyedrop administration in their routine; they were more satisfied with the frequency of instillation; and they were more likely to want to continue with the drops. Across all previous therapies, mean IOP decreased from 20.6±3.7 mm Hg to 17.2±2.8 mm Hg after the switch ($P<.001$)—a 14.8% difference. Fixed combination latanoprost/timolol is well tolerated and effective in

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Num estudo prospectivo e observacional realizado em 1.052 doentes que mudaram para a terapêutica com Associação Fixa de Latanoprost e Timolol:

66% dos doentes tiveram a terapêutica mudada para Associação Fixa de Latanoprost e Timolol devido à simplicidade da administração uma vez por dia.

97% de todos os doentes permaneceram na terapêutica com Associação Fixa de Latanoprost e Timolol após 6 meses de tratamento.

11. Dunker S, Schmucker A, Maier H. Adv Ther 2007;24:376–386

Estratégias para Aumentar a Adesão e a Persistência

Aumentar a motivação e conhecimento reforçando a importância da adesão e persistência

- Disponibilizar literatura ao doente para ler em casa
- Escrever ou esquematizar a posologia diária (complexidade)
- Avaliar o regime do tratamento (efeitos secundários por ex. hiperemia)
- Desenvolver as competências do doente. (ex. administração da gota)
- Questionar os doentes sobre a adesão e persistência
- Facilitar a entrada dos tratamentos nas rotinas dos doentes

7 - G. K. Krieglstein R. N. Weinreb. Essentials in Ophthalmology. ISSN 1612-3212. 2007 . Chapter 6

- Considerar questões relacionadas com o sistema de saúde

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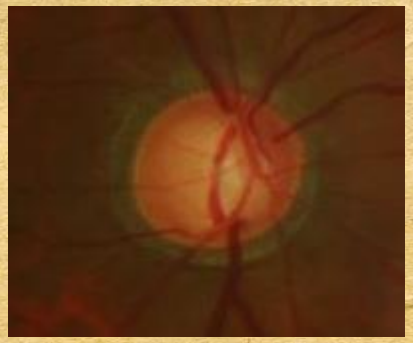

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