

28th Euro Congress on

Psychiatrists and Psychologists

July 05-06, 2018 | Vienna, Austria

Medical adherence—psychological profile of the patient

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Introduction: According to various studies about half of chronically ill patients do not apply correctly to their physician's recommendations. This translates into relatively low treatment efficacy of various diseases, such as hypertension. In Poland, about 60% of hypertensive patients are non-adherent and effectiveness of blood pressure control is 26%. In order to understand this phenomenon well enough, we must consider the psychological factors associated with the patient. For this purpose, an attempt was made to create a psychological profile of the non-adherent patient.

Methods: Up to now, 200 patients from the Clinic of Hypertension and Diabetology participated in the study. To measure the level of adherence, probabilistic medication adherence scale ($\alpha=0.89$) was used. Adherence was compared with the following psychological factors: sense of coherence (SOC), health locus of control, personal variables, anxiety and depression level, quality of life and social support. Additionally, the impact of medical and socio-economic factors was analyzed. The Pearson R correlation coefficient and ANOVA statistics were used for data analysis.

Results: Obtained results showed a significant relation of certain psychological factors and the level of adherence to treatment recommendations. The patients' sense of coherence ($r=0.402$) was the strongest factor affecting adherence. Another factor significantly related to adherence was the level of social support ($r=0.386$) and quality of life ($r=0.450$). The higher level of social support increases the probability of following physicians instructions. Personality traits as conscientiousness and agreeableness achieved the borderline statistical significance.

Conclusion: This is only the initial stage of research but it can be stated that adherent and non-adherent patients differ in some psychological characteristics. It gives opportunity to create a psychological profile of poorly co-operating patient. Thanks to that, physicians will be able to easily identify patients with high probability of non-adherence, already at the very beginning of treatment.

Recent Publications:

1. Burnier M (2017) Drug adherence in hypertension. *Pharmacological Research*. 125:142–149.
2. Yuwono S, Christina J and Sungono V (2017) Medical adherence of hypertension management in primary health care settings. *European Heart Journal Supplements*. 19:42.
3. Morissey E (2017) Effectiveness and content analysis of interventions to enhance medication adherence and blood pressure control in hypertension: A systematic review and meta-analysis. *Psychology & Health* 32:1195–1232.
4. Ma Ch (2016) A cross-sectional survey of medication adherence and associated factors for rural patients with hypertension. *Applied Nursing Research* 31:94–99.
5. Van Herzele Charlotte, De Bruyne P, De Bruyne E and Walle J (2015) Challenging factors for enuresis treatment: psychological problems and non-adherence. *Journal of Pediatric Urology* 11:308–313.



Biography

Michał Winnicki is a Psychologist who works in a university hospital and is a PhD student. Professionally, he is motivating patients to comply with therapeutic recommendations and implementing methods of effective communication between physicians and patients.

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