

Stroke Survivors' Poor Adherence to Secondary Preventative Stroke Medications – What are their Beliefs?

Catherine Li¹, Judith A Coombes^{1,2}, William N Cottrell², Debra Rowett³, Darshan Shah⁴, Jennifer Whitty²

Princess Alexandra Hospital¹, Brisbane, QLD, Australia; School of Pharmacy, The University of Queensland², Brisbane, QLD, Australia; School of Pharmacy and Medical Sciences, University of South Australia³, Adelaide, SA, Australia; Medical Stroke Unit, Princess Alexandra Hospital⁴, Brisbane, QLD, Australia;

Background

Stroke survivors' adherence to secondary preventative stroke medications is suboptimal. Adherence may be predicted by necessity and concerns beliefs.⁽¹⁾

Aims

To examine the relationship between necessity and concerns beliefs, and self-reported adherence to each class of secondary preventative stroke medication: antiplatelets, anticoagulants, antihypertensives and cholesterol-lowering medication.

Methods

- Patients recruited to a randomised controlled trial (ACTRN1261500088561) were interviewed at bed-side post-stroke and by telephone interview at one-year post-stroke, between August 2016 to May 2017.
- The interview elicited for each class of secondary preventative stroke medication:
 - (i) patients' beliefs using the Beliefs about Medicines Questionnaire-Specific (BMQ-S) and,
 - (ii) adherence using the Medication Adherence Questionnaire (MAQ).
- Patients were identified as adherent if they answered 'yes' to all MAQ questions for each class of stroke medication they took.

Results

There were 53 patients (mean age 53 patients (mean age 67±13.5 years and 30.2% females) who completed the MAQ and BMQ-S at one-year post-stroke.

Necessity Score

- The median (interquartile range) BMQ-S necessity scores of adherent patients were significantly greater than non-adherent patients at one-year post-stroke (Figure A-C).
- There was no significant difference between adherent and non-adherent patients' median (interquartile range) BMQ-S necessity scores for anticoagulants (Figure D).

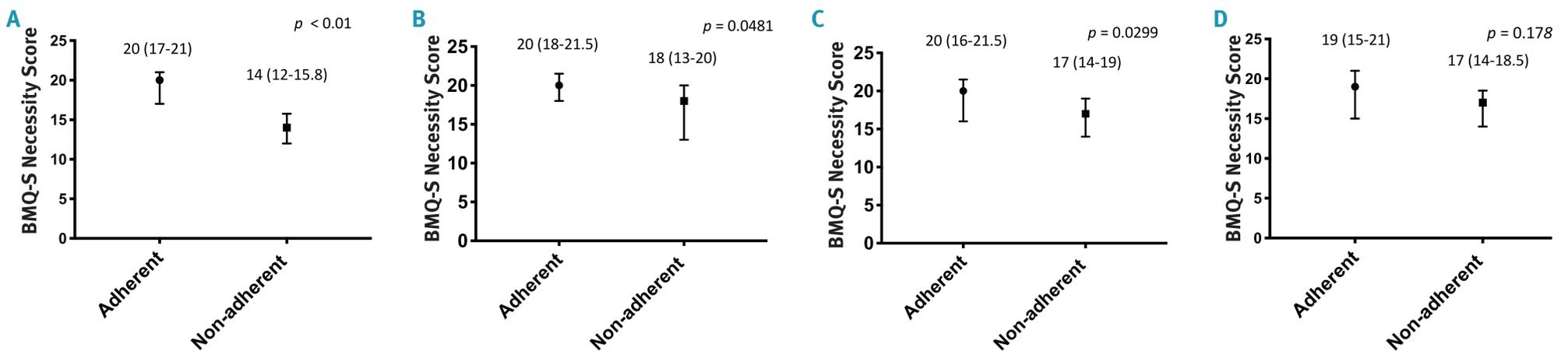


Figure A-D: BMQ-S necessity scores in patients who were adherent and non-adherent to antiplatelets (A), antihypertensives (B), cholesterol-lowering medications (C) and anticoagulants (D)

Concerns Score

- There was no significant difference between adherent and non-adherent patients' median (interquartile range) BMQ-S concerns scores (Figure E-H).

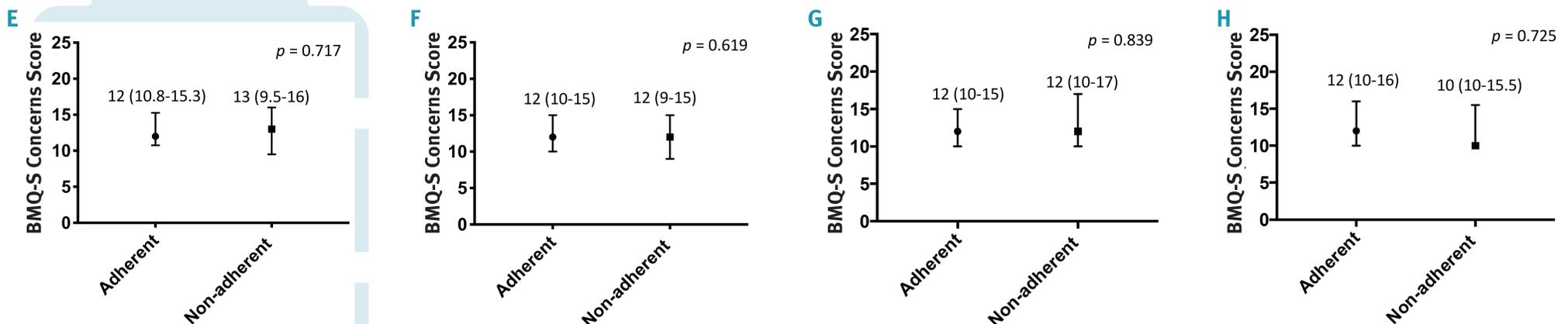


Figure E-H: BMQ-S concerns scores in patients who were adherent and non-adherent to antiplatelets (E), antihypertensives (F), cholesterol-lowering medications (G) and anticoagulants (H).

Conclusions

Interventions to improve stroke survivors' adherence to antiplatelets, antihypertensives and cholesterol-lowering medications should focus on the necessity of these medicines.

Reference

1. O'Carroll et al. Predictors of adherence to secondary preventive medication in stroke patients. *Ann Behav Med.* 2011;41(3):383-390