Images in Nephrology
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Surviving the pills and the doctor!

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Case report

A presently 72-year-old craftsman and goldsmith, originally suffering from chronic glomerulonephritis of unknown origin, had been transplanted with a renal allograft in February 1998. The clinical course after transplantation was very favourable, with an excellent and stable graft function, without any documented rejection episodes. Except for some minor urogenital infections, and symptomatic peripheral arterial vascular disease necessitating endoluminal catheter angioplasty, no major complications occurred.

In 2002, the patient provided us with a gift of a self-made transparent plastic show-case, containing the blister collection of 1 year’s medication he had been prescribed (see Figure 1). At the time, he was on Sandimmun Neoral® (cyclosporin A), 75 mg tid;
CellCept® (mycophenolate mofetil); 1 g tid; Tenormin®
(atenolol), 50 mg; aspirin® (acetosalicylic acid), 100 mg;
and Selipran® (pravastatin), 40 mg. Altogether, these
amounted to a total of >4000 pills, which prompted
the patient’s comment inscribed on the box: ‘One year
of loyalty to the pills. For what aim? Surviving the
pills and the doctor!’

Considering the fact that many graft recipients
are prescribed even more drugs, this ‘pill box’ may
constantly remind us of the burden we impose on
our transplant patients. Not surprisingly, medication
compliance in this population, as well as in other
patients on long-term therapy, is frequently poor.

Conflict of interest statement. None declared.

References
1. Greenstein S, Siegal B. Compliance and noncompliance in
patients with functioning renal transplant: a multicenter study.
Transplantation 1998; 66: 1718