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LETTER

Medication Adherence Among Geriatric Patients with Chronic Diseases [Letter]

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Dear editor

We have reviewed an article discussing medication adherence among geriatric patients with chronic diseases. The results of this study indicate that patients have a high level of adherence, and this is influenced by smoking status, gender and employment status. It should be noted that in this study, the predictors of medication adherence studied were limited to socio-economic, therapy, disease and patient related factors, with a coefficient of determination of 0.041 (4.1%).[1] Thus, the contribution of these factors to medication adherence is only 4.1%, meaning the rest (95.9%) is a contribution from other factors. Referring to Gast & Mathes,[2] in addition to the four factors above, the health care system is the main determinant of medication adherence. So it should be predicted that in this case, the health care system is a factor that has a greater contribution to medication adherence.

Based on the fact that the contribution of socio-economic, therapy, disease and patient related factors is very small (4.1%), then to increase medication adherence, researchers must explore the contribution of other factors (95.9%), which can be strongly predicted is health care system, through further research. According to MN Community Measurement,[3] the variables included in the health care system include comfort and safety, medical facilities, health insurance, primary care, specialized health care, social services, behavioral change and so on.

Thus, in order to provide valuable further information for related clinics, researchers must conduct further research to explore health care system variables, and then analyze the effect of these variables on medication adherence. This is very important because basically the health care system is one of the main elements of the service system for patients, so that by knowing the health care system variables that affect medication adherence, health care managers can immediately make efforts to improve the quality of service for patients, so that patient compliance can be significantly improved.

Disclosure

All authors declare that there is no conflict of interest associated with this communication.

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