# ADHERENCE TO TREATMENT AND ITS RELATED FACTORS **AMONG A SAMPLE OF EGYPTIAN MIGRAINEU**

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### Introduction

Poor adhrence has long been identified as a considerable cause of treatment suboptimal response and disease progression among different health conditions including migraine<sup>(1)</sup>. Migraine is prevalent in Egypt<sup>(2-3)</sup>. However, there is a lack of data about adherence to treatment and adherence related factors among migraineurs in Egypt.

### **Objectives**

The objective of this research was to explore the compliance to treatment and its realted factors among a sample of Egyptian migraineurs.

### Methodology

This was cross-sectional study was conducted on seventy migraineurs attending an outpatient neurology clinic in Alexandria, Egypt.

A translated and validated Arabic form of the Brief Adherence Rating Scale (BARS) was distributed among patients for self-reporting<sup>(4)</sup>, and they were asked about possible aetiologies for poor compliance to prophylactic therapy during the past two months.

### Results

#### **Demographics:**

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Seventy patients, with a mean age of 30.31±7.25 years, participated in this study. Of the recruited sample, 85.7% (n=60) have chronic migraine and 22.9% are on polytherapy.

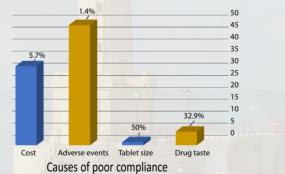
#### Adherence to treatment:



Only 17% of participants reported that they did not miss the drug any day during the past 2 months.



About 34% reported that they missed doses during the past 2 months



### **Factors affecting compliance:**

Table (1): Correlation between days without treatment and days with inadequate dosage with different parameters (n = 70)

	Days without treatment		Days with inadequate dosage	
<u> </u>	rs	р	rs	р
How many times per day	0 <u>.635</u> *	< 0.001	0 <u>.429</u> *	< 0.001
Educated by physician	0.436*	< 0.001	-0.697*	< 0.001
Level of education	- <u>0.681*</u>	< 0.001	-0.201	0.096
Drug Taste	-0.124	0.306	0.141	0.244
Tablet size	0.058	0.635	-0_508*_	< 0.001
Side effects	-0.551*	< 0.001	0_528*	< 0.001
Is prophylactic treatment effective	$0.468^{*}$	< 0.001	-0.411*	< 0.001
Drug cost	- <u>0.505*</u>	< 0.001	0.626*	< 0.001

rs: Spearman coefficient, \*: Statistically significant at  $p \le 0.05$ 

### Conclusion

Poor adherence is common among Egyptian migraines. Drug adverse events, cost, dosing regimen, and level of education are the main causes of poor adherence. Patient education about their illness can contribute significantly to improving compliance.

#### References

1- Burton WN, Landy SH, Downs KE, Runken MC. The impact of migraine and the effect of migraine treatment on workplace productivity in the United States and suggestions for future research. Mayo Clin Proc. 2009;84(5):436-45. 2- Kandil MR, Hamed SA, Fadel KA-M, Khalifa HE, Ghanem MK, Mohamed KO. Migraine in Assiut Governorate, Egypt: epidemiology, risk factors, comorbid conditions and predictors of change from episodic to chronic migraine. Neurol Res. 2016;38(3):232-41 3- El-Sherbiny NA, Masoud M, Shalaby NM, Shehata HS. Prevalence of primary headache disorders in Fayoum Governorate, Egypt. J Headache Pain . 2015;16:85. 4- Kane J, Kissling W, Lambert T, Parellada E. Adherence rating scales. Centers of Excellence for Relapse Prevention. 2008



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