INCONSISTENCY BETWEEN ELECTRONIC DATA OF PATIENT’S ADHERENCE AND SELF REPORTED ADHERENCE SCORE

Efrat Broide¹,⁴, Adi Ein-Dor¹,⁴, Nahum Ruchimovitz²,⁴, Ariella Shitrit³, Fabiana Sclerovsky Benjaminov²,⁴, Shai Matalon¹,⁴, Haim Shirin¹,⁴, Fred Konikoff²,⁴, Irena Alon¹,⁴, Timna Naftali²,⁴

¹The Kamila Gonczarowski institute of Gastroenterology, Assaf Harofeh Medical Center, Israel
²Institute of Gastroenterology, Sapir Medical Center, Meir hospital, Israel
³Institute of Gastroenterology, Shaarei Tzedek Hospital, Israel
⁴Sackler school of medicine, Tel Aviv University, Israel

Background: Long term treatment adherence in chronic diseases is extremely poor. In inflammatory bowel disease (IBD) adherence consists of compliance with diagnostic tests, endoscopies, laboratory workup, follow up appointments and adherence to long term medical treatment. There are several methods to evaluate adherence. Morisky score is a subjective questionnaire filled by the patient and electronic data collected by the physician is an objective tool. This study aimed to compare adherence analyzed by Morisky score to gastroenterologists impression and medication purchase extracted from electronic data.

Methods: IBD patients were asked to fill a questionnaire including: demographic and disease parameters and Morisky score to evaluate adherence. Physician filled a questionnaire regarding the impression of patient’s adherence as reflected from electronic patient’s files.

Results: Data from 214 IBD patients was available. Mean age was 37±14 years, 73 (34%) males, 151 (70.6%) Crohn’s disease 50% was under biologic treatment. Patient’s estimation of treatment efficacy was positive in 76%. Main reasons for non-adherence reported by the patients were: busy 19%, forget 36%, does not help 7% and side effects 13%. Electronic data regarding medications was only mildly correlated with Morisky score (r=0.0302, p<0.001). The doctor’s comprehensive evaluation of patient’s adherence was also only mildly correlated with the morisky score (r=0.0334, p 0.001). Compared with Morisky score, the adherence in 53% of patients was overestimated by the physician, while 12% were underestimated.

Conclusions: current modes of adherence estimation are inaccurate and non-consistent. Mismatch between them emphasizes their limitation. An accurate estimation tool to evaluate patient’s adherence is needed.