INSUFFICIENT ADHERENCE TO COPD BASIS THERAPY:

WHAT FACTORS ARE DETERMINING?

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Abstract. The results of some studies regarding factors that have influence on chronic obstructive pulmonary disease (COPD) treatment adherence are controversial. *The aim* of the study was to reveal determining factors that have influence on COPD treatment adherence. *Materials and methods*. In the study 156 patients with severe and very severe COPD were enrolled, including 83 (53.2) % men and 73 (46.8) % women. The average age was (64.0 ± 0.7) years, the average COPD duration was (11.7 ± 0.4) years. In 129 (82.7) % patients concomitant diseases and conditions were diagnosed. Their quantity fluctuated from 1 to 4 and the average value was (1.41 ± 0.06) . The ability to use inhaler was assessed using analogue scale from 0 to 5 points. The doctor — patient interaction level was assessed by the patient using analogue scale from 0 to 10 points. The average values and errors of average values were calculated for the received data. For the determination of the intergroup difference T-test for independent samples by groups and one-

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way ANOVA were used. *Conclusions*. In our study age, gender, education level of the patients, COPD duration and employment status had no influence on COPD basis therapy adherence. There was no influence of ability to use inhaler correctly (3.22 \pm 0.07) points on COPD treatment adherence. The adherence to COPD treatment was higher in the patients with more than 2 concomitant disease and conditions (53.53 \pm 3.14) % than in patients that had 1 (43.98 \pm 1.34) %, 2 concomitant diseases (44.46 \pm 2.52) % or had no concomitant disease (43.06 \pm 2.81) %. The correlation between the COPD treatment adherence and level of doctor — patient interaction (4.21 \pm 0.08) points, (r = 0.22) was revealed. Potentially optimization of the doctor — patient interaction could increase the value of COPD treatment adherence.

Key words: adherence to treatment, COPD, factors that have influence on adherence to treatment.

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