Abstract

Topic: Adherence to Medication in Adolescents with Chronic illness

Aims and objectives: To assess adherence to treatment in adolescents with chronic illness attending sub specialty OPDs of Paediatric Department at Christian Medical College, Vellore, from November 2015 – June 2016 and to explore factors influencing adherence to treatment and the perceptions about disease by means of a qualitative study.

Methodology:

Quantitative research: Adolescents with chronic illness attending the subspeciality OPDs of the Paediatric Department of Christian Medical College, Vellore from November 2015 – June 2016 were recruited after obtaining consent from the parents and assent from the adolescents. They were then given a self administered validated questionnaire (Modified Morisky Medication Adherence Scale-8) to assess the adherence rate. The various factors contributing to nonadherence was assessed by the second half of the questionnaire.

Qualitative Research: After obtaining consent from the adolescents who had participated in the quantitative study, Focus group Discussions was conducted. Three focus group discussions among adolescents with chronic illness was conducted. All the discussions of the group were audiotaped after obtaining authorization from the participants. Semistructured and open-ended questions were used to explore the factors that contribute to poor adherence, their health beliefs, their attitudes towards the disease and their trust towards health care professionals.

Analysis

Quantitative analysis: The datas obtained from the quantitative study was analysed for association between various medication, socioeconomic, health care related factors with adherence using chi square formula.

Qualitative analysis: Raw data was transcribed and analysed using grounded theory format. The quotes from all the 3 focus group discussion was initially arranged in a sequential order based on the responses to each of the open ended question asked during the data collection. After this the quotes were initially coded using different colors in Microsoft word document for each response. Then focused coding was derived by using the initial codes. From the focussed codes, interpretation of the qualitative data that was obtained was made.

Result: Only 32.2% had good adherence, 28.8% had medium adherence and 38.9% had good adherence according to the MMAS score. From qualitative analysis, the factors that were observed to be influencing adherence in our study population were forgetfulness, fear of being stigmatised, significant financial constraint, worry about
side effects. It was also observed that most of the adolescents in our setting had good parental involvement in the ongoing medical care of the child.

Conclusion: The various factors that influenced adherence pattern in our study population was forgetfulness, family financial constraint, worry about side effects. Significant parental involvement in the ongoing treatment of adolescent was observed in the study.

Key words: adherence, adolescents, focus group discussion, chronic illness