IV.4. Non-compliance

Guidelines

A. The detection of non-compliers should be a permanent concern of the transplant team (doctors, nurses and others).

(Evidence level C)

B. Because non-compliance is associated with late graft dysfunction and graft loss, it is important to reduce the proportion of non-compliers by implementing specific educational programmes addressing this problem and the importance of immunosuppressive medications.

(Evidence level C)

C. Non-compliance starts during the first year and may increase thereafter. Therefore, the specific educational programme should be repeated and adapted to the need of the transplant recipient, with delivery of few but clear messages.

(Evidence level C)


Commentary on Guidelines IV.4: Non-compliance

Non-compliance towards diet, medications and different recommendations is a general phenomenon in medicine. Here, we consider only non-compliance to medications with special emphasis on immunosuppressive drugs. It is believed that non-compliance is probably a major cause of late graft dysfunction and late graft loss. This problem has been approached by specific questionnaires to transplant recipients: the proportion of non-compliant adult recipients was 22.4% [1], which is remarkably close to classical figures of 22–23% for other medications [2,3].

However, the frequency seems to be greatly increased in the adolescent group. In a recent prospective survey with electronically controlled medication bottles, non-compliance reached 47% at 1 year, with 21% of young recipients taking <80% of the prescribed CsA capsules and 26% skipping one dose or more during holidays [4].

In an adult survey with free immunosuppressive medication delivery, non-compliance started at a mean time of 9 months post-transplant and also reached 48% at 1 year [5]. Thus, non-compliance is a significant problem that starts during the first year post-transplant. The patient questionnaires allowed identification of three profiles of non-compliers: the accidental non-complier (omission of a dose, e.g. during weekends or holidays); the invulnerable, who do not believe in the role of immunosuppressive drugs and think that after a few months (initial engraftment) the functioning graft will function for ever; and decisive non-compliers, who were already non-compliant before transplantation, and in general are non-compliant for visits, diet, biology check-ups and other medications.

In practice, it is important to suspect and identify the non-compliers in order to intervene. Patients with accidentally low trough levels of immunosuppressive drugs usually correlate with non-compliers. Recipients who did not attend regular out-patient visits and recipients who did not comply with regular blood and urine analyses are usually non-compliers. In addition, non-compliers usually have less knowledge about their disease and about the role of immunosuppressive drugs, and they tend to forget the names of the medications they are supposed to take. Non-compliers are usually younger [6,7].

To reduce non-compliance, specific education programmes should be implemented: implication of the recipient in his/her follow-up and treatment; explanation about the role of the different medications prescribed and the hierarchy between the medications prescribed, with compliance with immunosuppressive drugs being mandatory. This programme should be performed in collaboration with nurses, psychologists and physicians. These different messages should be repeated on the occasion of regular clinic visits.

There might also be an unconscious accidental non-compliance: most of the recipients rely on their memory (subjective) to ensure that they are taking their medication correctly. However, the phenomenon is repetitive (for years) and usually under the same conditions, so that memory could be defective and there is clearly a need for an objective way to ensure
medication compliance. The pillbox with different compartments is a simple efficient device. The patient fills it in the morning and checks before going to bed that it is empty, indicating whether all the medications have been taken.

References