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Assessing adherence to adjuvant hormone therapy in breast cancer patients in routine clinical practice

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Introduction: Adjuvant hormone therapy (HT) improves overall survival in women with hormone receptor-positive breast cancer (BC) (OS). In routine clinical practise, HT compliance is currently underreported. Numerous BC patients receive polypharmacy and treatment for additional illnesses.

Objective: To evaluate HT compliance in ordinary clinical practice.

Materials and Methods: Between 2017 and 2019, patients who received HT for stage I–III BC were included. The Morisky-Green test was used to gauge adherence and calculate the medication possession rate (MPR). Utilizing straightforward logistic models, the relationship between adherence and polypharmacy, treatment, and patient characteristics was evaluated.

Data analysis: The Fisher's extract test or the chi-square test, as appropriate, was used to analyse the relationships between qualitative factors and adherence. Using the student's t-test, the relationship between quantitative factors and adherence was evaluated. The estimated odds ratio (OR) for treatment non-adherence and its 95% confidence interval were calculated. In every example, a significance threshold of 0.05 was taken into account. The analyses were out with R 4.0.4.

Results: A total of 118 individuals were involved; 65.2 percent had aromatase inhibitors (AI), the remaining patients received tamoxifen, and 36% had polypharmacy. Treatment adherence was seen in 81 percent of the patients, and it was not related to polypharmacy, territory of origin, marital status, living alone, level of education, occupation, or stage. However, adherence was related to age (p=0.03, OR=0.96 for non-adherence), with adherent and non-adherent patients having median ages of 66 and 61.5 years, respectively. Homemakers and retired women demonstrated stronger adherence to AI, despite the fact that the adherence profiles for both medicines were equal.

Conclusion: Eventhough HT is known to be nefit OS, is a well-tolerated medication, and is offered free of charge, adherence to the treatment was examined in real-world settings, with 19% of the patients failing to comply. The older patients had the highest adherence rates. The findings highlight the necessity of examining the causes of HT discontinuation, with the disciplines of pharmacy and medical oncology collaborating to develop integrated strategies and interventions to improve adherence, considering the potential impact on patients' OS.

Recent Publications:

1. Natalia Camejo, Cecilia Castillo, Andrea Schiavone, Ana L Alfonso, Dahiana Amarillo, Franco Xavier, Esteban Alvarez, Gabriel Krygier & Lucía Delgado, Male breast cancer diagnosis stages, treatment and survival in Uruguay: a retrospective analysis of a case series, 1 Sep 2021, https://doi.org/10.2217/bmt-2020-0035

2. Castillo C, Camejo N, Hernandez AL, Artagaveytia N, Alonso R, Delgado L. Prevalence of Known Risk Factors in Uruguayan Women Treated for Breast Cancer at a University Hospital. Breast Cancer: Basic and Clinical Research. January 2021. doi:10.1177/11782234211006667

3. Castillo C, Camejo N, Rondan M, Savio F, Herrera G, Krygier G, Delgado L. Survival and Time to Initiation of Adjuvant Chemotherapy Among Breast Cancer Patients in Uruguay. Breast Cancer (Dove Med Press). 2021 Dec 6;13:651-658. doi: 10.2147/BCTT.S338276. PMID: 34908875; PMCID: PMC8664648.

Biography

Natalia Camejo holds the position of assistant profesor in the oncology department. He is working in the Medical school at University of Uruguay and teaching job in the hospital de clinicas' cancer division. He is worked in the Medical school at the University of Uruguay from year oct. 2013, until oct. 2019 as a Clinical oncology department research assistant. And also working in the Hospital and clinic of "Manuel University of the Republic.

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