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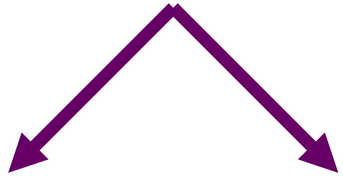
L'aderenza alle indicazioni terapeutiche in relazione alla continuità prescrittiva, dal 2003 al 2007

	Ipertensione [N=80.472]		Diabete mellito [N=18.027]		Malattie CV [N=21.339]		Scompenso [N=3.418]		Malattia renale cronica [N=5.140]	
	% 07	Δ % 07-03	% 07	Δ % 07-03	% 07	Δ % 07-03	% 07	Δ % 07-03	% 07	Δ % 07-03
NORD	47,0	+2,3	58,0	+2,7	49,2	+1,4	45,5	+2,4	52,6	+1,9
CENTRO	43,1	-0,2	52,6	+1,2	45,4	+0,7	47,0	+1,9	51,4	+0,1
SUD E ISOLE	41,9	+0,2	51,4	+0,4	43,5	-0,9	35,6	-3,2	47,6	-0,6
ITALIA	**44,5**	**+1,1**	**54,4**	**+1,5**	**46,4**	**+0,4**	**42,5**	**+0,7**	**50,3**	**+0,6**

Fonte: Le analisi dei profili prescrittivi dei medici di medicina generale del campione Health Search relative ad alcune condizioni cliniche. L'uso dei Farmaci in Italia. Rapporto nazionale anno 2007 (OsMed).

"Drugs don't work in patients who don't take them"

(C Everett Koop M.D.)



Clinical consequences

Economic consequences

Economic consequences of NA

Direct costs

- ↑ cost of non-taken medication
- ↑ cost for treatment of morbidity
- ↑ cost of avoidable hospitalizations

Indirect costs

- Missed work days
- Cost for transportation, household, home care
- ↓ quality of life
- ↑ cost of evolving more potent medications

Non-drug medical costs within 1 year

	Adherent (≥ 80% taking)	Non-adherent (< 80% taking)
Diabetes	$ 6377	$ 9363 - $ 15 186
Hypertension	$ 6570	$ 7658 - $ 10 286
Hypercholesterolemia	$ 4780	$ 5509 - $ $ 9849

(Muzbek et al. Int J Clin Pract 2008; 62: 338)

Measurement of nonadherence

Clinical nonadherence

Sub-clinical nonadherence

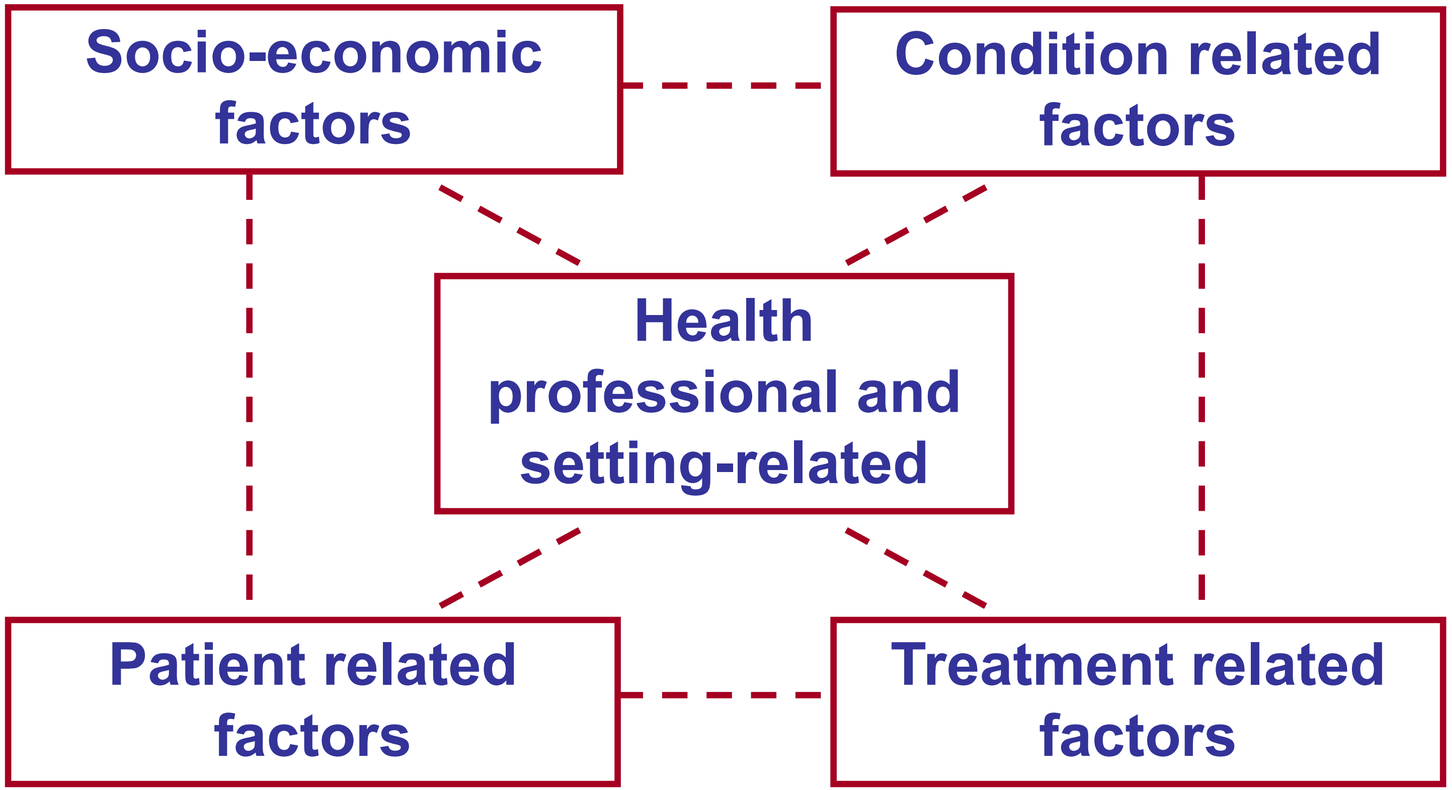
A. Direct methods
- observation
- assay
- objective tests

B. Indirect methods
- pill count
- prescription refill
- clinical judgement
- electronic monitoring
- self-report

No gold standard: combine measures to increase accuracy

(Osterberg et al. N Engl J Med 2005;353)

5 interrelated categories of determinants



(Sabate E. WHO report 2003)

Efficacy of disease management programs: a meta-analysis

		Re-hospitalization *	
Mode	Personal	-10.5	[-14.7; -6.2]
	Phone	-3.6	[-6.8; -0.3] **
team	Single group	-7.5	[-10.7; -4.4]
	2-3 disciplines	-2.5	[-8.7; -3.8] **
	multidisciplinary	-18.1	[-23.4; -12.9] **
Transition	Yes	-8.6	[-12.7; -4.4]
	No	-6.1	[-9.8; -2.5]
Follow-up	3 months	-10.9	[-17; -4.9]
	3-9 months	-6.2	[-12; -0.4]
	> 12 months	-9.0	[-13.9; -4]

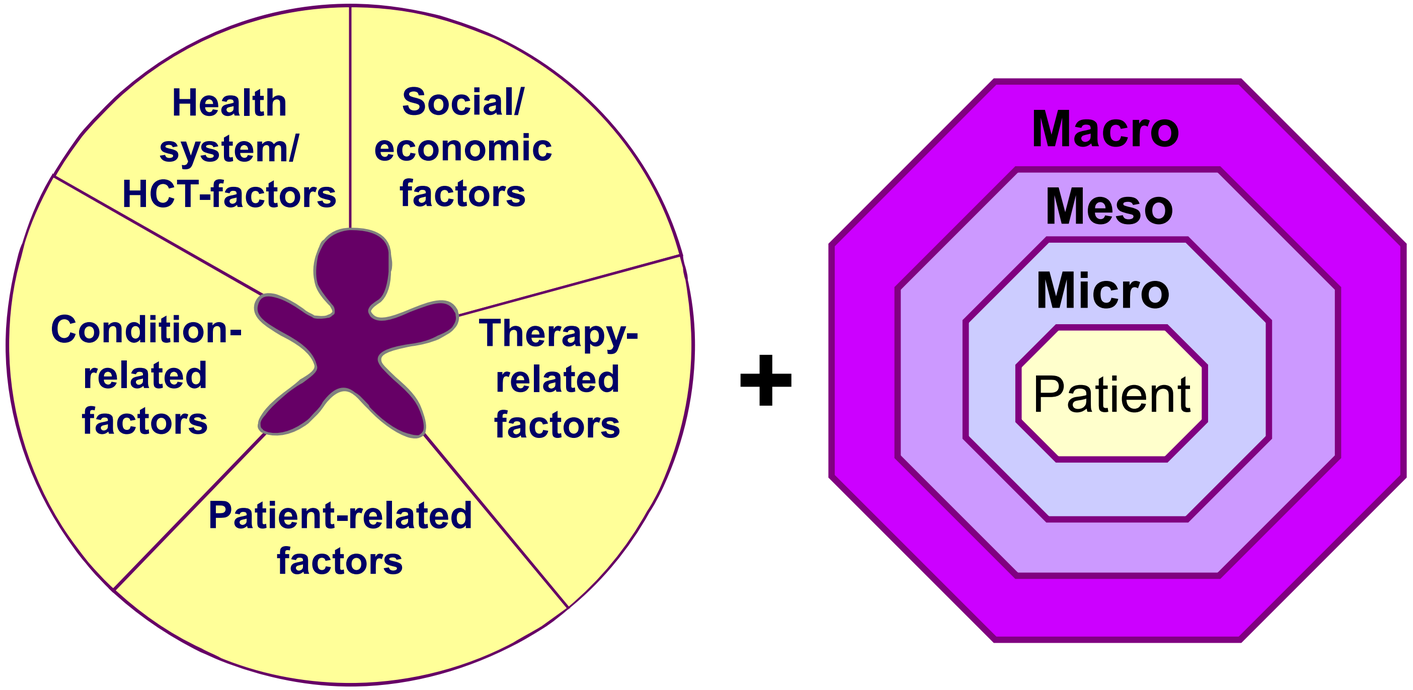
* Risk Difference; negative value in favor of program
** significant difference with reference value; pooled relative risk 0.84 [0.77; 0.92]

(Göhler et al. J Cardiac Fail 2006; 12: 554)

"The most effective approaches have been shown to be multidimensional and multilevel – targeting more than one factor with more than one intervention"

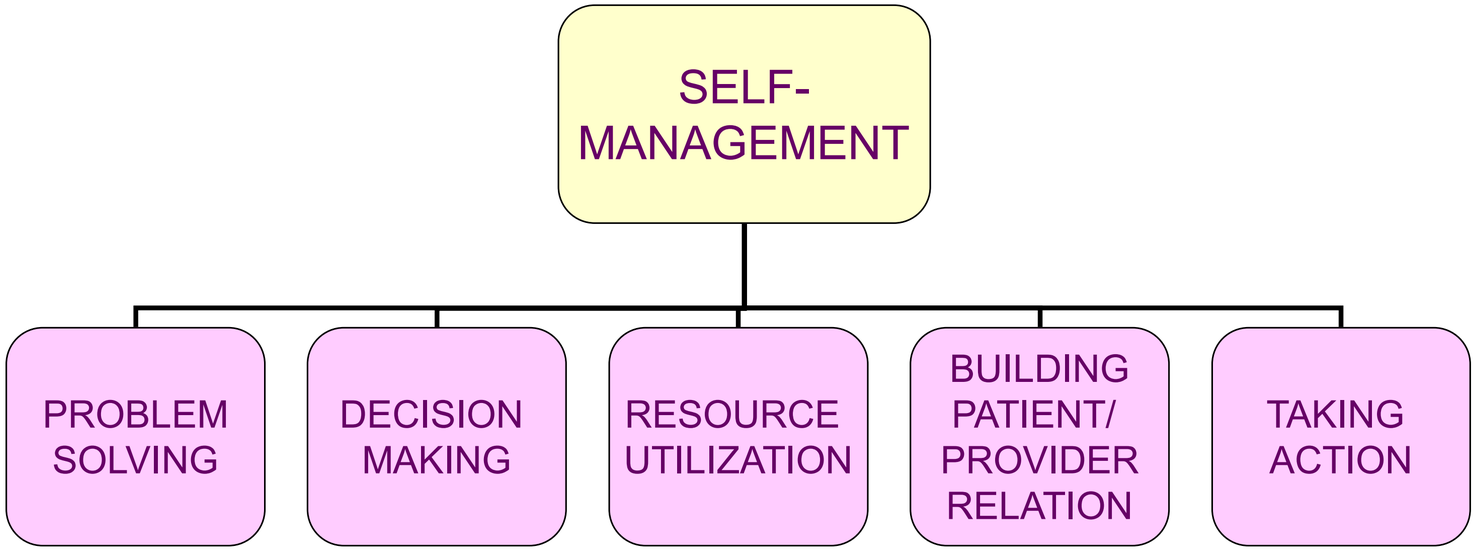
(Haynes et al. Cochrane Reviews 2008)

Tackling Nonadherence:
A Multidimensional and Multilevel Approach



From disease management to *self-management* programs

= ***A set of things patients can do for themselves to follow the prescribed therapy, to avoid health deterioration and preserve function***



Nell'ambito di una stessa patologia (cronica) i pazienti hanno caratteristiche diverse, legate soprattutto allo stadio evolutivo della malattia …

LINEE GUIDA

vs

MEDICINA "PERSONALIZZATA"

= PDTA

"The details are not the details"