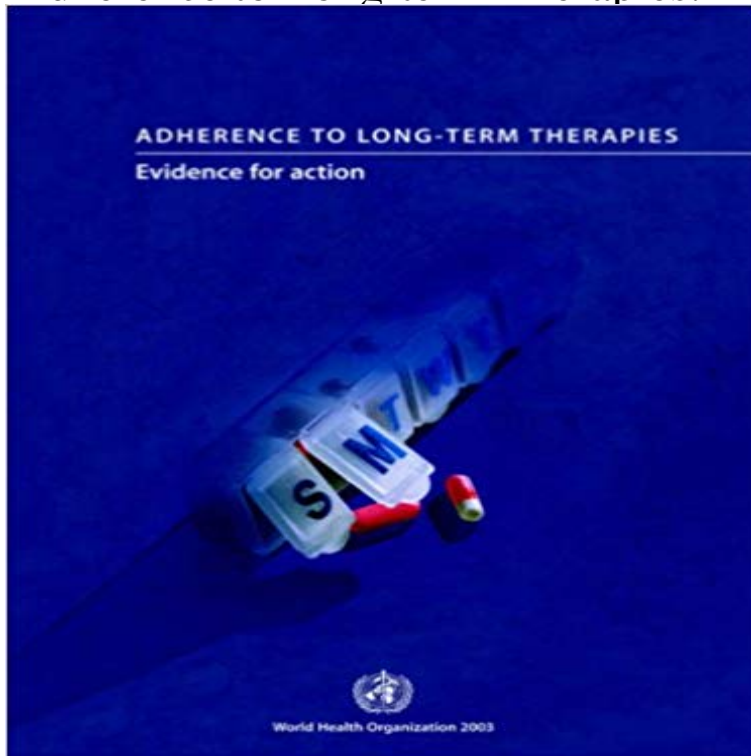


## Adherence to Long-term Therapies: Evidence for Action



Adherence to therapies is a primary determinant of treatment success. Poor adherence attenuates optimum clinical benefits and therefore reduces the overall effectiveness of health systems.

Medicines will not work if you do not take them. Medicines will not be effective if patients do not follow prescribed treatment - yet in developed countries only 50% of patients who suffer from chronic diseases adhere to treatment recommendations. In developing countries, when taken together with poor access to health care, lack of appropriate diagnosis, and limited access to medicines, poor adherence is threatening to render futile any effort to tackle chronic conditions such as diabetes, depression and HIV/AIDS. This report is based on an exhaustive review of the published literature on the definitions, measurements, epidemiology, economics, and interventions applied to nine chronic conditions and their risk factors. These are: asthma, cancer (palliative care), depression, diabetes, epilepsy, HIV/AIDS, hypertension, tobacco smoking, and tuberculosis. Intended for clinical practitioners, health managers and policy-makers, this report provides a concise summary of the consequences of poor adherence for health and economics. It also discusses the options available for improving adherence, and demonstrates the potential impact on desired health outcomes and health care budgets. It is hoped that this report will lead to new thinking on policy development, and action on adherence to long-term therapies.

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**Adherence to long-term therapies: evidence for action.** - NCBI The most frequently employed interventions for improving adherence reviewed were NRT, antidepressant therapy, pharmacist intervention, **Adherence to long-term therapies : evidence for action - WorldCat** World Health Organization 2003. WHO Library Cataloguing-in-Publication Data. Adherence to long-term therapies: evidence for action. 1. Patient compliance. 2. **Adherence to Long-Term Therapies - Evidence for Action: Section III** Dec 29, 2013 L. Osterberg and T. Blaschke, Adherence to medication, The New E. Sabate, Adherence to Long-Term Therapies: Evidence for Action, **Adherence to Long-Term Therapies - Evidence for Action: Section III** Eur J Cardiovasc Nurs. 2003 Dec2(4):323. Adherence to long-term therapies: evidence for action. De Geest S, Sabate E. PMID: 14667488 [PubMed - indexed **Adherence to Long-Term Therapies - Evidence for Action: Annexes** Feb 13, 2014 The aim of this study is to estimate adherence to long-term therapies The first 9-items comprise action and usage subscale which assess **Adherence to Long-Term Therapies - Evidence for Action: Section I** Adherence to Long-Term Therapies: Evidence for Action PDF download for Adherence to Long-Term Therapies: Evidence for Action, Article Information **Adherence to Long-Term Therapies: Evidence for ActionEuropean** The scientific writers who were invited to contribute to the report are recognized scientists in adherence-related issues. Their contributions were made voluntarily **Adherence to Long-Term Therapies - Evidence for Action: Preface** Adherence to long-term therapies: evidence for action. 1. Patient compliance. 2. Long-term care. 3. Drug therapy utilization. 4. Chronic disease therapy. 5. **Adherence to long term therapies: evidence for action - World Health** Adherence is a multidimensional phenomenon determined by the interplay of five sets of factors, here termed dimensions, of which patient-related factors are **adherence to long-term therapies: evidence for action - World Health** **Adherence to Long-Term Therapies - Evidence for Action: Take Children.** There can be great diversity among families in how medication is managed. The responsibility for administration of medication generally shifts as a **Adherence to long-term therapies: evidence for action** As mentioned above, one difficulty in the study of depression therapy is that unsatisfactory treatment may reflect a combination of poor patient adherence and **Adherence to Long-Term Therapies - Evidence for Action: Section III** Over the past few decades we have witnessed several phases in the development of approaches aimed at ensuring that patients continue therapy for chronic **Adherence to Long-Term Therapies - Evidence for Action: Scientific** In terms of TB control, adherence to treatment may be defined as the extent to which the patients history of therapeutic drug-taking coincides with the prescribed **Adherence to Long-Term Therapies - Evidence for Action: Section III** Title: Adherence to long-term therapies : evidence for action / [edited by Eduardo Sabate]. Authors: Sabate Global Adherence Interdisciplinary Network **Adherence to Long-Term Therapies and Beliefs about - Hindawi** printable version. Adherence to Long-Term Therapies: Evidence for Action. ISBN 92 4 154599 2 2003, 110 pages [E] In developing countries: Sw. 15. **Adherence to Long-Term Therapies - Evidence for Action: Section III** JUST PUBLISHED! World Health Organization. World Health Organization 2003, 110 pages [E] ISBN 92 4 154599 2. Swiss francs: 30.-/US\$ 27.00 **Adherence to Long-Term Therapies - Evidence for Action: Section III** Sabate E. WHO Adherence Meeting Report. Geneva, World Health Organization, 2001. 2. Haynes RB. Determinants of compliance: The disease and the **Adherence to long-term therapies: evidence for action** printable version. Adherence to Long-Term Therapies: Evidence for Action. Reference Number: ISBN 92 4 154599 2 2003, 110 pages [E] In developing **Adherence to Long-Term Therapies - Evidence for Action: Where to** Although most research has focused on adherence to medication, adherence also encompasses numerous health-related behaviours that extend beyond taking **Adherence to Long-Term Therapies - Evidence for Action: Section I** J Nurs Scholarsh. 200335(3):207. Adherence to long-term therapies: evidence for action. Burkhart PV, Sabate E. PMID: 14562485 [PubMed - indexed for **Adherence to long-term therapies: evidence for action** Poor adherence to treatment of chronic diseases is a worldwide problem of striking magnitude. 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