

Prevention of non-adherence in patients undergoing treatment for mental health problems: Results of Adhvierte

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Introduction

Every year, the General Pharmaceutical Council of Spain (CGCOF) carries out annual action called **Hazfarma**, an initiative which, with the collaboration of Cinfa Laboratories, promotes the development of **Clinical Professional Pharmacy Services** through theoretical and practical training aimed at registered pharmacists. As mental health has been severely affected by the COVID-19 pandemic, Hazfarma's 8th Action was **Adhvierte**, an initiative on the importance of preventing non-adherence with **Mental Health** related treatments.

Aim

To provide community pharmacists with tools for approaching and educating patients on the **importance of adherence to treatment for Mental Health through the Dispensing Service**.

Methods

The Action was developed between **January-June 2022** through the CGCOF's continuing education platform where the training material was hosted: **two theoretical modules** (Mental Health after COVID-19 and Basics for the prevention, identification and assessment of non-adherence) and **material for patients** (information on depression and anxiety and general recommendations on antidepressant and anxiolytic medication). In addition, a practical phase was carried out with **interactive training cases** and the **recording of real cases** on the prevention of non-adherence from the Dispensing Service using **Nodofarma Asistencial Training** as a recording platform.

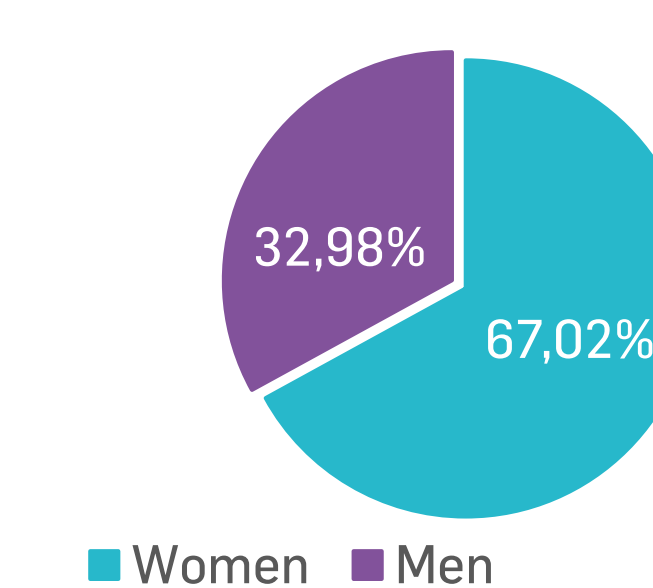
Results

- **1859** participating pharmacists and **5741 cases registered**.
- **Patient profile:** female (67.06%) between 30-69 years old (64.49%).
- Adherence to treatment of **3447 health problems related to Mental Health** was evaluated, highlighting **depression** (n=1986), **anxiety** (n=809) and **generalised anxiety disorder** (n=458).
- Most of the treatments dispensed were **continued treatment** (83.88%). After assessment of adherence with the Morisky-Green test, **60.93% of patients were found not adherent to treatment**.
- **Combined non-adherence** was the majority (46.00%), followed by intentional non-adherence (27.17%) and unintentional non-adherence (26.83%).
- Among the barriers identified, **forgetfulness** (15.69%) and **lack of understanding** of the disease stood out.
- **11.205 strategies were registered** (1.75 interventions/barrier), with the most important being the reinforcement of pharmacist-patient communication (33.42%) and pharmaceutical advice: offering verbal and written information about the health problem and medicines (10.19%).

Figure 1. Participating pharmacist and cases/health problems registered



Graphic 1. Patients by gender



Graphic 2. Treatments dispensed

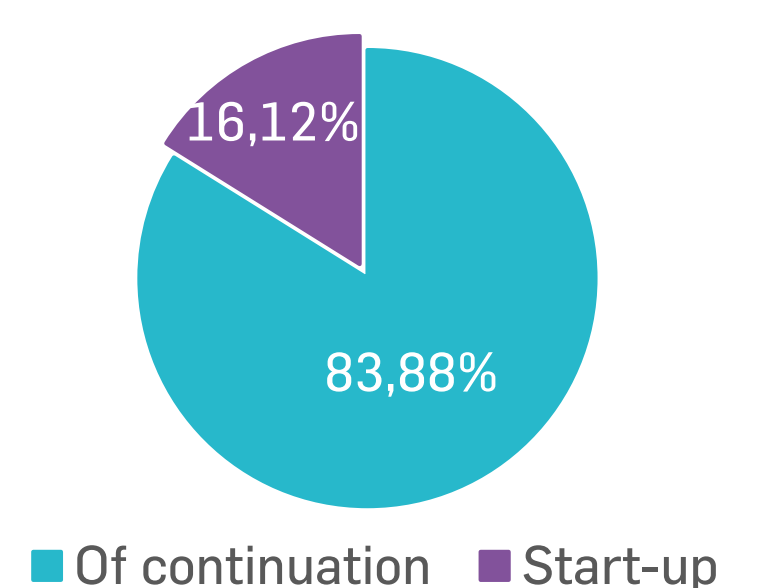
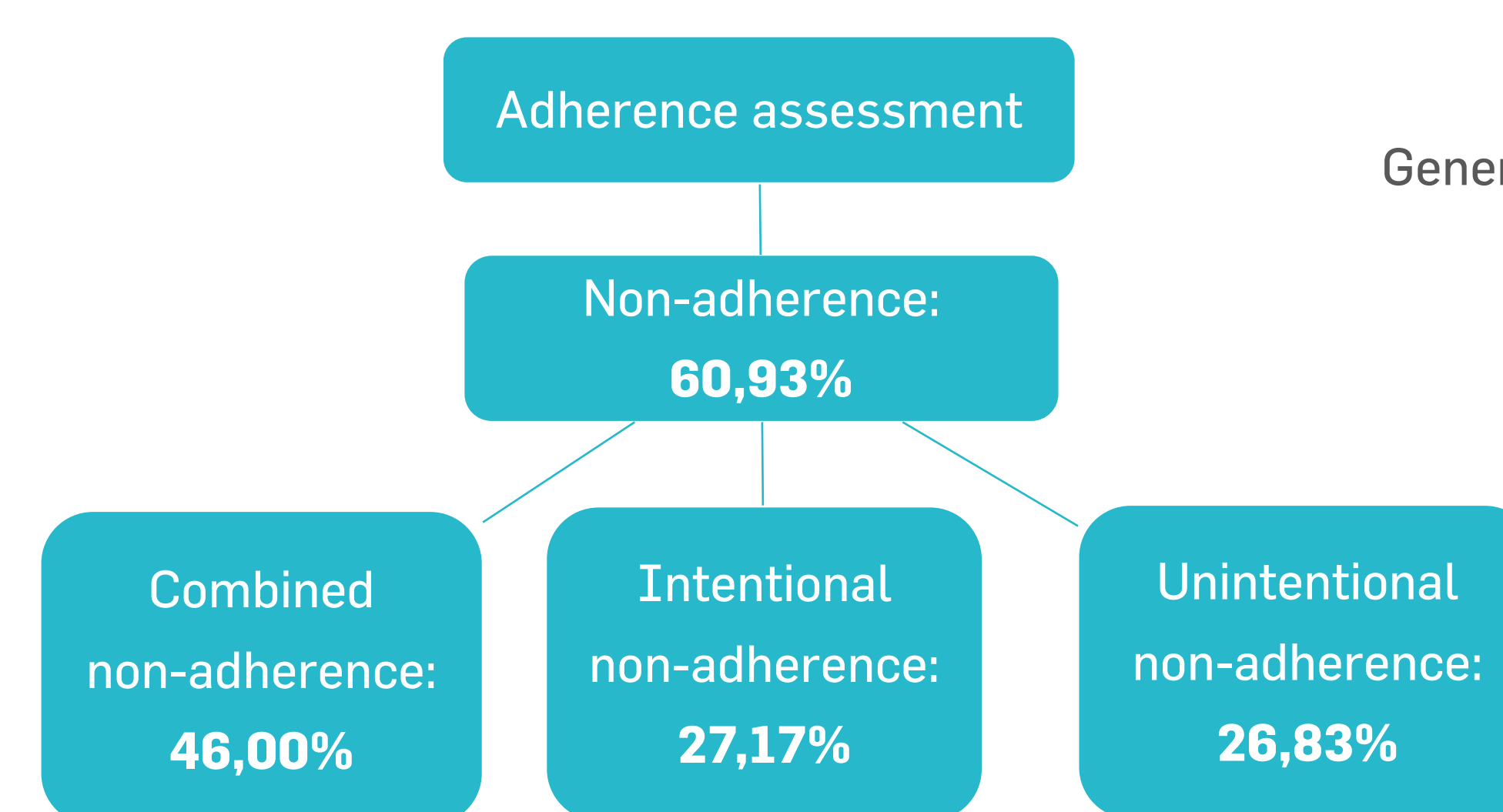
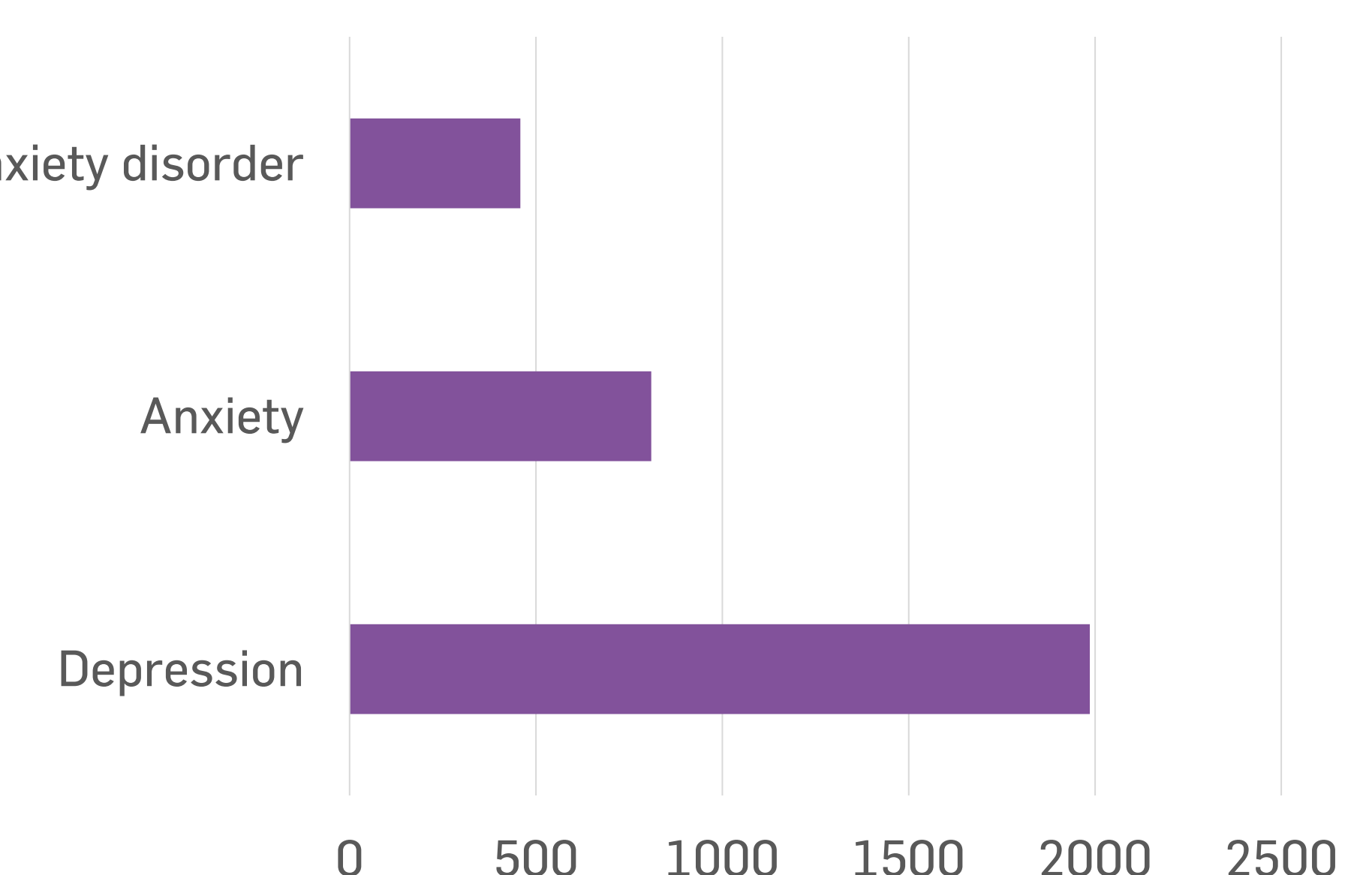


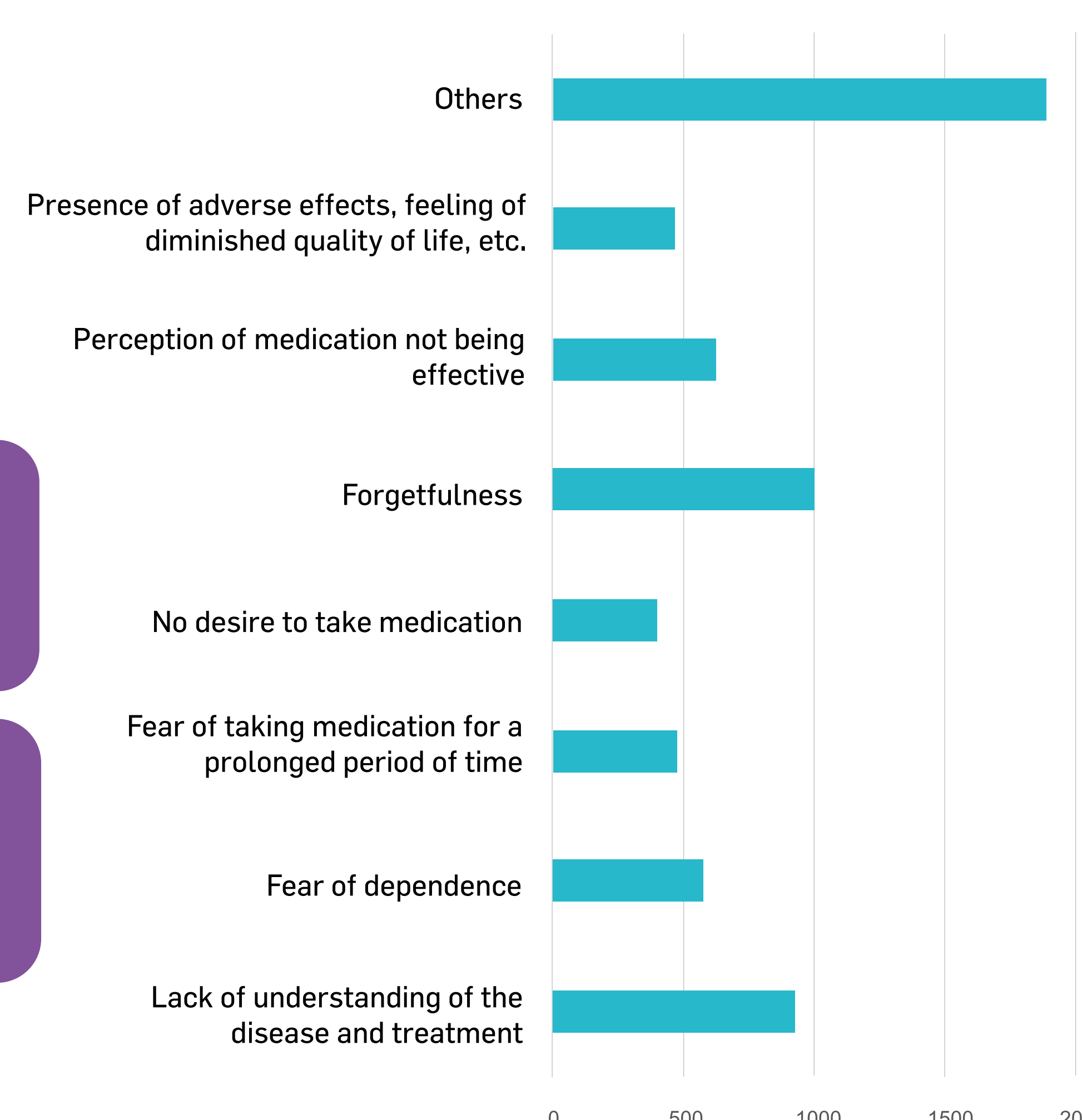
Figure 2. Outline on the assessment of different types of adherence



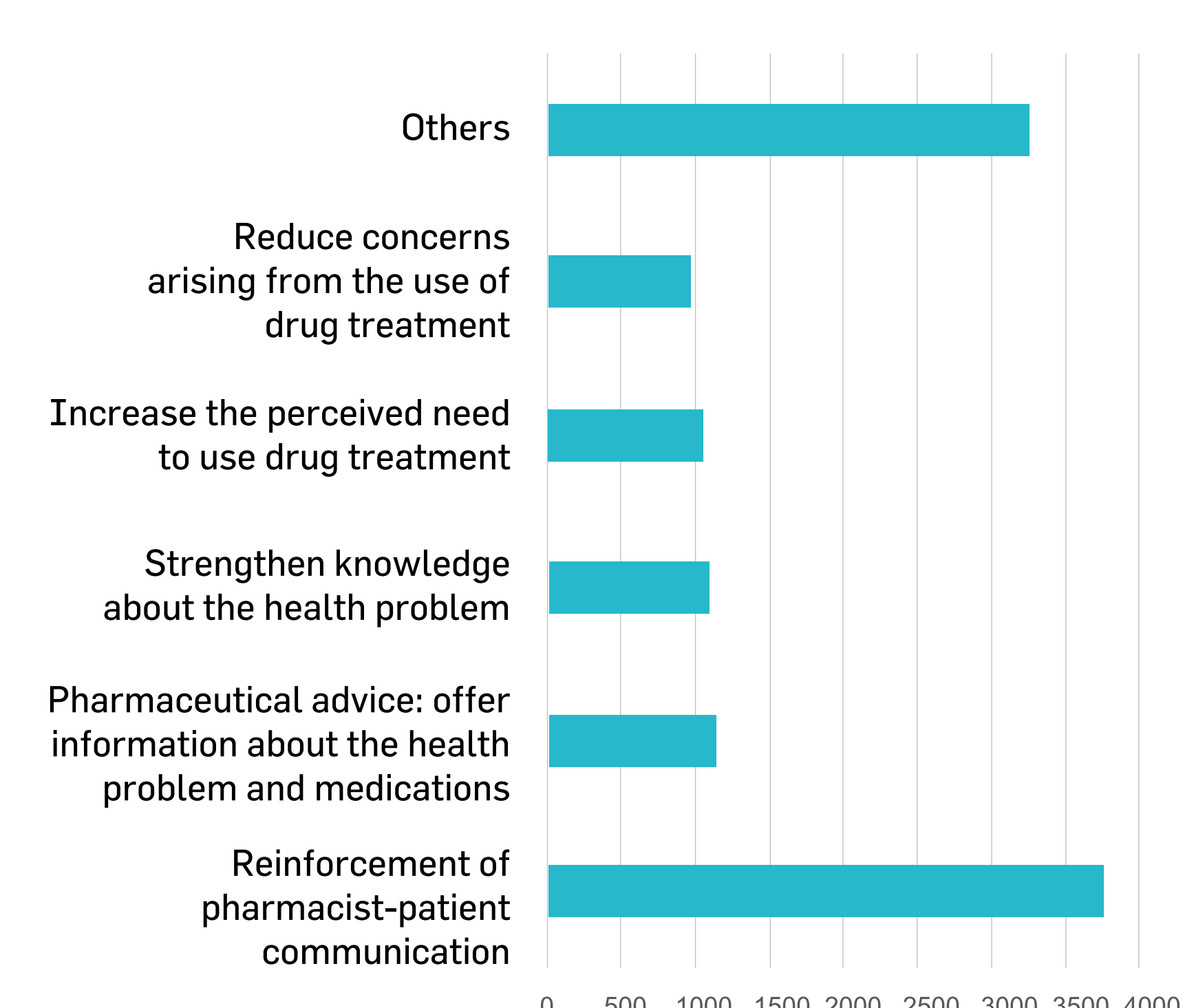
Graphic 3. Health problems most frequently evaluated in Action



Graphic 4. Most registered barriers detected



Graphic 5. Action: most registered strategies



6.398 registered barriers

11.205 registered strategies

Conclusion

Adhvierte facilitated prevention and promoted pharmacist intervention in adherence to treatment through the tools and skills acquired during the training action.