

COMMUNICATION ROLE OF PATIENTS' COMPLIANCE TO LONG-TERM TREATMENT IN THE CONTEXT OF CARDIOVASCULAR DISEASES

The article considers the commitment to long-term treatment of the patient in the system «Doctor-patient with a disease of the circulatory system» on the basis of foreign works.

Relevance. Success in the treatment of cardiovascular diseases (CVD), such as hypertension, coronary heart disease, myocardial infarction, ischemic stroke, pathology of the veins of the lower extremities directly depends on the patient's commitment to prolonged therapy. However, according to statistical data, today more than half of the prescription drugs for chronic diseases is not accepted by the patients [1]. Among the reasons for the low adherence to therapy, high-risk patients identified: a large number of prescription drugs, ineffectiveness of blood pressure control, absence or attenuation of clinical symptoms of CVD; high probability of development or presence of side effects; insufficient awareness of patients about the need for continuous intake of drugs; high cost of drugs.

High adherence to long-term therapy in the treatment of CVD is the most real way to increase its effectiveness. But achievement of compliance with recommendations is possible only with the quality communication of the doctor with the patient, which is achieved through detailed and accessible information to the patient about the purpose of treatment of CVD, which ultimately consists in increasing the duration of active life. To date, the decrease in the severity of adverse reactions associated with long-term drug intake is possible due to the optimization of the regimen for their intake and selection of doses, as well as taking into account all contraindications. The combination of drugs to reduce side effects and prolong their effects greatly improved adherence to treatment, but did not completely solve this issue. The use of combined drugs at the initial stages of treatment can have a good result, because the timing of the selection of therapy is shortened, its effectiveness is increased and the adverse reactions are reduced.

Materials and methods. To determine the degree of adherence in the system «doctor-patient suffering from CVD», an analysis of foreign works was carried out. Analytical evaluation of the most significant studies is given. As a methodical tool the database of medical information PubMed and Springer Link, in which the original articles were searched, was used.

The request was made in English by the words «doctor-patient communication», «adherence to treatment», «the cardiovascular diseases».

Results. The European Society for Arterial Hypertension (2007) guidelines define the patient's adherence to treatment: «... the degree of follow-up to medical recommendations for lifestyle changes, regular visits to doctors and the use of prescribed medications» [2].

Adherence can be divided into two main components: the duration of drug intake (the period from the beginning to the cessation of treatment) and compliance (the ratio of prescribed regimen and true reception), including dose skipping, «medicinal holidays» (3 days or more without taking medications) [2]. In different situations, these components manifest themselves in different degrees: for chronic diseases, for example, CVD, the duration of admission is of special importance, in cases of acute diseases, the prescribed regimen is fulfilled. To quantify the adherence of the patient to treatment, the percentage of time during which the patient takes the prescribed dose of the drug is used: a good adherence of 80-100%; unsatisfactory adherence – below 70-80%.

Particular difficulties arise when it is necessary to take drugs for an extended period, since the treatment of chronic diseases requires a high commitment to achieving the goal. For example, patients with low adherence to treatment with antihypertensive drugs, antiarrhythmics drugs have a high risk of developing cardiovascular complications.

In particular, in the Russian Federation (Saratov, Stavropol) carried out research, the purpose of which was to reveal the influence of personal characteristics of the doctor on the commitment to long-term treatment of patients with diseases of the circulatory system [3, 4].

The methodology consisted of a questionnaire of doctors and patients. The questionnaire for diagnosing the level of empathic abilities of Boyko, MBI emotional burnout detection questionnaire (Maslach K., Jackson S.), G. Eysenck's personal questionnaire for determining the type of temperament were used. In the course of the study, reliable data were obtained that none of the characteristics of the attending physician, including his personal qualities (type of temperament, severity of empathic abilities and degree of emotional burnout of the doctor) on adherence to long-term administration of drugs recommended for the treatment of cardiac diseases, influenced.

It should be borne in mind that the authority of the doctor plays an important role in increasing adherence [4]. One of the barriers to successful treatment today remains the inadequate adherence of doctors themselves to existing standards of treatment. The lack of willingness of the doctor to intensify therapy (due to fear of side effects, possible metabolic effects, com-

plications, increased cost of treatment, and lack of subjective conviction of the need to reduce blood pressure in a particular patient) leads to a deterioration in patient compliance.

Authors from India, Spain, the United States and other countries also studied the influence of the relationship between the doctor and patient on adherence to treatment and prognosis in patients with hypertension [5]. The lack of adherence to treatment for hypertension affects about 30% of patients. The studies involved physicians and patients suffering from hypertension. There is no ideal method for quantifying adherence to treatment, so indirect methods, such as the Similarity Index (SSIM), are used that measured the level of the relationship between the physician and the patient as a whole. Adherence was measured by self-assessment, and the prognosis was measured by physician ratings based on the clinical symptoms and blood pressure figures in the patient. The results showed that the quality of the relationship significantly contributed to compliance with the prescription of the doctor and the prognosis of the disease; commitment also contributed significantly to the prognosis of illness. The influence of communication quality on the prognosis was indirectly dependent on the adherence of patients to treatment. Improvement strategies that showed great efficacy in the treatment of hypertension consisted of simplifying treatment regimens, a reminder system for appointments, self-monitoring of blood pressure, and organizational improvements. The possible consequences of improving the quality of communication between the doctor and the patient are discussed.

The observed statistical trend that patients whose treating physicians possessed very low empathic abilities, rarely completely stopped the recommended treatment within a year is of interest. This may be due to the perception by some patients of such physicians as some «authority», whose recommendations should be strictly observed, which is true only for some patients.

It was also noted that the patient's assessment of the doctor is made up of the components of the emotional burnout syndrome, and the higher the depersonalization of the doctor and the feeling of his professional unfitness, the higher his mark in the patient.

Conclusion. The patient's commitment to long-term, sometimes life-like, intake of medications recommended by cardiologists and neurologists is manifested by open collaboration of the doctor and patient, free discussion of all possible aspects of treatment. Thanks to adherence, a constant level of medicines is provided in the patient's body, which increases the effectiveness of treatment of the disease, improves health status, significantly reduces the likelihood of relapse.

References:

1. How to improve adherence to the treatment of a patient with arterial hypertension // Medical portal «Health of Ukraine» [Electronic resource]. – Access mode: <http://health-ua.com/articles/2682>. - Date of access: 08/27/2017.
2. Chukaeva, I. I. What is adherence to treatment and what can be done to improve it (on the example of arterial hypertension) / I. I. Chukaeva // Journal of Medical Practice. – 2012. – №2. – P. 21-26.
3. Influence of personal characteristics of the attending physician on patient adherence to long-term treatment of cardiovascular diseases / E. V. Strokova [et al.] // Saratov Journal of Medical Scientific Research. – 2013. – Vol. 9, № 2. – P. 263-269.
4. Koychuev, A. A. Commitment in treatment: assessment methods, technology of correction of insufficient adherence to therapy / A. A. Koychuev // Medical Vestnik of the North Caucasus. – 2013. – Vol. 8, № 3. – P. 65-69.
5. Patient adherence to medical treatment: a review of reviews / S. van Dulmen [et al.] // BMC Health Services Research. – 2007. – №7. – P. 55.

**Halina Piecewicz-Szczęśna¹, Barbara Kołłątaj¹,
Witold Kołłątaj², Irena Dorota Karwat³**

¹Katedra i Zakład Epidemiologii i Metodologii Badań Klinicznych,
Uniwersytet Medyczny w Lublinie

²Klinika Endokrynologii i Diabetologii Dziecięcej, Uniwersytet Medyczny w Lublinie

³Instytut Medyczny, Państwowa Wyższa Szkoła Zawodowa im. Jana Grodka
w Sanoku

E-PACJENT JAKO WYZWANIE DLA LEKARZY

Praca może stanowić cenny materiał dla lekarzy i naukowców interesujących się zmianą ról pacjenta i lekarza w dobie Internetu.

Halina Piecewicz-Szczęśna¹, Barbara Kołłątaj¹,
Witold Kołłątaj², Irena Dorota Karwat³

¹Chair and Department of Epidemiology and Clinical Research Methodology,
Medical University of Lublin, Poland

²Department of Paediatric Endocrinology and Diabetology, Medical University,
Lublin, Poland

³Faculty of Medical Science, The Jan Grodek State Vocational Academy in Sanok, Poland

E-PATIENT AS A CHALLENGE FOR PHYSICIANS

The paper can be a valuable material for physicians and scientists interested in changing roles of patient and doctor in the Internet.

Wstęp. Wielu pacjentów z chronicznymi chorobami korzysta informacji medycznych z Internetu. Pacjenci poszukują wsparcia, empatii, informacji o przebiegu choroby, powikłaniach, problemach związanych z