



**ABC Project Newsletter Issue n° 1/2012**

## **Ascertaining Barriers for Compliance: policies for safe, effective and cost- effective use of medicines in Europe**



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The ABC Project is the EU-funded research initiative to improve patient adherence to medication in Europe. The strategic goal of the project is to produce evidence-based policy recommendations for improving patient adherence, and thus raising the effectiveness of medications use by Europeans. The project's findings are expected to help health policymakers take right decisions to minimize the negative impact of non-adherence. ABC Project was launched on January 1, 2009 and will run until June 30, 2012. [www.ABCproject.eu](http://www.ABCproject.eu)

**In this issue: Summary of ABC-  
coordinated European Forum on Patient  
Adherence to Medication,  
8 December 2011,  
European Parliament, Brussels**



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### **ABC project extension until June 30, 2012**

ABC project has applied for 6-month extension to complete the ABC broadest and most challenging research – the European patient survey (WP2) and the healthcare professionals survey (WP4) - until June 30, 2012. The patient survey has been designed to analyse factors responsible for non-adherence to short-term and long-term therapies, the target population being minimum 322 from each participating country. The survey fieldwork has been completed in Austria, England, Hungary, Poland and Wales, while it is still being conducted in Belgium, Germany, Greece, Netherlands, and Portugal. The healthcare professionals survey has been partially completed in Austria, England, Germany, Hungary and Poland and is still being underway in Belgium, France, Netherlands and Portugal. It is the first of its kind multi-national survey, targeting 384 doctors, pharmacists and nurses from each participating country, aimed to identify barriers to patients' adherence to medical prescriptions.

### ***The European Forum on Patient Adherence to Medication – the ABC Project results were presented in European Parliament on 8th of December 2011***



The aim of the event was to present results of three years of research on medication adherence. The conference was granted a patronage of European Parliament, Polish Presidency of the Council of European Union and of Jacek Saryusz-Wolski, MEP.

Nearly 100 participants took part in the conference, with European policymakers, academics, insurance companies' representatives, health professionals, patients' organizations representatives, journalists and other stakeholders among them. Such interest was aroused by

the prevalence of non-adherence to medications across Europe. According to research approximately 50% of prescribed doses are not taken as indicated. Depending on the medicine this may have different consequences:

from ineffective treatment of chronic conditions such as asthma or high blood pressure, through rejection of transplanted tissue due to inadequate intake of anti-rejection medication, to death because of improper dosages of medicines for heart failure.

The importance of non-adherence to medications was a reason for the European scientific project, which aims to identify the principal causes of non-adherence and produce guidelines for European policymakers in order to improve effectiveness of treatments. 'Implementation of adherence improving interventions in every European country will not be an easy task, but is worth undertaking for patients' benefit' – said prof. Przemyslaw Kardas, head of the First

Department of Family Medicine, Medical University of Lodz, and principal investigator of the ABC Project. 'Better adherence means lower number of hospitalizations, less common severe complications, and better control of chronic conditions. – continued prof. Kardas. The Project was funded by 7Th Framework Program of European Commission.

The international consortium forming the ABC Project included scientists from 5 leading centres: Katholieke Universiteit Leuven, Belgium, Swiss company AARDEX Group, Bangor University in Wales and Medical University of Lodz in Poland. The research done within the ABC Project covered countries of European Union and was conducted among patients, doctors, pharmacists, nurses, representatives of universities, and pharmaceutical companies.

- 'When planning the project, we wanted to find answers for a few major questions' – said prof. Kardas in opening the symposium at the European Parliament – 'We focused on standardizing the terminology, the determinants of non-adherence, and interventions which doctors, nurses and pharmacists may apply to help patients adhere to treatments'.

The project presentation began with the summary of terminology. At the moment many terms are used to describe how patients follow doctors' advice. „Compliance”, „adherence”, „concordance”, „therapeutic alliance” are only some of them. A systematic review informed a consensus view that “adherence” should be the preferred term because it highlights cooperation between doctors and patients.

Our survey of patients with high blood pressure showed that the percentage of patients classified as being non-adherent to treatment differs among countries. In Wales, 38% of patients report themselves as being non-adherent whereas in Hungary, more than 70% report being non-adherent.

The factors that influence non-adherence also appear to differ by country. In Poland patients' concern about illness and barriers to adherence are among the causes; whereas in England, employment and the number of items prescribed are predictors. In all studied countries self-efficacy was a common factor. – It is someone's belief in his or her ability to succeed in performing a necessary task in specific situations - explained prof. Dyfrig Hughes, Co-Director of Centre for Health Economics & Medicines Evaluation at Bangor University, UK. According to one analysis that we conducted, patients stated that they would be more likely to continue with therapy, depending on the expected benefit of treatment, the severity and chance of adverse effects, and the frequency of dosing. The ABC Project's review of the evidence identified feedback based on electronic monitoring of drug administration as the only intervention which proved to be effective in improving adherence.



The ABC project's scientists also recommend adoption of a multifaceted approach to improve patient adherence – adherence-supporting environment, which not only involves doctors, nurses and pharmacists, but also politicians, pharmaceutical industry, patients themselves, and other stakeholders. The guidelines on how to manage sub-optimal adherence and a summary of the project will be published in June 2012 when all the research results are compiled.

The event at the European Parliament effectively drew attention to the problem of non-adherence. The guidelines produced by the ABC project will soon be ready for implementation by European Union member states. ([www.abcproject.eu](http://www.abcproject.eu))

## ABC WP6 News

### **Deliverable 6.1 Report on the cost-effectiveness of interventions that promote adherence has been completed by Bangor University, UK**

There are numerous interventions aimed at improving adherence to medications of varying efficacy. The decision as to whether an effective adherence-enhancing intervention is to be implemented in routine clinical practice is best informed by evidence on its cost-effectiveness. Interventions that are not deemed to be cost-effective, do not represent good value for money, and are less likely to be reimbursed by payers of healthcare and/or delivered by healthcare providers.

The aim of work package six was to generate economic evidence to inform policy and practice about adherence-enhancing interventions. The work package included a systematic review of the literature on costs and cost-effectiveness of adherence-enhancing interventions with regard to treatment of acute and chronic diseases; and, an economic evaluation model to design to estimate cost-effectiveness of adherence-enhancing interventions, in the case of prescribing of antibiotics for upper respiratory tract infections in adults in primary care in the UK.

The review of the cost-effectiveness literature over the past 30 years shows a distinct lack of evidence on the cost-effectiveness of adherence-enhancing interventions. Very few studies were identified that were full economic evaluations, when compared to the influx of medication adherence literature this is most disappointing and highlights the need for further research. The review concluded that evidence on the cost-effectiveness of adherence-enhancing interventions is of insufficient quality and quantity to inform healthcare decision makers.

A decision analytic model populated by data from the literature and other secondary sources was designed to assess the cost-effectiveness of two adherence-enhancing interventions: education (verbal and written information) and a combination of education and behavioural counselling (verbal and telephone back-up).

In application to antibiotic prescribing for upper respiratory tract infection in the UK (as per NICE guidelines), the addition of verbal and written information regarding adherence during the GP consultation was cost-effective for both immediate and delayed prescribing strategies. These results, however, should be interpreted with caution, as they are highly sensitive to small changes in parameter estimates.

Further, more robust, evidence on the costs and effectiveness of these interventions is necessary to validate the finding within this work package; however, the analysis illustrated the application of decision analytical modelling to gain economic evidence of the cost-effectiveness of interventions that could be adopted alongside prescribing strategies that have been previously recommended for use in routine clinical practice.



## Script Your Future – New American Public Campaign

A new public education campaign, Script Your Future, has been launched in the US by the non-profit group, National Consumers League, with a goal to help American patients take prescribed medicines as directed by healthcare professionals and raise their awareness about the consequences of non-adherence.

The NCL and its partners have developed this multi-year national campaign focusing primarily on patients with three serious chronic conditions for which taking prescribed medicine as directed is especially important to good health outcomes: diabetes, respiratory disease, and cardiovascular disease.

The centerpiece of the campaign is a website, [www.ScriptYourFuture.org](http://www.ScriptYourFuture.org), which provides tools to support patient efforts to adhere to their prescribed medicine. Tools include free text message reminders, sample questions, medication lists and charts to keep track of medicines, and fact sheets on common chronic conditions such as diabetes, asthma and high blood pressure. A companion campaign site with adherence tools for health care professionals, [www.ScriptYourFuture.org/HCP](http://www.ScriptYourFuture.org/HCP), has also been launched.

Script Your Future is supported by a coalition of nearly 100 public and private partners and sponsors, including health care professional groups, chronic disease groups, health insurance plans, pharmaceutical companies, business organizations, consumer groups, as well as researchers and government agencies.



The campaign is an integrated marketing effort at both the national and regional levels, including research and targeted outreach efforts and activities. Throughout the next three years, the campaign will provide materials through partnerships with pharmacies, hospitals, medical offices and clinics, and health insurance plans; host community events and health fairs; and evaluate medication adherence awareness through research.

The campaign was informed by research outlined in a new briefing paper, “Medication Adherence: Making the Case for Increased Awareness,” co-authored by Hayden B. Bosworth at Duke University Medical Center, and the National Consumers League.

Script Your Future is the first of its kind campaign in the US, testifying to the growing focus on the issue by both the U.S. and global health communities. To learn more about the campaign, view campaign advertising and materials, and the briefing paper, “Medication Adherence: Making the Case for Increased Awareness,” go to [www.ScriptYourFuture.org](http://www.ScriptYourFuture.org).

## Script Your Future Campaign Video

The video promoting the issue of adherence and the Script Your Future campaign is available at the website and on YouTube at <http://youtu.be/d3vSrShqReU>





Click here to view our **CAMPAIGN LAUNCH**

Featuring a Q&A with Dr. Regina M. Benjamin, U.S. Surgeon General  
Brought to you by the National Consumers League

**I WILL TAKE MY MEDS.**

Ashleigh Smith ON PLEDGE

**MANAGE YOUR MEDS**  
with this handy wallet card.

NAME	WHY TAKE IT	START DATE	REFILL DATE	HOW MUCH DO I TAKE?	WHEN DO I TAKE?
Aspirin	Arteritis	6-15	7-15	1 tablet, 250 mg	1 /
Neurofen	migrains	6-15	7-15	1 capsule / 100 mg	2 /
Atenolol	blood pressure	6-15	7-15	1 capsule / 50 mg	2 /
Centrum Silver	Vitamins	5-20	8-20	1 capsule	