

Case Report
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Noncompliance with Medication Treatment: A Case Report of a Patient with Coronary Heart Disease

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ABSTRACT

Medication compliance is a determining factor treatment effectiveness, as non-adherence reduces the optimum clinical benefit. Patients can experience significant positive changes such as improving their quality of life, increasing life expectancy, reducing of disease complications and risk of disability, reduction of clin progression of the disease, increase in the patient's trust towards the doctor, increase the effectiveness of the drug and treatment.

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Introduction

Compliance with medical instructions is defined as the extent to which the patient receives the prescribed medication. This implies responsibility shared between the patient and the health care provider [1,2]. Many barriers to approaching medication compliance have been described in the past, including problems during treatment in asymptomatic phase, such as arterial hypertension and hyperlipidemia, its cost medication, the side effects of medication and the complexity of medication dosage instructions [3].

Many patients with coronary heart disease do not adequately manage to reach their treatment goals, particularly because of weakness achieve adequate compliance with recommended medication. The coexistence of several risk factors increases the number of those granted drugs and the level of knowledge of these factors can influence how coronary patients manage medical guidelines and advice for secondary prevention [4].

Many patients do not receive adequate lifestyle advice or for appropriate medication after a heart attack. Studies have shown that by promoting knowledge of its risk factors coronary heart disease, adherence to lifestyle change such as reducing body weight, increasing physical activity, controlling it stress and dietary changes. Patient education, must be officially recognized by the health system [4].

This paper presents a case of a male patient suffering from coronary heart disease presenting a low level of compliance with medical instructions.

Case Report

A Greek man of sixty years old, who was diagnosed with coronary heart disease at age of 57, started following treatment taking a number of pills. He is married and pensioner. For about a year now, this man presents symptoms of depression, including sleep disorder, fatigue, symptoms of dysphoric mood, loss of pleasure or interest, feelings of worthlessness, as well as suicidal ideation. He faces his condition as a burden while he has adopted an unhealthy style, e.g., drinking too much, eating forbidden foods etc.

Another point which is very interesting is his health beliefs. More specifically, he has developed a fatalistic approach claiming that health is influenced only by chance. He does not give emphasis on his actions or his doctor or important other persons in his life. Of course, his social life is very restrictive without having close relations. Finally, he presents a low level of medication compliance. He does not feel confident that he takes medicines correctly due to his mental condition as well as because he takes several different medicines each day.

Discussion

Based on the above information, it is obvious that the level of compliance of this patient has been affected by different factors, such as depression, health beliefs and the complexity of the treatment. This finding is confirmed by other similar research findings in the context of investigation of different chronic diseases. Specifically, in a study of Theofilou, the results showed that hemodialysis patients who focus on themselves in order to face their problems related to the disease present a higher level of medication compliance [5]. Individuals who believe that, in general, their actions play a large role in determining their circumstances may tend to comply with the prescribed treatment regimen because they believe that they can affect their own health [6].

In another study of Theofilou regarding the relation of psychological and socio-demographic variables to medication compliance in chronic obstructive pulmonary disease patients, the results indicated that compliance was associated negatively with depression [7]. Ayres et al. examined psychosocial aspects in order to predict compliance to administered chemotherapy appointments for grade IV cancer [8]. Using discriminant analysis, patients who exhibited more anxiety and depression were more likely to comply by attending chemotherapy appointments. Furthermore, Richardson et al. found that depression at six months was significantly correlated with noncompliance in patients who took oral chemotherapy medication intermittently [9]. Theofilou et al. investigated the level of compliance of patients with hypertension to the medication given to them [10]. Years since diagnosis, age and years since initiation of treatment were significantly associated with the level of medication compliance in these patients [10,11]. Also, in patients with chronic disease conditions with polypharmacy, medication regimen complexity has been considered as one of the major factors in the prevalence of poor adherence to medications [12].

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