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A qualitative study of barriers and facilitators to medication adherence among stroke and transient ischemic attack French patients

M. Viprey^{1,2}, M. Gouillet³, C. Puppo³, A. Termoz^{1,2}, C. Della Vecchia^{2,3}, L. Derex^{2,4}, J. Haesebaert^{1,2}, A.M. Schott^{1,2}, M. Préau³

¹ Hospices Civils de Lyon, Public Health Department, Lyon, France; ² University Claude Bernard Lyon 1, HESPER Lab - EA 7425, Lyon, France;

³ Université Lumière Lyon 2, Groupe de Recherche en Psychologie Sociale, Lyon, France; ⁴ Hospices Civils de Lyon, Hôpital Pierre Wertheimer, Comprehensive Stroke Center, Bron, France

Background and aim

Secondary prevention medications (SPM) reduces the risk of ischemic stroke (IS) and transient ischemic attack (TIA) recurrence. Its effectiveness is conditioned by good adherence to medication. However, the rate of non-adherence has been estimated at approximately one third of patients. A good knowledge of the determinants of treatment adherence is essential to develop and implement effective interventions designed to improve it.

This qualitative study aimed to explore barriers and facilitators to adherence to SPM after IS or TIA.

Methods

- Qualitative methodology: particularly suitable to explore determinants of health behaviors
- **Face-to-face semi-structured interviews** conducted using an interview guide
- Participants: **patients who self-administered their treatment 12 months after IS/TIA**
- Interviews were audio recorded, anonymized and transcribed in full, and a **thematic analysis** was performed

Results

- **36 interviews** included in the analysis
 - conducted with **14 TIA patients** and **22 IS patients**
 - sample: **16 women** (mean age 70.2 years, standard deviation 16.3) and **20 men** (mean age 70.5 years, standard deviation 15.5)
 - duration of the interviews: from 32 to 93 minutes
- **2 main themes** emerged from the analysis of the interviews
 - barriers and concerns related to drug use
 - facilitators and strategies for drug use
- **Major barriers to good adherence to SPM**
 - **the perceived lack of information about SPM and/or inappropriate timing of information** → patients being unable to fully understand and appraise the information provided. However, **patients did not to ask their physician for more information.**
→ **Patients had to make their own decisions regarding adherence**, based on the different information at their disposal, their representation of their disease and the positive and negative effects of the treatment: the perceived threat of recurrence and concerns about treatment side effects has opposing effects on the level of adherence
 - **the practical difficulties to take some SPM**, including inadequate packaging and difficult implementation into their daily life
 - **the side effects of treatments**
 - **the curative function of treatments**: the drug could be perceived by patients as an element that, when present, attests to the presence of the disease; and when it is absent, means the disappearance of the disease. The participants experienced their IS/TIA as a one-time event or an accident, objectified by the absence of severe sequelae, while they generally picture the disease as having lasting consequences.
- **Major facilitators to good adherence to SPM**
 - **the fear of stroke recurrence**
 - **the high level of trust in the prescribing physician**
 - **establishment of a new treatment intake routine**, with the use of strategies to facilitate this routine, or routine already in place due to previous treatments

Conclusion

In the acute IS/TIA period, patients are not capable of fully understanding the information provided about SPM. Greater attention must be paid to the information provided to patients about SPM. Correct timing and appropriate wording of information are essential to ensure that patients can understand, appraise and use it. Providing more tailor-made information at an opportune moment, in particular by promoting discussion with their GP throughout the course of illness and recovery, are essential interventions to improve adherence to SPM. In this way, patients are not left alone in decision-making regarding adherence.