FACTORS AFFECTING IMMUNOSUPPRESSIVE MEDICATION ADHERENCE IN LIVER TRANSPLANT RECIPIENTS WITH POOR ADHERENCE: A QUALITATIVE STUDY

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INTRODUCTION AND AIM

- Medication adherence refers to patients' behavior of taking their medication as prescribed.
- Taking too many medications for a long period of time might cause medication nonadherence in liver transplant recipients.
- Preserving graft functions and preventing rejection is closely related to immunosuppressive medication adherence in liver transplant recipients.
- Therefore, it is essential to determine factors affecting immunosuppressive medication use positively or negatively in liver transplant recipients.
- This study aimed to explore the use of immunosuppressive medication experience in liver transplant recipients with poor adherence and reveal the factors affecting the medication adherence.

METHOD

The study was conducted as a qualitative study with phenomenological approach.

The participants in this study were selected via the purposive sampling method.

The purposive sampling criteria for the study were using immunosuppressive medication for at least three months and, poor or non-adherence to immunosuppressive medication.

METHOD

12 liver transplant recipients with poor adherence were identified at the transplant center. Poor adherence in the form of skipping doses, delaying doses, and taking the medication early or late was determined.

Seven recipients out of 12, who agreed to participate, were included until the data saturation was reached in the study.

Data was collected via in-depth personal interview between September 2019 and January 2020.

METHOD

- The study was approved by the Hacettepe University Non-Interventional Clinical Research Ethics Board (decision no: GO18/ 1178).
- Data analysis was conducted through **inductive content analysis** with three steps of preparation, organization, and reporting phases.



Content analysis process

RESULT

Demographic Characteristics of Participants										
Participants	Sex	Age	Marital status	Education	Job	Cause of transplantation	Time of liver transplant	Donor type	IS Medications	
1	Female	33	Married	High School	Not working	Wilson	2001	Deceased	CNI Prednisolone	
2	Male	25	Single	Undergraduate	Not working	Glycogen storage disease	2008	Living	CNI	
3	Male	52	Married	Primary school	Farmer	Cryptogenic cirrhosis	2005	Deceased	CNI Prednisolone	
4	Male	50	Married	High school	Not working	Hepatitis B	2007	Deceased	CNI Prednisolone	
5	Male	28	Single	Primary school	Estate agent	Hepatitis B	2006	Deceased	CNI Prednisolone MMF	
6	Male	67	Married	Primary school	Farmer	Autoimmune	2009	Deceased	CNI Prednisolone	
7 IS: Immunosuppressiv	Male	40 urin inhibit	Married	High School	Officer	Wilson	2001	Deceased	CNI Prednisolone MMF	

- Seven adult liver transplant recipients were included in the study.
- Six of the participants had undergone cadaveric transplantation, and one had a living donor.
- One participant was taking one immunosuppressive medication, four were taking two immunosuppressive medications, and two were taking three immunosuppressive medications.

RESULT

Overview of the Study Main Categories, Categories and Sub-Categories								
Main category	Category	Sub-category						
Medication adherence perception	Taking medication on time	Taking medication at the same time Adjusting medication time according to mealtime Taking medication at regular intervals						
	Taking medication at the correct dose	Not skipping the doses Taking prescribed medication dose						
Types of medication non-adherence	Non-adherence to time	Taking medication late Taking medication early						
	Non-adherence to dose	Skipping medication dose						
	Patient-related factors	Forgetfulness A medication-dependent life Exhausted Thought of completely healed Disbelief in treatment						
Factors affecting medication adherence	Environmental/social factors	Busy work life Travelling Lack of family support Length of medication use Polypharmacy Dosing frequency Side effects of the medication Different forms and sizes of pills Flaws in prescribing medication Awareness Belief Reminder use Carrying the medication with them all the times Keeping medication at frequently visited places Family support Monitoring drug blood levels Easy access to healthcare professionals						
negatively	Immunosuppressive therapy-related factors							
Factors affecting medication adherence positively	Patient-related factors							
	Environmental/social factors							

Content analysis revealed:

- *four main categories,*
- nine categories,
- 31 sub-categories.

RESULT

• In correct day, hour, just in time and without skipping, in exactly the same amount I always take. (P2)

> Medication Adherence Perception

Types of Medication Non-Adherence

 Sometimes due to workload, stress, wandering, there is problem, sometimes I take 3-4-5 hours late... (P7) • I have 7–8 reminders just that I don't forget, if one doesn't go off, the other one does, I remember that way. (P2)

• I give blood sample every 2 months, if I am not taking (medication), medication level is seen there, it can be seen in my blood tests. (P5)

> Factors Affecting Medication Adherence Positively

Factors Affecting Medication Adherence Negatively

- I go to farm, I have medication in my pocket, I forget about them even when they are in my pocket. (P6)
- For instance, you go on vacation, you go somewhere err, I don't know you go somewhere and forget the medication. (P5)

Four main categories emerged from the interview data:

- medication adherence perception
- types of medication non-adherence
- factors affecting medication adherence positively
- factors affecting medication adherence negatively

CONCLUSION

- This study explored that there are several factors affecting immunosuppressive medication adherence among liver transplant recipients, both positively and negatively.
- In order to achieve liver transplant recipients' total adherence to immunosuppressive medication, the factors affecting medication adherence positively and negatively should be understood.
- The study results are expected to contribute developing strategies to improve immunosuppressive medication adherence in liver transplant recipients

REFERENCES

- Brown M, Bussell JK. Medication adherence: WHO cares? Mayo Clin Proc. 2011;86(4):304–314. doi:10.4065/mcp.2010.0575
- Germani G, Lazzaro S, Gnoato F, et al. Nonadherent behaviors after solid organ transplantation. *Transplant Proc.* 2011;43:318–323. doi:10.1016/j.transproceed.2010.09.103
- Haynes RB, Ackloo E, Sahota N, Mcdonald HP, Yao X. Interventions for enhancing medication adherence. *Cochrane Database Syst Rev.* 2008;16:2.
- World Health Organization. Adherence to long-term therapies; 2003. Available from: https://www.who.int/chp/knowledge/publications/adherence_Section1.pdf. Accessed October 3, 2021.
- Lieber SR, Volk ML. Non-adherence and graft failure in adult liver transplant recipients. *Dig Dis Sci.* 2013;58(3):824–834. doi:10.1007/s10620- 012-2412-0
- Kung M, Koschwanez HE, Painter L, Honeyman V, Broadbent E. Immunosuppressant nonadherence in heart, liver, and lung transplant patients: associations with medication beliefs and illness perceptions. *Transplantation*. 2012;93(9):958–963. doi:10.1097/TP.0b013e31824b822d
- De Bleser L, Dobbels F, Berben L, et al. The spectrum of nonadherence with medication in heart, liver, and lung transplant patients assessed in various ways. *Transpl Int*. 2011;24(9):882–891. doi:10.1111/j.1432-2277.2011.01296.x
- Polit DF, Beck CT. Generalization in quantitative and qualitative research: myths and strategies. Int J Nurs Stud. 2010;47(11):1451-1458.doi:10.1016/j.ijnurstu.2010.06.004
- Elo S, Kyngäs H. The qualitative content analysis process. J Adv Nurs. 2008;62(1):107–115. doi:10.1111/j.1365-2648.2007.04569.x
- Özdemir Köken Z, Karahan S, Sezer RE, Abbasoğlu O. Immunosuppressive medication adherence in liver transplant patients: a single center experience. Ahi Evran Med J. 2020;4(3):88–95.