

**Läkemedel och följsamhet
Studier ur ett allmänmedicinskt perspektiv**

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- I. Hagström B, Mattsson B, Wimo A, Gunnarsson RK.
More illness and less disease? A 20 - year perspective on chronic disease and medication.
Scandinavian Journal of Public Health 2006;34:584-88.
- II. Hagström B, Brodén J, Mattsson B, Gunnarsson RK
Who fills the prescription - the patient or someone else?
Patient information in focus.
Insänd.
- III. Hagström B, Mattsson B, Rost IM, Gunnarsson RK.
What happened to the prescriptions? A single, short, standardised telephone call may increase compliance.
Family Practice 2004;21:46-50.
- IV. Hagström B, Mattsson B, Skott A.
My sickness and me: men with cardiovascular disease and their perceptions of their illness and medication.
Journal of Men's Health and Gender 2005;4:429-35.



Sahlgrenska akademien
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Medication and compliance

Studies from a general practice perspective

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Abstract

The thesis is based on four studies illuminating from different perspectives the problem of compliance with medication. The research arises from the fact that more and more drugs are prescribed to patients thereby leading to problems with compliance. Considerations for prescribing medication and the accompanying compliance are the apprehension of illness and risk factors for disease both for the physician and the patient.

In a first cross-sectional study a representative number of persons from a Swedish municipality during a twenty year (1980-2000) period filled in a questionnaire, identical in wording, concerning the experience of chronic disease and its medication. The second cross-sectional study explored the extent of patients personally filling prescriptions for cardiovascular diseases (CVD), infections and analgesics at the pharmacy. In the third randomized, controlled trial the extent to which patients filled prescriptions after seeing a general practitioner was assessed. One group of patients received a follow-up phone call after the consultation. Finally, the last study used a qualitative method aimed at increasing the understanding of men with cardiovascular diseases and their views on illness and medication.

The results showed that persons using medication increased from 19 to 33 % ($p=0.002$). The average use of drugs per person was 2.3 year 2000, an increase by 53 % since 1980. Some of these drugs were for reducing cardiovascular risk factors. Persons stating having a chronic disease increased from 23 % to 40 % ($p=0.0005$). Those who regularly saw a doctor doubled to 26 % ($p=0.002$). It is important that the patient is well informed of the concept of risk and its treatment to insure better compliance.

Nearly every fourth customer at the pharmacy filled prescriptions for others and thus one opportunity to inform patients was lost. Physicians are urged to put an extra effort into providing information on medication at the consultation in these cases.

A telephone call after a consultation increased the proportion of patients that filled prescriptions ($p=0.023$). The proportion of dispensed drugs for CVD was only 66 % compared to 88 % for all other drugs ($p=0.001$) and appeared to be lower for men than women.

The men in the interviews showed difficulties in integrating illness into their lives. A model illustrates factors for integrating or separating illness from the person. In meeting men with CVD, the model may contribute to the understanding of the complex problem of compliance.

Conclusion These results correspond to other research findings. In a Swedish community people experiencing a chronic disease over a twenty-year period has increased and more drugs are used. Problems with compliance threaten and the research has demonstrated that all involved in the drug delivering process have a responsibility – the patient, the doctor and the pharmacist.

Key words: patient compliance, general practice, medication, pharmacy, prescription, primary health care, risk factors, chronic disease, illness, prevention.

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