MEDICATION ADHERENCE IS INFLUENCED BY RESILIENCE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background/Purpose Resilience has received attention as an important process in the experience and management of chronic morbidities. However, few studies have evaluated resilience in patients with systemic lupus erythematosus and possible associations with treatment adherence. Therefore, the aim of this study was to assess the impact of resilience, the ability to withstand and bounce back from adversity, on medication adherence in SLE patients.

Methods A cross-sectional observational study was conducted in outpatients with SLE. Patients were assessed for resilience (Connor-Davison Resilience Scale, CD-RISC), depressive symptoms (Center for Epidemiologic Studies Depression Scale, CES-D) and medication adherence using the Compliance Questionnaire for Rheumatology (CQR). The disease activity index (Mex-SLEDAI) and damage index (SLICC) were administered in the patients. Factors independently associated with adherence were identified using multivariable logistic regression.

Results Of the 157 patients, 152 (96.8%) were female with a median age of 45.9 (IQR: 39.0–55.5) years and disease duration of 14 (IQR: 10.0–19.0) years. Medication adherence (CQR ≥80%) and depressive symptoms were found in 74.5% and 43.9% of patients, respectively. Adherent patients had a lower CES-D score and a higher CD-RISC score. A positive correlation between resilience and adherence was found (r=0.26, p=0.001). In the multivariate analysis adjusting for demographic and clinical confounders, resilience remained significantly associated with high adherence (OR 1.04 [95% CI 1.02–1.07]). In addition, being older was also independently associated with high adherence (95%CI 1.04 [1.0–1.07]).

Conclusions In SLE patients, resilience may be associated with better medication adherence. Therefore, a resilience-based perspective might be a new approach that focuses on enhancing strategies to improve adherence.

REFERENCES