FZZ-P1 POVEZANOST STEPENA ADHERENCE I KONTROLE BOLESTI KOD PACIJENATA SA HRONIČNIM BOLESTIMA U PRIMARNOJ ZDRAVSTVENOJ ZAŠTITI

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Nizak stepen adherence prema propisanoj terapiji predstavlja jedan od glavnih razloga loše kontrole hroničnih bolesti. Cilj istraživanja bio je ispitati stepen adherence pacijenata sa hroničnim bolestima, kao i povezanost adherence sa kontrolom bolesti i dužinom trajanja bolesti. Sprovedeno je prospektivno opservaciono istraživanje u javnoj apoteci, na uzorku od 107 odraslih pacijenata (≥18 godina) sa najmanje jednom hroničnom bolesti i najmanje jednim propisanim lekom u hroničnoj terapiji. Prikupljeni su demografski podaci, podaci o dijagnozama i trajanju bolesti, kao i podaci o adherenci primenom MARS-5 upitnika. Statistička analiza izvršena je u softveru SPSS (ver.28). Prosečna starost pacijenata iznosila je 45,5 ± 15,8 godina (opseg 21–91), a većinu su činile žene (84; 78,5%). Najčešće indikacije bile su hipertenzija (36; 33,6%), dijabetes (13; 12,1%), aritmije (13; 12,1%), insulinska rezistencija (11; 10,3%), Hašimoto tireoiditis (10; 9,3%), hiperlipidemija (6; 5,6%) i anemija (6; 5,6%). Prosečan MARS-5 skor iznosio je 22,1 ± 3,2 (opseg 5-25), pri čemu veća vrednost ukazuje na viši stepen adherence. Pacijenti sa kontrolisanom bolešću imali su statistički značajno viši skor MARS-5 upitnika u odnosu na pacijente bez kontrole bolesti (22,8 vs. 20,6; p=0,016). Nije utvrđena statistički značajna korelacija između skora MARS-5 upitnika i dužine trajanja bolesti (*Spearman*-ov koeficijent korelacije -0,074; p=0,567). Dobijeni rezultati ukazuju na važnu ulogu farmaceuta kao najdostupnijih zdravstvenih profesionalaca, koji mogu značajno doprineti poboljšanju adherence kroz prepoznavanje problema povezanih sa primenom lekova, individualizovano savetovanje i praćenje terapijskih ishoda.

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FZZ-P1 ASSOCIATION BETWEEN MEDICATION ADHERENCE AND DISEASE CONTROL IN PATIENTS WITH CHRONIC DISEASES IN PRIMARY CARE

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Low adherence to prescribed therapy is one of the main reasons for poor control of chronic diseases. The aim of this study was to assess the level of adherence among patients with chronic diseases, as well as to explore the association between adherence, disease control, and disease duration. A prospective observational study was conducted in a community pharmacy in 107 adult patients (≥18 years) with at least one chronic disease and at least one prescribed chronic medication. Demographic data, diagnoses, disease duration, and adherence data were collected using the MARS-5 questionnaire. Statistical analysis was performed using SPSS software (version 28). The mean age of patients was 45.5 ± 15.8 years (range 21–91), and most participants were female (84; 78.5%). The most common indications were hypertension (36; 33.6%), diabetes (13; 12.1%), arrhythmias (13; 12.1%), insulin resistance (11; 10.3%), Hashimoto's thyroiditis (10; 9.3%), hyperlipidemia (6; 5.6%), and anemia (6; 5.6%). The mean MARS-5 score was 22.1 ± 3.2 (range 5–25), where higher values indicate a higher level of adherence. Patients with controlled disease had a statistically significantly higher MARS-5 score compared to patients without disease control (22.8 vs. 20.6; p=0.016). No statistically significant correlation was found between the MARS-5 score and disease duration (Spearman correlation coefficient -0.074; p=0.567). The obtained results highlight the important role of pharmacists as the most accessible healthcare professionals, who can significantly contribute to improving adherence through identification of medication-related problems, individualized patient counseling, and monitoring of therapeutic outcomes.

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