

EU Umbrella Organisations Call for Concrete EU-level Action for Better Adherence to Therapies



On 21 September 2011, in a lunch debate held at the European Parliament in Brussels EPF, CPME, PGEU and EFPIA brought together the perspectives of patients, doctors, community pharmacists and the research-based pharmaceutical industry. The debate saw examples of best practices on adherence to therapies, and demonstrating how a coordinated, multi-stakeholder and patient-centred approach – involving patients, their carers/families, health professionals, industry, and the public, is a key factor in improving patient safety and the quality of healthcare tailored to patients' needs.

Hosting MEPs Linda McAvan (S&D/IE), Christofer Fjellner (PPE/SE) and Cristian Silviu Buşoi (ALDE/RO) emphasised the vital importance of adherence to therapies. "In the EU alone 194,500 deaths each year are due to misdose of and non-adherence to prescribed medication. Poor adherence carries a huge cost, both in terms of patient safety and quality of life. It also presents a serious problem for health systems, both in terms of inferior health outcomes, unnecessary treatments and hospitalisations" said Dagmar Roth-Behrend (S&D/DE), who replaced Mrs McAvan at short notice. "The World Health Organization has stressed that increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments" added Christofer Fjellner.

"When long-term medication is prescribed, 50% of patients fail to adhere to the prescribed regimen" said Prof. Przemyslaw Kardas from the Medical University of Lodz, Poland, who gave an overview of facts and figures on non-adherence. "Adherence-enhancing interventions should be adopted as a routine part of normal care, and provided to every patient".

The patients' perspective was presented by Christos Sotirelis on behalf of EPF, who said: "Adherence support and concordance are key components of good quality care. We believe that concordance in healthcare decision-making will lead to higher adherence by the patient. Health professionals should engage with patients as equal partners in the prescribing process, really listening to and taking account of their views. We need to empower patients and educate health professionals in order to create such an environment and promote meaningful dialogue."

"Doctors believe that much can be done from the communication point of view in order to improve medical adherence. eHealth tools could be used on a more regular basis in order to facilitate easy and fast communication, particularly between doctors and pharmacists, under the condition that data protection and privacy is safeguarded" added Dr Roland Lemye, Vice-President of CPME, who presented the role of doctors in a health care team with patients and pharmacists. Raj Patel from the National Pharmacy Association of UK, member of PGEU, illustrated how pharmacists in the UK contribute to a better medicines management through the Medicines Use Review service.

"Pharmacists' interventions to improve adherence – such as medicine use reviews – have been shown to be effective, both in terms of patient outcomes and cost efficiency. The need for new approaches to counselling patients on medicine use will only grow as our population ages, and more of our fellow citizens take a number of different medicines at the same time. But to really make an impact we need to develop such initiatives on a large scale. Partnership with patients and other health professionals is crucial for this. The opportunities are there - we cannot afford to miss them" said John Chave, Secretary General, PGEU.

Speaking at the conference Richard Bergström, Director General of EFPIA, explained how the pharmaceutical industry can contribute: "EFPIA and its member companies are committed to improve adherence to therapies. This will contribute to better health outcomes and support sustainable healthcare systems in times of economic constraints. EFPIA wishes to encourage more data gathering and evaluation, encourage best-practice sharing and involve all relevant stakeholders. A medicine that is sold but not taken is a waste for everyone – only cost and no benefit". Finally, in his closing speech, Cristian Silviu Buşoi MEP concluded: "There is still a lack of coordination between health professionals, patients and the industry."

The Steering Group of the European Innovation Partnership on Active and Healthy Ageing, which is a pilot flagship initiative within the EU

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“Innovation Union” has recognised the importance of addressing treatment adherence and polypharmacy. The Partnership will be an excellent opportunity to explore potential innovative solutions that can support individual patients and carers, improve data sharing and communication between health professionals, and improve the integration of care.”

EPF, CPME, PGEU and EFPIA called for a concrete EU-level action on adherence, for example through prioritising adherence and concordance in the future EU Health Programme, in the European Innovation Partnership on Active and Healthy Ageing, and the Research Framework Programmes; setting up information and awareness campaigns targeted to patients and the public, as part of an EU strategy for health literacy and information to patients; and using the Structural Funds to implement adherence intervention.

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