



Presseausendung zum 13. European Health Forum Gastein, 6. – 9. Oktober 2010

Non-adherence to treatment is a big expense. Innovation alongside better trust between physicians and patients will help improve patient outcomes.

Poor patient adherence to drug-based therapies incurs substantial costs for European health care systems. Experts at the European Health Forum Gastein said patients who do not adhere to treatment comes from a complex blend of not being able to and not wanting to adhere. Physicians should involve patients more in therapy decisions, to help improve adherence.

Bad Hofgastein, October 7, 2010 – When the chronically ill fail fully or partially to take the drugs prescribed to them, their non-adherence to therapy has negative consequences for their health and incurs substantial costs for health care systems. The American Heart Association says about ten percent of hospital stays and a fourth of referrals to nursing homes result from a lack of compliance. DGbG, an organization in Germany advocating citizen-oriented health care, notes that only 30 percent of the chronically ill adhere to therapy. Projecting that figure on Europe as a whole, this behavior incurs avoidable expenses of EUR 200 to 300 billion a year. Psychologist Dr. Gerald Ullrich (Schwerin, Germany) said today at the European Health Forum Gastein (EHFG), “Non adherence to therapies is always a complex interplay between a patient’s inability to adhere and lack of desire to adhere.”

The EHFG in Bad Hofgastein, Austria, is the most important conference on health care policy in the EU and is being held this year for the 13th time. About 600 decision-makers from the fields of health care policy, research, science and business and from patient organizations from more than 40 countries have gathered there to discuss key future issues pertaining to European health care systems.

Forgetfulness or a lack of trust in the treatment

Dr Ullrich: “Psychologically there are a number of factors explaining why patients fail to adhere to the therapy prescribed to them. It may be because they do not know how to take the medication correctly or forget to take it. Or patients could be making a conscious decision not to follow the therapy because they are not convinced of its effectiveness. Ultimately there is no single reason for non-compliance. It is always a multitude of factors.”

Good physician-patient relationships promote adherence

Dr Ullrich said he is convinced that a trusting relationship between treating physicians and patients is decisive. It is therefore essential that a physician address a patient’s expectations about the therapy and incorporate them into the planning of the treatment. This is supported by Dr. Valerio Miselli (Director, Diabetes Unit, Hospital of Scandiano, It.), who explained the “physician-credibility-model” at the EHFG workshop, stating that “adherence is influenced by the credibility patients attribute to their physician”.

“Patients, of course, would prefer to have one single pill curing their condition. But in reality, we are faced with a multitude of different medications and treatment regimens”, said Jean Mossman from the European Federation of Neurological Associations (UK). “This is why patients need support from their physicians, their families, and patient support groups to support them in taking their medicine as scheduled”. Drug makers and medication suppliers can also help. “Industry can deliver innovative solutions that include new modes of action and integrated technologies supporting greater adherence such as oral drugs or smart devices. All of these can help patients and healthcare providers better

manage treatment regimens and improve adherence. “We believe that such innovations need to be valued,” said Dr. Roberto Gradnik, Senior Executive Vice President, Merck Serono.

Lunch Workshop 1 “Adherence to treatment: Innovation and better health outcomes”: Sponsored and organized by Merck Serono. Thursday, October 7, 2010

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EHFG Pressebüro:

B&K Medien- und Kommunikationsberatung

Dr. Birgit Kofler

Tel. während des Kongresses: +43 6432 3393 239

Mobil: +43 676 636 89 30

Tel. Büro Wien: +43 1 319 43 78

E-Mail: kofler@bkkommunikation.com