

Assumption

Given that the non-profit organisation SIHA - Senior International Health Association represents older Europeans and/or those Europeans living with chronic diseases and that its goal is to safeguard the rights of citizens over 65 years of age with chronic medical conditions, SIHA therefore undertake to prepare the following consensus document on Adherence to Therapy with the contribution of the main European scientific societies and of the organisations representing GPs, nurses, pharmacists, institutions, industry.

This Charter has been redacted during the 1st European Congress on Adherence to Therapy, under the patronage of the European Parliament and the Committee of the Regions. The Congress was held under the presidency of Giovanni La Via, Chair of the Committee on the Environment, Public Health and Food Safety - European Parliament and the honorary Presidency of Gianni Pittella, President of the Group of the Progressive Alliance of Socialists & Democrats in the European Parliament.

Overview on a European Union Level

According to Eurostat data, in early 2013 the population of the EU-28 was estimated at 505.7 million inhabitants, with a share of 18.2% represented by people aged over 65 years. Almost everywhere in the EU there has been an increase in the share of the older population, as a result of the increase in life expectancy, which in the last 50 years increased in the EU by an average of about 10 years, due to improved socio-economic and environmental conditions, health care and medical treatment.

By 2025 over 20% of the Europeans will be 65 or older and the number of octogenarians will rapidly increase. The increased life expectancy represents obviously a positive effect of the progress in prevention and care, but also implies a challenge for Health Services, due to the high level of complexity of the health needs of the elderly, making among others care and, in particular, the use of drugs a challenging task. We know by now that the fundamental conditions for active and healthy aging include not only prevention and adoption of healthy lifestyles, but also adherence to therapy.

Typically, the elderly reveal the co-existence of more chronic diseases and clinical conditions that can't be ascribed to a specific disease and frequently have multiple causes. Drug treatment of a complex patient is a challenging task for everyone involved in the care of the patient, considering that 50% of people over 65 years suffer from multimorbidity and that 40% of those over sixty-five consumes between 5 and 9 drugs. It is estimated that each year the poor adherence to medical treatments in Europe causes about 200,000 deaths and burdens on health expenditure up to 80 billion euro a year (AIFA source).

Adherence to treatment by patients suffering of chronic pain reaches across Europe, with different values depending from the chronic diseases, approximately 50%. We know by now that the fundamental conditions for active and healthy aging include not only prevention and adoption of healthy lifestyles, but also adherence to therapy. We also know that non-adherence to treatment involves the risk of recurrence and adverse events, and that this, in addition to health risks, results in additional health care costs, which can be reduced. In the United States it was measured that non-adherence to treatment determines 100 billion euro of avoidable hospitalizations.

Europe and the Member States have a duty to attempt any possible solution to increase the level of adherence to treatment, in order to achieve important savings and improve the quality of life of citizens.

Key points of the European Charter on Adherence to Treatment

1) Adherence to treatment as a right for chronic patients

Adherence to treatment is a right of the chronic patient, who must be properly trained and informed, involved in a process of empowerment that allows him to follow at his best the treatment given by the physician; at the same time the patient should follow at his best the treatment in order to prevent any worsening of his condition that results in not only the deterioration of the health of the individual, but also in an increase in costs for the health system.

2) Patient education and, where necessary, of the caregivers, to implement adherence to treatment

It is important that patients or those who take care of them, that is families or carers, are 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, through information and awareness-raising campaigns, development of programs of self-monitoring and self-management of drugs, and multilevel actions.

3) Awareness of Families and family caregivers

Family caregivers have to help patients with chronic diseases, increasing medication adherence.

They have to assist patients in confirming the correct dose and administration information for the medication, to help with the medication and/or reminding patients to take their medication at the scheduled time/dose and correlation with food; they also have to supervise when patients are taking medications to ensure that they are taking them as prescribed and to avoid medication errors. Furthermore, family caregivers have to help patients by dropping off prescriptions, renewing prescription refills, and picking up prescriptions, because not doing so in a timely manner is an important cause of medication non adherence. Side effects related to medication use, anxiety, or depression can all contribute to medication non adherence, and monitoring for these issues is an important task that family caregivers can perform.

Therefore, it is important that any new symptoms or side effects observed during treatments are promptly reported to the healthcare professional, without reducing or stopping the medication.

4) Awareness of general medicine

The family doctor is the primary point of reference for the elderly chronic patient; having a deep knowledge of the personal and social history of the patient, it is up to him the role of "customizer" of care - especially in the case of comorbidity - through a concerted activity of synthesis of the therapeutic and pharmacological indications recommended by medical specialists, but also the role of promoter and insurer of adherence to treatment by the patient himself.

Organizations of general practitioners should actively promote and support all initiatives aimed at the organization and specific training of general practitioners, such as to enable the most effective taking charge of the patient, developing a greater concentration of transversal clinical skills, gaining increasing availability of diagnostic tools, developing a significant growth in managerial skills, also through the availability of IT tools of clinical governance, proactively dedicating more time to patients for a regular and frequent assistance and monitoring activity, through a more efficient organization of work by means of a group activity. General practitioners must develop a relationship with the patient based on trust and dialogue, playing a role in the education of the patient and monitoring adherence to treatment.

5) Awareness of scientific societies and medical specialists

It is essential that the guidelines developed by the medical scientific societies in the different therapeutic areas constantly take into account the primary need to promote adherence to treatment of chronic patients. To this end, the scientific societies and the organizations of physicians must engage in a constant training and awareness activity towards its members and, in general, the world medical science.

The Chairmen and the governing bodies of these societies undertake to identify forms of care of the patient which, through an

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integrated activity of medical specialists, family doctors and local pharmacies, allow to better and more efficiently take care of the elderly chronic patient offering clear indications to all health operators to ensure a greater suitability and adherence.

6) Awareness of Nurses

Nurses are important actors in healthcare system to improve adherence to therapy in chronic patients.

Nurses have to build a strategic partnership with prescribers of therapy program, with patients, caregivers and families to ensure adherence to therapy.

Nurses have to be aware on patient's disease state, and on the resources and support services available to them and their families.

Nurses organizations have to guarantee professional skills through training on drugs, medical devices, human relationship and communication dedicated to elderly people and chronic patients.

Nurses organizations have to design medication adherence programs to provide patient-centric solutions to maximize patient engagement.

7) Awareness of pharmacists

The pharmacists, as drugs' distributors on the territory, are one of the cornerstones of the process of taking charge of chronic patients and as such have an important task in implementing and monitoring adherence to treatment.

The pharmacist is easily accessible to the elderly chronic patient, to whom refer whenever necessary to get information about diseases, to receive health education, to make first level diagnosis, to receive primary care services.

Organizations of pharmacists should promote and support any initiative aimed at developing a pharmacy of services, allowing the latter to assist the elderly chronic patient in the search for greater appropriateness: by developing a greater intensity of basic clinical knowledge and availability of tools for earlier diagnosis, by regularly organizing special days dedicated to information, prevention and diagnosis, by enabling home care services for patients with the most disabling diseases.

8) Awareness of drugs manufacturers

The drug manufacturing companies have to develop more and more appropriate therapeutic solutions to improve the adherence to treatment of the patient, simplifying treatments (drug and device), considering the impact on adherence of fixed drug combinations compared to the associations, favoring pro-memory packaging and other solutions that can facilitate the appropriate use of drugs by patients.

9) Awareness of Institutions

The epidemiological change from acute to chronic diseases has made models of health service delivery inadequate to face the health needs of the population.

The support of the health system becomes essential especially where the care of the chronic disease in a fragile patient is left upon him and there are no forms of social support for the protection of the individual. Institutions must therefore respond to these critical issues, ensuring access to drug, its safe and appropriate use, and implement institutional activities aimed at improving adherence to treatment.

10) European Institutions

European institutions should coordinate the Member States' National governments in order to issue guidelines for empowerment programs for patients on adherence on therapy; they should appropriately finance national programs aimed to coordinate the health system actors and to implement new models for the undertaking of the chronic and fragile patient. Moreover, European Institutions should solicitate pharmacy industry in order to develop strategies to improve adherence to therapy (such as introduction of molecules in association to reduce drugs assumption, research and development of pro-memory medical devices).

Through European programs, duly financed in order to help Member States to develop projects dedicated to management of the masses' longevity, adherence to therapy should be promoted as a basic tenant for the improvement of patient's health.

The overall goal is both to improve life quality of patients with chronic diseases and to reduce the healthcare costs.