

Why do gout patients not take their allopurinol?

Authors

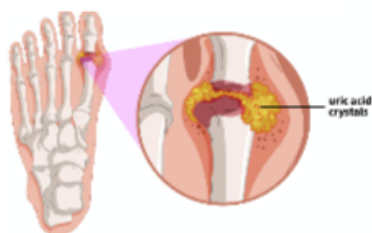
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Introduction

Gout is the most prevalent inflammatory arthritis, caused by monosodium urate crystal deposition (1). Urate-lowering therapy (ULT) with allopurinol is the first line agent for effective gout management (2). However, continuation rates for ULT are very low (3), with less than half of patients following treatment recommendations (4).



Methodology

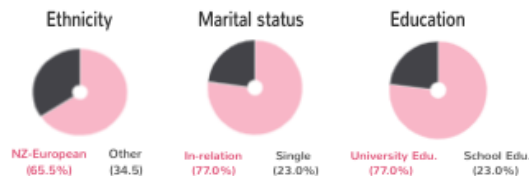
69 gout patients attending outpatient clinics completed the 22-items Intentional Non-Adherence Scale (INAS) as well as demographic data. The Intentional Non-Adherence Scale asks patients to endorse the reasons why they did not take their medication. The INAS comprises four subscales; (1) Resisting illness which is associated with a desire to feel normal and healthy (2) Testing treatment which is related to perceived treatment necessity, (3) Drug-specific concerns, and (4) General sensitivity to medicines (5). Patients were classified as adherent or not based on meeting serum urate target.

Objective

The objectives of this study were to examine the reasons patients give for non-adherence to allopurinol and examine differences in intentional non-adherence for patients with and without serum urate at treatment target.

Sample

69
69
Average Age
63.5



Results

To investigate the main reasons behind intentional non-adherence behaviour, we looked at INAS items with the highest endorsement. Based on our findings, gout patients do not take their allopurinol deliberately because:

- They want to lead a normal life (23.2%)
- They want to feel healthy again (21.7%)
- They want to see if they really need it (21.7%)
- They want to see if they can do without it (21.7%)
- They do not like the side effects (17.4%)



Non-adherent patients endorsed significantly more INAS items as reasons for not taking their medicine, had higher medicine-related concerns ($U = 363.50, p = 0.02$) and higher levels of testing treatment ($U = 353.0, p = 0.03$). Younger patients ($r_s = -0.27, p = 0.02$), single ($U = 280.0, p = 0.04$) and non-NZ European ($U = 363.0, p = 0.02$) also endorsed more reasons for not taking their allopurinol. No effects of education for the INAS score.

Conclusion

Major reasons behind the decision not to take allopurinol relate to wanting to lead a normal life and the strategy of testing treatment to see if patients could reduce the dose without getting symptoms. The results provide some potentially modifiable targets for adherence interventions and also some indications to clinicians about how urate lowering treatment may be framed for patients in order to improve adherence.



Reference

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