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ASSESSMENT OF MEDICATION ADHERENCE AND THE ASSOCIATED COST OF CALENDAR BLISTER PACK AMONG HYPERTENSIVE PATIENTS IN MALAYSIA

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BACKGROUND: Poor medication adherence leads to inadequate treatment outcomes, progression of diseases, poor quality of life, as well as high healthcare costs. OBJECTIVES: To assess the efficacy of a calendar blister pack (CBP) intervention to improve medication adherence, and to evaluate the cost associated with the said intervention. METHODS: A parallel randomized controlled trial was conducted with 73 hypertensive patients (intervention group = 35, control group = 38) at Kuala Hospital. Dependent variables were adherence measured by the medication pack, and patient adherence recorded in the control group. CONCLUSIONS: This study provides evidence that CBP has a positive impact towards medication adherence and systolic blood pressure. The study also demonstrated that CBP is also capable of considerable cost savings.

PCV116

THE FACTORS RELATED WITH PATIENT EXPERIENCE OF MEDICATION: A MULTILEVEL ANALYSIS

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OBJECTIVES: With advent of the patient-centric healthcare paradigm, it is important to consider patients’ health experience when making treatment decisions. This study aimed to describe patients’ medication experience among patients with hypertension and to examine whether the patients’ medication experience depends on individual drugs and patient characteristics. METHODS: Data were from a cross-sectional survey of members of six senior centers in a metropolitan statistical area of a south eastern state of the US. The seniors taking at least one hypertension medication were included in this study (N = 216). Patient medication experience was measured in terms of overall experience, effectiveness, side effects, ease of use, cost of medication, food interactions using a 5-point Likert scale. Patient characteristics were sociodemographics, MMAS (Morisky Medication Adherence Scale), EQ-5D, (Beliefs about medicines questionnaire), and CCI (Charlson Comorbidity Index). Drug characteristics were active ingredients. Multilevel analysis was conducted to control for the nested structure of the medication experience. RESULTS: Overall, patients were satisfied with their medications and they consider their medications effective. Most of the medications had a mild to moderate side effect profile (56.8%). Patients who took medications with a side effect profile of more than 2/3 were significantly more likely to discontinue medication (OR 1.56; 95% CI 1.01-2.39). The cost of medication and patient experience (P = 0.03). Patients who had a higher cost of medication tended to have a higher medication experience (P = 0.03). CONCLUSION: Patient medication experience differed depending on drugs and patient characteristics. The existence of varying medication experience signifies a critical need for tailored medication counseling for a well-controlled hypertension.
This study provides information on factors predicting QoL and CGB change in first-year patients (p<0.05) were poor physical health (p<0.05) and mental health (p<0.01), but not social function. No significant changes (p>0.05) were observed in any of the domains, except physical function (p<0.01) and role physical (p<0.01) which both decreased. CONCLUSIONS: The area of circulatory system diseases is the largest field of activity in EQ-5D utility scores were reported in 12 (40%) papers and they were based on UK, Polish, European or Slovenian tariff (4, 4, 3, 1 studies, respectively).

Objectives: To be able to allocate treatments according to need (worst off first) and compare effectiveness of treatments of different illnesses and service providers, the health-related quality of life (HRQoL) of the patients must be measured. This can be done in how such an approach enables the comparison of effectiveness of coronary artery bypass grafting provided by three Finnish hospitals.

Methods: Health-related quality of life (HRQoL) was measured between 1999 and 2003 with the 15D instrument before and six months after treatment in Kuopio University Hospital (KUH, n=395), Vaasa Central Hospital (VCH, n=281), and Helsinki University Hospital (HUH, n=888).

Results: The most important changes were observed in the mean six-month score representing overall HRQoL on a 0-1 scale is 0.15. Differences between and within hospitals were tested by independent and paired samples t-tests and linear regression with some background variables standardized. RESULTS: At baseline, mean value of 0.65 was statistically higher and clinically importantly lower than in VCH (0.831) or HUH (0.830). The mean six-month score was 0.858 in KUH, compared to 0.860 and 0.875 in VCH and HUH, respectively.

With gender, age and baseline 15D standardized, the mean six-month scores were 0.846, 0.879 and 0.877 in KUH, VCH and HUH, respectively and the differences between KUH and both other hospitals became statistically significant (p<0.001) and clinically important. A clinically important HRQoL improvement was experienced clinically importantly at KUH (6.3, 22.3, and 22.1% in KUH, VCH and HUH, respectively. CONCLUSIONS: Treatment indication and effectiveness in terms of HRQoL, i.e., 15D change and percentage of patients experiencing a clinically important improvement or deterioration, varied between hospitals. HRQoL measurements can be used to compare effectiveness of treatment between hospitals but for fair comparisons standardization of relevant baseline demographic and clinical parameters of patients is needed.

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