

Publication

Adherence to the medical regimen during the first two years after lung transplantation

JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)**ID** 1195054**Author(s)** Dew, Mary Amanda; Dimartini, Andrea F; De Vito Dabbs, Annette; Zomak, Rachelle; De Geest, Sabina; Dobbels, Fabienne; Myaskovsky, Larissa; Switzer, Galen E; Unruh, Mark; Steel, Jennifer L; Kormos, Robert L; McCurry, Kenneth R**Author(s) at UniBasel** [De Geest, Sabina M.](#) ;**Year** 2008**Title** Adherence to the medical regimen during the first two years after lung transplantation**Journal** Transplantation**Volume** 85**Number** 2**Pages / Article-Number** 193-202**Keywords** adherence, lung transplantation, heart transplantation, risk factors

BACKGROUND: Despite the importance of adherence to the medical regimen for maximizing health after lung transplantation, no prospective studies report on rates or risk factors for nonadherence in this patient population. Whether adherence levels differ in lung versus other types of transplant recipients is unknown. **METHODS:** A total of 178 lung recipients and a comparison group of 126 heart recipients were enrolled. Adherence in nine areas was assessed in separate patient and family caregiver interviews 2, 7, 12, 18, and 24 months posttransplant. Potential risk factors for nonadherence were obtained at the initial assessment. **RESULTS:** Cumulative incidence rates of persistent nonadherence (i.e., non-adherence at > or =2 consecutive assessments) were significantly lower ($P<0.05$) in lung recipients than heart recipients for taking immunosuppressants (13% nonadherent vs. 21%, respectively), diet (34% vs. 56%), and smoking (1% vs. 8%). Lung recipients had significantly higher persistent nonadherence to completing blood work (28% vs. 17%) and monitoring blood pressure (70% vs. 59%). They had a high rate of spirometry nonadherence (62%; not measured in heart recipients). The groups did not differ in nonadherence to attending clinic appointments (27%), exercise (44%), or alcohol limitations (7%). In both groups, poor caregiver support and having only public insurance (e.g., Medicaid) increased non-adherence risk in all areas. **CONCLUSIONS:** Lung recipients were neither uniformly better nor worse than heart recipients in adhering to their regimen. Lung recipients have particular difficulty with some home monitoring activities. Strategies to maximize adherence in both groups should build on caregiver support and on strengthening financial resources for patient healthcare requirements.

Publisher Lippincott Williams & Wilkins**ISSN/ISBN** 0041-1337**edoc-URL** <http://edoc.unibas.ch/dok/A6005243>**Full Text on edoc** No;**Digital Object Identifier DOI** 10.1097/TP.0b013e318160135f**PubMed ID** <http://www.ncbi.nlm.nih.gov/pubmed/18212623>**ISI-Number** WOS:000252654100006**Document type (ISI)** Journal Article