LIVING with **DM**

Coordinator:

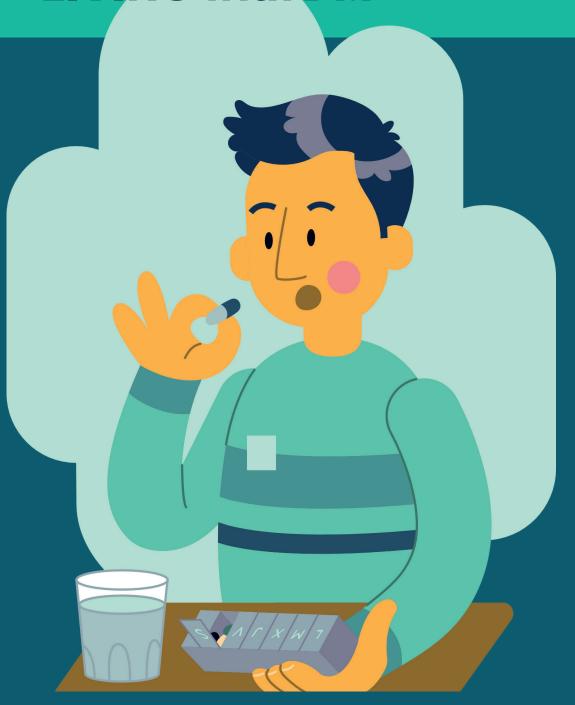
Dr Antonio Pérez Pérez

Head of Unit.
Endocrinology
and Nutrition
Department. Hospita
de la Santa Creu
i Sant Pau, Barcelona
Lecturer, Universitat
Autònoma de
Barcelona.
CIBERDEM

Author:

Dr Domingo Orozco Beltrán

Family Doctor.
Lecturer in the
Department
of Clinical Medicine.
Miguel Hernández
University. Cabo
Huertas Health
Centre. San Juan de
Alicante Department
Member of the SED
Management Board



Treatment adherence in people with diabetes

In collaboration with



Endorsed by

SED | SOCIEDAD ESPAÑOLA | FSED | FUNDACIÓN DE LA SOCIEDAD DE DIABETES | FSENANCIA DE DIABETES



What is treatment adherence?

The **degree** to which a person's **behaviour** when taking medication, following a diet or making lifestyle changes (exercise, stopping smoking, etc.) corresponds to the **agreed recommendations** from a healthcare provider.

Is non-adherence to treatment common?

The leading cause of **poor control over blood sugar levels**, cholesterol or blood pressure, is **non-adherence**. Adherence to the current medication should be assessed before adding another drug. **Half of all patients with diabetes show poor adherence to treatment.**

What are the causes of poor adherence?

It depends on the characteristics of the patient, the treatments and the number of associated pathologies. In general, the most common cause of non-adherence is **forgetfulness**. However, there are also the patient's **beliefs** (thinking that they're taking too many pills), the **side effects** of the medication, **lack of perception of the benefits** of the treatment, **lack of understanding of the reasons** for taking the pills or **financial problems** (in the case of more expensive drugs).

What are the consequences of poor adherence to medical treatment?

Treatments protect against complications, such as **eye problems**, **kidney failure**, **heart attacks**, **stroke and lower limb amputation**, which will affect the patient's quality of life and even their life expectancy. If the medication is not taken, that protection is lost.



Remember...

- Half of all patients do not take their medication properly.
- By not taking their medication, they lose protection against the complications of diabetes.
- You should take steps to help you to remember to take your medication.
- Before you stop taking a medication, talk to your doctor about why you want to stop.

What can I do to improve the situation?

- Take measures to help you remember, for example, by using pill dispensers. Always keep medication at work. Use personalised dosing systems made by the pharmacy if you are taking multiple medications at the same time.
- Ask your doctor to **simplify your treatment**, where possible. Fewer doses per day can improve adherence.
- Ask your doctor about adverse effects. Some drugs have adverse
 effects that are not serious but can be bothersome. They will go
 away in a few days or weeks, so do not stop taking the medication.
 Sometimes, the problem can be solved by reducing the dose. For
 example, metformin can cause intestinal discomfort or diarrhoea,
 but talk to your healthcare professional: do not change the dose
 without consulting them first.
- Tell your doctor if you are experiencing **financial difficulties**. If a drug has a co-payment that is difficult to afford, **do not stop taking it without telling your doctor**. Tell them so that they can look for a **cheaper alternative**.
- Ask the health professional what benefits a particular medicine provides. Nowadays, preventive drugs are prescribed to reduce the risk of complications, but there is no perceived direct benefit (e.g. cholesterol-lowering drugs). The healthcare professional will explain the benefits you will get from each medicine and will decide with you whether or not to continue the treatment.