

A study on compliance to treatment and follow up behavior of patients with skin diseases

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Abstract

Objectives: To find out number of dermatology patients regularly using medications and coming for regular follow ups.

Patients Methods: The study was conducted at dermatology outpatient department of a private medical college in South Kerala from August 2018 to October 2018. Data was entered in a pretested proforma which included age, gender, education, distance of residence from hospital, diagnosis, follow up dates given and whether patients used medicines and came for scheduled follow ups. Data was analysed by epiinfo software.

Results: The study included 160 patients. 91(56.9%) were males and 69(43.1%) females. Out of this 53 patients (33.1%) were coming for follow up as advised and medicines were taken regularly by 43 patients (26.87%).

Conclusion: Many patients with skin diseases are not taking medicines regularly or following scheduled follow ups

Keywords: Adherence, Prescription, Follow up.

Introduction

Patients with skin diseases have to attend clinics repeatedly due to chronic nature of diseases or slow response to treatment. The reasons for delayed response are inadequate communication between the patient and the dermatologist, non-adherence to the prescriptions or various psycho-socio-economic factors.¹ Compliance has been defined as a person's behavior towards health-related advice and includes the ability of the patient to attend clinic appointments as scheduled, take medication as prescribed, adjust lifestyle changes as recommended, and complete recommended investigations.² Dermatologists have to counsel and communicate the need of regular follow up visits to skin patients especially those with chronic diseases. This study was done to determine the follow up behavior and compliance to treatment of dermatology patients.

Patients and Methods

This study was conducted at dermatology outpatient department of a tertiary care hospital over 3-month period from August 2018 to October, 2018. A descriptive study was done which included patients of all age groups and gender. Patients having multiple skin diseases were excluded from the study.

Data was entered in a pretested proforma. Proforma has two sections. The first section has personal details like age, gender, education, distance of residence from the hospital and diagnosis. The patients marked less educated when they did not pass grade 10 and well educated when they passed grade 10. The second part of the proforma was filled if patients came on scheduled follow up date and they were asked if they were taking medicines regularly.

Data was analyzed by epiinfo was used. Frequencies and percentages were calculated significance was assessed by chi square test.

The study was approved by Ethics and Scientific Committee of the hospital.

Results

Of 160 patients, 91(56.9%) were men and 69(43.1%) were women. Patients were in the age group 1year-80 years. Ninety four (58.8%) patients were less educated.

Forty three (26.9%) patients were taking medicines in correct dose and duration as prescribed; 26(60.4%) of these 43 patients were less educated, 17(39.6%) were well educated (p=0.71), 25(58.1%) were men and 18(41.9%) were women (p=0.03). 53 patients (44.37%) were coming on scheduled follow up dates. Out of these 53 patients, 36(69.01%) were less educated, 17(30.99%) were well educated (p=0.04), 25(47.88%) were males and 28(52.12%) were females (p=0.04). 16(30%) patients were having infections of less than 1 week duration and 32 patients (60%) were staying near to the hospital that is less than 5 kilometres from the hospital in which study is being conducted.

Discussion

Nature of skin disease, chronicity of disease, economic factors, accessibility to health care, education level etc influence follow up behavior of dermatology patients. So physicians have a large role in explaining the patient about the need for taking regular treatment and coming for regular follow up.

About 27% patients in our study were using the medicines regularly. Serup et al.³ reported non compliance to treatment in 34-45% of patients. Compliance rate for chronic dermatological illnesses is in the range of 60.0%² to 64.7%⁴ and about 60%,⁵ for other chronic illnesses. Skin diseases like eczema, psoriasis etc. are chronic in nature so patients have to take long term treatment and consult dermatologist repeatedly. Some patients get frustrated and stop treatment or resort to alternative medicine treatments. Some patients with chronic diseases like psoriasis and eczema were not following scheduled first follow ups but were attending clinics when they had flare ups of their disease after stopping treatment or taking alternative

therapy. Physicians have to gain confidence and trust of chronic patients by effective counselling.

Patients with infective conditions are more compliant due to fear of chance of spread to family members. But some patients with infections out of fear of social stigma become non compliant. Patients who stayed near the hospital were more regular in follow ups and this shows that accessibility to health care is an important factor in deciding treatment outcomes. Especially elderly patients staying far from hospital were usually not brought for the follow up visits and they were attended by their children. Children were brought by parents for regular follow ups probably because they were more concerned about the future implications of the disease.

Patients with chronic diseases need recurrent follow-ups. Patients should attend follow up visits since physicians need to reassess spread of disease, to see response to treatment or modify treatment. There is no consensus for scheduling follow up visits for the dermatologists but they gave follow up schedule based on nature of disease and type of treatment given without considering patients personal aspects. Most of the patients revisiting regularly were less educated and females. The reason, less educated patients were regular may be because they think follow up is a routine part of treatment. Females were visiting regularly, probably due to lack of absence from work since most of them are home makers. Eventhough we were entering follow up dates for each patient in our electronic medical records and reminder sms were being sent to the patients, we couldnot ensure regular follow ups.

The small sample size is a limitation of our study. So we need large scale studies including multiple hospitals for making general comments about results. We did not analyse

patients' multiple socio-cultural and psychological which could affect follow up behavior of patients

Conclusion

Majority of patients with skin diseases were neither attending regular follow ups nor compliant with medications. Dermatologists must counsel patients to be compliant to medications and be regular in follow ups for good results.

Conflict of Interest: None.

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