XII EUROPEAN PATIENTS' RIGHTS DAY 2018

Therapeutic adherence: value the impact for patients and healthcare system

23 May 2018 9:30 - 13:00

Opening Remarks and keynote Presentations

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Good morning and welcome to the European celebration of the twelfth Edition of the European Patients' Rights Day.

As you know, Active Citizenship Network, the European branch of the Italian NGO Cittadinanzattiva, promotes this multi-stakeholder event since 2007, and as its Director, I am so honored to celebrate this relevant anniversary here at the EU Parliament.

Today there are experts and leaders of civic and patient organizations coming from at least 16 Countries. For my organization is really a pleasure to host each one of you, and thanks again for being here today, especially for who have travelled a lot, some of you arrive from no EU countries; this is very relevant for us since we always remind that patients' rights have no borders.

First of all, I would like to thank the European Institutions, and of course special thanks to the Member of the European Parliament David Borrelli, for having accepted to host this initiative.

In line with the topic of healthcare systems' sustainability, addressed in the previous conferences of the European Patients' Rights Day, the twelfth edition will contribute to the current policy debate on how to achieve a more sustainable provision of care.
As underlined by the Health Commissioner in his video message, that I have appreciated a lot, the poor adherence to treatments has significant implicationsas we refer to human lifes before considering costs.
Improving treatments and reducing costs, thanks to an enhanced treatment adherence are our main challenges; our duty, especially for what concerns the chronicity.
From our point of view, today's topic is linked to several patients' rights stated in the European Charter of Patients Rights: the right to information, the right to preventive measures, the right to consent and the right to personalized treatment. The "European Charter on Adherence to Therapy" summarize all these rights making explicit that adherence to treatment is a right of the chronic patient.

We are aware that monitoring the compliance implies the patient as a whole: adherence to therapies, adherence to healthy lifestyles, adherence to national prevention programmes (one of our guests will tell us about immunization afterwords) and there isalso adherence to screenings. In this regard, this month English Ministry of Health has reported that due to a gap in the algoritm of the National Health System the breast cancer screenings have not been done; this could be the cause of 270 deaths in the UK. I refer to this sad fact to report that,on one side, it is hard to accept that our health conditions could be linked to complex

calculations, but - on the other side- we are aware that these solutions are more and more adopted also to increase therapeutic adherence as a panelist will talk today.

It is obvious, patients do not always adhere to therapy and we will focus in the second panel when we will discuss the patients' point of view.

The causes of lack or little adherence to treatments are different, as the panelists will describe later on, but can be divided in intentional and unintentional. We need to act on both sides: this topic hides an huge problem of awarness.

Patient's awarness: patient has to understand why he needs treatments.

Medical Doctor's awareness: he has to adapt therapy according to the specific characteristics of each patients.

Therapeutic adherence is possible when patient has accepted the disease and the problems related to the proposed therapy[1], when he takes part actively to the therapeutic plan[2], when there is a consolidates trust between Medical Doctor and patient.

All the above said is worthless if there is not a proper prescription.Proper prescription fulfill a main role to avoid the rise of negative events dued to therapeutic choices not properly targeted.

Polypharmacy is common in older people, as they typically show multimorbidity. Polypharmacy and multimorbidity also raise challenges regarding adherence.

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1 Lamouroux A., Magnan A., Vervloet D. Compliance, therapeutic observance and therapeutic adherence: « What do we speak about ? » Rev Mal Resp 2005; 22: 31-4

2 Meyers L. B., Midence K., Adherence to treatment in medical condition, Harwood Academic Publisher, Amsterdam, 1998

There is a clinical paradigm according to more medications are prescribed, bigger is the chance of not compliance.

Italian Medicine Agency released significant figures about proper prescription. In Italy an average of 50% do not adhere to therapy. In my country an elder over 65, every 2 take more than 5 medicines per day; almost 60% of them do not adhere properly to therapies against depression, hypertension, diabetes and osteoporosis. Here some figures regarding the Italian elder population:

- 36.000 at risk of arrhythmya for taking more than 2 medicines
- 22.000 at risk of bleeding for contemporary taking 3 pro hemooragic drugs
- 85.000 at risk of kidney failure for the use of 3 drugs that damage kidneys

In Europe the data are not so different; in fact, 40% of people aged 65 and over consume between five and nine medicines per week; this number is even higher for 18% of this population where the consumption rate can be of more than 10 medicines weekly.

According the "Action Group on Prescription and adherence to medical plans" promoted by EU Commission: 79% of patients take their "once a day" dose, but only 51% of those supposed to take four doses, do so. Among patients with chronic illness, approximately 50% do not take medications as prescribed. In addition to polypharmacy, attention must be also paid to the appropriateness of the prescribing, as studies have found that between 55 and 59% of the medicines used by the older people are prescribed without indication or with a less than optimal indication.

It is important that patients or those who take care of themare adequately informed about the importance of adherence to treatment and the risks of non-adherence. This role requires coordination between general practitioners, pharmacists, patient organizations and the entire health system. Because barriers to medication adherence are complex and varied, solutions to improve adherence must be multifactorial and multistakeholder. For this reason we have named the third session of this Day “from the therapeutic adherence to the therapeutic alliance”.

For sure, the drug manufacturing companies have to develop more and more appropriate therapeutic solutions, simplifying treatments, favoring pro-memory packaging and other solutions that can facilitate the appropriate use of drugs by patients. Last but not least, reducing prize. In this context, no one can be excluded, and the different perspective here represented today will enrich the debate.

Starting from concrete experiences and good practices, this conference aims to provide patient associations, health care professionals, pharmacists, industry and representatives of institutions with the opportunity to work together in identifying the main changes that are necessary to face non-adherence to treatment plans.

I thank in advance all the panelists for having accepted our invitation.

Well, I have finished my introduction. Last but not least, let me thank my friend Neil Betteridge, for having agreed for the third year in a row to chair the conference. His great experience in strategic health issues and his involvement in networks at national and global level will be beneficial for the discussion of the topics in the agenda.

Thank you once again, I wish you a useful and interesting conference.