

REASONS FOR NON ADHERENCE IN LIVER TRANSPLANT PATIENTS IN URUGUAY

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Background

Non-adherence in liver recipients account for a mortality rate of 10% all over the world.

Medication regimen complexity, socio-economic and psychological factors shape patient attitudes toward medications.

Slight deviations to IMSD regimen associate with an increased risk of under or over exposure, graft dysfunction, DSA development, rejection/infection episodes and even graft loss, which boost health system expenses and impacts negatively on patient QoL.

As non-adherence has multidimensional inputs, identifying these contributing factors is crucial to enhance clinical success.

Study aims, to assess:

(i) non-adherence prevalence in patients of the National Program of Liver Transplantation; (ii) which covariates better explain the causes of this behavior; (iii) if non-adherent patients to IMSD regimen experience worst outcomes.

Methods

174 liver transplant patients' behavior, pharmacotherapy and clinical outcomes were monitored during the first half of 2017 to the end of 2018 regarding cumulative hospital readmissions, rejection episodes, social status, psychological trends, medication regimen, CNI concentrations through levels and lifestyle.

Recipients were considered non-adherents if: (i) they exhibited at least 2 consecutive deviation to indicated drugs, (ii) they missed 2 or more clinical or laboratory test appointments without notice and (iii) tacrolimus through levels were sustained around or below 2 mg/l without dose decrease.

Results

Recipients Mean Age	46 years
Time since Transplantation	7,6 years
Global Non-Adherence	49%
Non-adherence to IMSD	26%
Miss Clinical Office Visits	16%
Miss Lab Tests	20%
CO TAC \leq 2ng/ml	12%

Main disruptive behaviors obeyed to delayed intake (30%) and skipped doses (23%).

Multivariate analysis highlighted **DEPRESSION** as determinant of IMSD non-adherence (p 0.013). This group of patients experienced more rejection episodes (35% vs 10%) and hospitalizations (44% vs 30%) once compared to adherent patients.

Conclusions

Non-adherence rates are consistent with data reported worldwide

Depression prevents patient from selfcare.

Reduced exposure is mostly explained by skipped doses or delayed intake and leads to **worst outcomes.**

Non-adherent patients exhibit **more rejection episodes and readmissions.**

Key Words: adherence, non-adherence, liver transplantation, immunosuppressive drugs