



The impact on family and society of the use of and adherence to pharmacological treatment in patients with chronic illnesses

El impacto en la familia y sociedad del uso y adherencia al tratamiento farmacológico en pacientes con enfermedades crónicas

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Abstract

It is crucial to provide a comprehensive support system that addresses both the medical aspects of treatment and the emotional and social needs of everyone involved. Therefore, the study focuses on identifying and addressing the patient's beliefs and perceptions about medications and the underlying disease. Mixed research was used with a survey developed in Google Forms, along with analysis of results, to achieve a comprehensive understanding. The sample consisted of patients with chronic diseases aged 35 to 80 years. The results revealed that 88.3% of respondents recognized the importance of taking their medications as prescribed, highlighting a widespread understanding of treatment adherence. In summary, this study has been instrumental in understanding patients' perceptions of medications in chronic diseases.

Key words: Diseases, Chronic Diseases, Medications, Adherence, Treatment.

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Resumen

Es crucial proporcionar un sistema de apoyo completo que aborde tanto los aspectos médicos del tratamiento como las necesidades emocionales y sociales de todos los involucrados. Por ende, el estudio se centra en identificar y atender las creencias y percepciones del paciente sobre los medicamentos y la enfermedad subyacente. Se utilizó una investigación mixta con una encuesta elaborada en Google Forms, junto con análisis de resultados, para lograr una comprensión integral. La muestra consistió en pacientes con enfermedades crónicas de 35 a 80 años. Los resultados revelaron que el 88.3% de los encuestados reconocieron la importancia de tomar sus medicamentos según lo prescrito, destacando una comprensión generalizada de la adherencia al tratamiento. En resumen, este estudio ha sido fundamental para comprender las percepciones de los pacientes sobre los medicamentos en enfermedades crónicas. Principio del formulario

Palabras clave: Enfermedades, Crónicas, Medicamentos, Adherencia, Tratamiento

Introduction

Initiating drug treatment brings with it a number of significant challenges, especially when faced with chronic illness. In many cases, people in this situation suffer not only from the physical burden of the disease, but also from a considerable emotional and psychological burden. Coming to terms with this new reality can be a long and difficult process, requiring time and adequate support. In addition to the patient, close social systems such as family, friends and caregivers are also affected by this transition, underlining the importance of addressing not only medical needs, but also emotional and social needs during this process.

The complexity of chronic illness can create additional stress, anxiety and worry for both the patient and their loved ones. It is therefore crucial to provide a comprehensive support system that addresses not

only the medical aspects of treatment, but also the emotional and social needs of all parties involved. This holistic approach can contribute to improving the patient's quality of life and promote better adherence to long-term treatment.

The issue that the study focuses on is the side effects and tolerance that patients with chronic diseases may develop; side effects of medicines can have a significant impact on adherence to drug treatment in patients with chronic diseases. It is important to recognise that although medicines are designed to treat a specific condition, they can also cause a variety of unwanted side effects in some patients.

Tolerance to certain medications is another important concern. Over time, some patients may develop tolerance to the initial dose of a medication, meaning that they will need higher doses to achieve the same therapeutic effect. This need to increase the dose may increase the risk of side effects and complications, which can lead to a decrease in adherence to treatment.

The aim of the study is to identify and address patient beliefs and perceptions about medications and the underlying disease, as they play a fundamental role in the effective management of chronic diseases. From a scientific perspective, it has been shown that patients' beliefs and perceptions can significantly influence their adherence to drug treatment. Studies have revealed that erroneous beliefs about medicines, such as fears about side effects or lack of confidence in their efficacy, can hinder adherence and compromise health outcomes (Abalo, J. 2016). Therefore, understanding patients' beliefs and perceptions provides valuable information to personalise the therapeutic approach and design specific interventions that address their concerns and promote better adherence to treatment.

In addition, identifying and addressing patient beliefs and perceptions can contribute to a stronger and more collaborative patient/physician relationship. By acknowledging the patient's concerns and questions about their illness and treatment, health professionals can establish more effective and empathic communication, which in turn strengthens the patient's trust in their health care team. (Joven, Z., & Guáqueta, S. 2019). This trusting

relationship facilitates collaborative shared decision-making and increases the likelihood that the patient will follow the treatment as prescribed. Ultimately, addressing patient beliefs and perceptions not only improves treatment adherence, but also promotes optimal health outcomes and greater satisfaction with the care received.

The study is highly relevant to the healthcare field for several key reasons. First, understanding patient beliefs and perceptions allows healthcare professionals to personalise treatment more effectively. Each patient has a unique view of their disease and prescribed medicines, influenced by a variety of factors such as their education, previous experiences and cultural beliefs. By addressing these individualised beliefs, physicians can tailor treatment to address the patient's specific concerns, increasing the likelihood of successful adherence and better long-term health outcomes.

In addition, identifying and addressing patient beliefs and perceptions fosters a stronger and more collaborative patient-physician relationship. Open and empathetic communication between the patient and the medical team is essential to establishing a mutually trusting relationship. By showing interest in the patient's concerns and providing clear and understandable information, health professionals can strengthen this relationship, which in turn improves patient satisfaction and promotes greater cooperation in the management of their disease.

Conducting a study on the use of and adherence to pharmacological treatment in patients with chronic diseases is justified by the need to address a significant and complex public health problem. Chronic diseases represent a considerable burden on healthcare systems and can have a significant impact on patients' quality of life. Adherence to drug treatment is a critical factor in the effective management of these diseases, and understanding the factors that influence adherence is crucial to improving health outcomes and reducing the burden of chronic diseases. By conducting a study in this area, effective interventions can be identified to improve adherence to treatment, which benefits both individual patients and public health in general by reducing morbidity and mortality associated with chronic diseases.

According to (Mendoza, R., 2021), non-adherence has immediate repercussions that encompass clinical, economic and social aspects, manifesting itself at two levels: first, directly in the patient and their family environment, and second, at the level of health systems. Regarding the impact on the patient, the most obvious consequences are of a clinical nature. The severity of these consequences will vary depending on whether or not treatment is initiated when the disease is detected. Even if treatment is not initiated, it is the clinical conditions of the disease in its natural state that will manifest themselves in the patient's health. These conditions, in the long term and depending on the type of disease, can cause irreversible and even fatal effects due to progressive deterioration. pp. 902-903

According to the author, non-adherence to medical treatment not only has immediate clinical implications, but also has significant economic and social impacts. At the individual level, non-adherence can result in a deterioration of the patient's health and the development of chronic medical conditions or serious complications. This not only affects the individual directly, but can also have an emotional and economic impact on their family. It is therefore crucial to address non-adherence in a comprehensive manner to mitigate its negative consequences at both the individual and systemic level.

In terms of the factors that affect non-adherence to drug treatment in older adults with chronic diseases, living in loneliness, not knowing the disease and being unfamiliar with the name of the medicines were identified as relevant

(Padilla & Morales, 2020). The factors that influence non-adherence to pharmacological treatment in older adults with chronic diseases are of utmost importance for the design of effective health interventions.

Living alone can negatively impact on an individual's ability to adhere to treatment due to a lack of social support and supervision. Lack of knowledge about the disease also plays a crucial role, as it limits the patient's understanding of the importance of following the prescribed treatment. Addressing these factors in a comprehensive manner is therefore critical to improve adherence to treatment and ultimately optimise health outcomes in the chronically ill older adult population.

Among the patient-associated elements, the relevance of internal motivators was recognised, in addition to the expectations that patients have regarding treatment outcomes, desiring noticeable and rapid improvements. Regarding factors linked to the health system or the medical team, users expressed having received adequate information on the dosage of medicines, as well as the ease of access to medical appointments. (Trujillo, J. et al., 2016).

The importance of patient- and health system-related factors in adherence to treatment is critical to ensure effective outcomes. Motivational aspects and patient expectations play a crucial role in their commitment to treatment, as they influence their perception of the efficacy and expected benefits of medicines. On the other hand, adequate information provided by the healthcare system, especially in relation to the dosage of medicines, is essential to ensure that patients understand how to take their medicines correctly.

The terms "adherence" and "compliance" have been used interchangeably to describe the implementation of health and therapeutic recommendations. However, the use of "adherence" suggests passive or active action, which may place the responsibility solely on one of the parties involved, either the patient or the physician/health care provider. In contrast, the term 'therapeutic adherence' encompasses a broader range of behaviours, considering the degree to which the patient's actions coincide with the recommendations agreed between the health professional and the patient. (Ortega, J. et al. 2018)

Therapeutic adherence, which includes monitoring of medication intake, adherence to diets or implementation of lifestyle changes by the patient, can be compromised by the simultaneous use of multiple medications. One way to assess the extent to which patients follow the indications associated with prescribed treatments is through the measurement of medication adherence. It has been observed that chronic diseases are particularly affected by low adherence, with estimates suggesting that approximately half of the chronically ill population does not follow the medication regimen as prescribed (Moreno A, et al. 2018).

The author notes that the complexity of following a therapeutic regimen, which includes taking medications, adhering to specific diets and making lifestyle changes, can be exacerbated by the need to manage multiple medications simultaneously. This situation poses an additional challenge for patients, which may result in reduced adherence to treatment.

Measuring medication adherence thus becomes a crucial tool to assess how patients follow the instructions prescribed by their doctors. The severity of this problem is particularly highlighted in the case of chronic diseases, where approximately half of the patients do not follow their treatment properly, underlining the importance of addressing adherence as a central aspect in the management of these health conditions.

Methodology

To investigate the use of and adherence to pharmacological treatment in patients with chronic diseases, a research process combining quantitative and qualitative methods was established (Binda, N. & Balbastre, F. 2013). First, a survey was designed using Google Forms as a data collection instrument. This survey included specific questions related to medication use, adherence to treatment, as well as patients' beliefs and perceptions about their disease and treatment (Pillajo, A. 2019). The survey was administered to a sample of patients with chronic diseases, aged between 35 and 80 years, with the aim of obtaining a diverse representation of experiences and perspectives.

Once the data was collected through the Google Forms survey, a results analysis technique was used to examine and understand emerging patterns. This analysis involved tabulating data, calculating descriptive statistics and interpreting results (López, J. & Herrero, J. 2006). Specifically, the Likert scale was used to measure patients' responses and understand their degree of agreement or disagreement regarding certain statements related to the topic of study.

According to Matas, A. (2018), Likert scales are psychometric measurement tools in which participants express their degree of agreement or disagreement with a statement, question or utterance, using a graduated and unidimensional scale.

According to the author, the use of Likert scales in research has proven to be an invaluable technique for measuring attitudes, opinions and perceptions in a quantitative and structured way. By allowing respondents to express their degree of agreement or disagreement with specific statements, these scales provide data that are easy to analyse and compare.

Results

Following the collection and tabulation of the data derived from the study, an exhaustive desk search was carried out in order to establish meaningful connections between the findings obtained. This document search not only provided a broader contextualisation of the results obtained in the current study, but also allowed for the identification of trends, discrepancies and possible areas of convergence between the conclusions reached in the present work.

The results obtained show that a large majority of respondents, 88.3% agree or strongly agree with the importance of taking their medicines as prescribed. Only 11.8% disagreed or felt neutral about it. This suggests a widespread understanding of the importance of adherence to drug treatment among participants.

Regarding the perception of whether respondents have sufficient information about their disease and the purpose of their treatment, it is observed that almost half, 47.1% exactly agree, while 29.4% feel neutral about it. This indicates that there is a considerable group of participants who could benefit from more education about their condition and treatment.

In relation to concerns about possible side effects of medications, 94.1% of respondents expressed concerns about this. This finding highlights the importance of addressing and mitigating patients' concerns about side effects to improve adherence to treatment. In

terms of fear of taking medication due to information received, it is observed that approximately half of the respondents, exactly 64.7% agree or strongly agree that they feel fearful for this reason. This suggests the need to address and clarify misinformation or misinterpreted information about medicines to reduce patient anxiety.

In relation to concerns about treatment efficacy, 88.2% expressed agreement. This highlights the importance of effective communication between patients and healthcare professionals to address these concerns and optimise treatment. Regarding concerns about whether they should continue taking their medication, 58.8% agreed. This underlines the importance of providing ongoing education and support to improve adherence to treatment.

On the desire to receive more information about their treatment and how they can benefit, the majority of respondents, 88.2% agree or strongly agree. This highlights the importance of improving communication between patients and healthcare professionals to meet these information needs.

In terms of feeling comfortable sharing concerns and questions about treatment with health professionals, 82.4% of respondents agree or strongly agree. This highlights the importance of establishing a relationship of trust and openness in communication between patients and healthcare providers. The integration of the results of the current study with the relevant academic literature contributed to enriching the overall understanding of the topic and deepening its critical analysis, offering a more complete and informed perspective on the implications and practical applications of the results obtained.

In the study by Chamorro, A. (2024), it was found that most of the participants were between 67 and 70 years old, were female, identified themselves as mestizo, were married, had primary education, were financially dependent on family support and most suffered from hypertension. Aspects that influenced adherence to treatment included economic factors, health system and team-related factors, and therapy-related factors, with the majority reporting that they never found it difficult to adhere to their treatment without interruption. In addition, patient-related factors showed that all

agreed on the usefulness of the treatment and took responsibility for their own health care.

In his research findings on adherence to pharmacological and non-pharmacological treatment in patients with chronic non-communicable diseases at the Faculty of Dentistry of the University of Cartagena, González, Y. (2014), highlighted that men accounted for 53.7% of respondents, outnumbering women. Most of the participants belonged to the older adult group, with 43.7% of the sample, and the vast majority resided in socioeconomic strata 1 and 2, with incomes not exceeding two minimum wages. In terms of family medical history, hypertension was the most commonly reported disease, followed by diabetes. In addition, the most prevalent disease among respondents was hypertension.

In his thesis entitled "Adherence to pharmacological and non-pharmacological treatment in patients with cardiovascular risk factors in the Hospital Divino Niño de Buga Valle", Fontal, P. (2014), reports on the level of adherence to pharmacological and non-pharmacological treatment among research participants. It was observed that 76% of patients are in a favourable situation for adherence, while 14% are at risk of non-adherence to treatment, and 9% show no adherence at all.

The search not only provided a broader contextualisation of the results of the current study, but also allowed to identify trends, discrepancies and possible areas of convergence between the conclusions reached in this work. The integration of the study results with the relevant academic literature enriched the overall understanding of the topic and deepened its critical analysis, offering a more comprehensive and informed perspective on the implications and practical applications of the results obtained to be developed in the subsequent discussion.

Analysis of the results revealed that a large majority of respondents agree or strongly agree with the importance of taking their medication as prescribed, suggesting a widespread understanding of the importance of adherence to medication treatment among participants. However, it was also noted that almost half of the respondents agree that they have sufficient information about their

disease and the purpose of their treatment, indicating that there is a sizeable group that could benefit from further education about their condition and treatment.

The majority of respondents agree or strongly agree that they would like to receive more information about their treatment and how they can benefit, highlighting the importance of improving communication between patients and healthcare professionals to meet these informational needs. Also, a large percentage of respondents agree or strongly agree that they feel comfortable sharing concerns and questions about treatment with healthcare professionals, highlighting the importance of establishing trust and openness in communication between patients and healthcare providers.

The study by Chamorro, A. (2024), provides a detailed overview of the factors influencing adherence to treatment in patients with hypertension, highlighting the importance of considering economic, health system-related, and patient attitude and responsibility. These findings highlight the complexity of treatment adherence and underline the need to address multiple variables to promote better disease management and more positive health outcomes.

The results obtained by González, Y. (2014), shed light on the challenges faced by patients with chronic non-communicable diseases in terms of treatment adherence. The fact that the majority of participants are older adults and belong to lower socioeconomic strata suggests that they may face additional barriers, such as economic constraints and limited access to health care resources. In addition, the prevalence of diseases such as high blood pressure among family medical history and hypertension among respondents highlights the importance of addressing these diseases effectively to improve public health and the quality of life of the population.

The study by Fontal, P. (2014), provides a clear assessment of the level of adherence to pharmacological and non-pharmacological treatment in patients with cardiovascular risk factors in the Hospital Divino Niño de Buga Valle. The results reveal that most patients are in a favourable situation for adherence, suggesting adequate compliance with the prescribed treatment. However, it is of concern to identify that a significant percentage of patients are at risk of non-adherence to

treatment, highlighting the need to implement interventions to improve adherence and prevent possible cardiovascular complications. These findings underscore the importance of addressing factors influencing adherence to treatment to ensure the effectiveness of medical interventions and improve health outcomes for patients with cardiovascular risk factors.

Possible directions for future studies include further research on effective strategies to address patients' concerns about medication side effects and anxiety associated with taking medication. In addition, it would be relevant to examine how disease- and treatment-specific education may influence patients' perception of treatment efficacy and readiness. These lines of research can make a significant contribution to improving the medical care and quality of life of patients with chronic diseases.

Conclusions

The results of this study provide a detailed and meaningful insight into patients' beliefs and perceptions regarding medicines and the underlying disease in the context of chronic disease management. A widespread understanding of the importance of adherence to medication treatment is highlighted, evidenced by the high percentage of participants who expressed agreement or complete agreement with this premise. However, areas for improvement were also identified, such as the need to provide more education about the disease and the purpose of treatment, as well as to address concerns and fears related to medication side effects.

These results also highlight the importance of establishing effective communication between patients and healthcare professionals to address concerns and questions about treatment. Although the majority of participants expressed a willingness to receive more information about their treatment and felt comfortable sharing their concerns with health professionals, there is still a significant percentage who report having concerns about treatment efficacy and doubts about their continuity of treatment. It is important to highlight the need for interventions focused on improving communication and education to optimise adherence to treatment.

In conclusion, this study has contributed significantly to the understanding of patients' beliefs and perceptions about medicines and the underlying disease in the context of chronic diseases. While areas for improvement have been identified, overall, the study has largely met its objective of identifying and addressing these beliefs and perceptions. The findings provide a solid basis for future research and clinical practice, with the aim of improving the quality of care and health outcomes for patients with chronic diseases.

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