Identifying Risk Factors Associated with Compliance to Medication in Elderly Kidney Transplant Patients

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Over the last few years there has been a growing interest in the development of accurate and reproducible methodologies aimed at assessing quality of life [1-3] as well as compliance to medication [4-7] in chronic illness, like chronic heart failure [8], end-stage renal disease and maintenance dialysis [9-20], kidney transplantation [21], Alzheimer [22], multiple sclerosis [23], Parkinson’s disease [24], rheumatoid arthritis [25], systemic lupus erythematosus [26], chronic obstructive pulmonary disease [27], breast cancer [28], pancreatic cancer [29] or obesity [30].

This growing interest on the part of the scholars towards medication compliance has also characterized the scientific community dealing with the evaluation of risk factors associated with compliance to medication in elderly kidney transplant patients. Kidney transplantation is the optimal treatment for end-stage renal disease. Life expectancy is significantly improved among transplant patients compared with that of the age-matched wait-listed patients on dialysis [31-33]. Also, elderly patients may benefit as they experience a better quality of life after transplantation compared with dialysis treatment [34]. Therefore, the number of transplanted elderly patients is increasing. At the same time, we are not informed how elderly patients view their post-transplant lifestyle. Moreover, still little is known about their compliance to the medication regime.

Noncompliance has been shown to be related to rejection and even graft failure [35,36]. Noncompliance to medication is a common problem in young kidney transplant patients, but this issue has yet to be studied in elderly transplant recipients. Risk factors of noncompliance are depression, less structure in daily life and social isolation [37]. We hypothesized that these risk factors are likely to play an important role in compliance among the elderly population. Also, other problems specific to the elderly may also interfere with medication compliance, e.g. label reading and interpretation, child resistant containers, and short-term memory [38]. Noncompliance to immnosuppressive medication may add to older age-related risk factors, such as cardiovascular complications and psycho geriatric morbidity. The way in which patients think about their medication and lifestyle is suggested to be linked to their behaviour. It is supposed that attitudes are concealed and not directly observable in themselves, but they cause actions and behaviours that are observable, i.e. health-related behaviours [39].

In general, medication noncompliance is a particularly challenging problem for adolescents who have undergone renal transplantation [40]. These patients must take numerous medications, often in different dosages and forms, at several times throughout the day. The potential consequences of medication noncompliance are serious and include more frequent medical complications and hospitalizations, higher health care costs and family stress [41,42], as well as increased risks for allograft loss and immunologic losses [43].

Evaluation of patients’ medication compliance as a factor in treatment success or failure is thus potentially complex, difficult, and time consuming. Future efforts to improve compliance may require individually-targeted interventions that consider important patient and disease characteristics. Technological devices may aid in this time and labor-intensive effort.

References

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