# Cardiovascular non-Adherence Tailored Intervention (CATI) care programme

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In this project the hypothesis is tested that the community pharmacist-led CATI care programme in patients using cardiovascular medication, will have a beneficial effect on patients' adherence to cardiovascular medication and improves clinical...

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|---|---|
| **Ethische beoordeling** | Niet van toepassing |
| **Status** | Werving nog niet gestart |
| **Type aandoening** | - |
| **Onderzoekstype** | Interventie onderzoek |

## Samenvatting

### ID

NL-OMON26090

**Bron**
NTR

**Verkorte titel**
CATI care programme

**Aandoening**

Cardiovascular medication non-adherence

### Ondersteuning

**Primaire sponsor:** VU University Medical Center
**Overige ondersteuning:** Royal Dutch Pharmacists Association (KNMP)

### Onderzoeksproduct en/of interventie

### Uitkomstmaten

**Primaire uitkomstmaten**

Self-reported medication adherence is the primary outcome measure. Medication adherence will be assessed at baseline, at follow-up and at endline. Differences between the medication

non-adherence at baseline and at endline will be compared. Medication adherence will be assessed with the MARS-5 questionnaire.

# Toelichting onderzoek

### Achtergrond van het onderzoek

Cardiovascular disease is a chronic condition, characterized by high mortality and morbidity. Due to inadequately following cardiovascular pharmacological treatment plans, i.e. medication non-adherence, substantial numbers of cardiovascular patients benefit from their medication to a limited extent. Non-adherence is influenced by patient-, social and economic-, condition-, therapy-, healthcare team and system-related factors.

A multi-centre, randomized controlled trial will be performed in 11 community pharmacies, including 176 patients. Patients aged 45–75 years using cardiovascular medication, i.e. antihypertensive and/or lipid-lowering drugs are eligible to participate. Patients must be non-adherent in refilling medication, must be non-adherent measured with a self-report questionnaire and must have at least one abnormal clinical parameters i.e. a high low-density lipoprotein concentration and a high blood pressure. Patients in the intervention group will receive a patient tailored intervention, called the CATI care programme. The CATI care programme is a patient tailored intervention programme to enhance adherence to cardiovascular medication, incorporating the identification of barriers for non-adherence and offering interventions tailored to the specific needs of the patient. The programme will be executed by the pharmacist and consist of different components.

The primary outcome is self-reported medication adherence. Secondary outcome measures are measured clinical parameters and quality of life.

### Doel van het onderzoek

In this project the hypothesis is tested that the community pharmacist-led CATI care programme in patients using cardiovascular medication, will have a beneficial effect on patients’ adherence to cardiovascular medication and improves clinical parameters, and is cost-effective

### Onderzoeksopzet

0, 3 and 6 months

**Onderzoeksproduct en/of interventie**

The CATI care programme is a patient tailored intervention programme to enhance adherence to cardiovascular medication, incorporating the identification of barriers for non-adherence and offering interventions tailored to the specific needs of the patient. The programme will be executed by the pharmacist and consist of different components.

• Invitation

The pharmacist asks the patients to participate in the CATI care programme and invites them for a medication interview in the pharmacy.

• Quick Barrier Scan

The pharmacist interviews the patients according to a semi-structured interview guide, called the Quick Barrier Scan. The aim of the interview is to explore the patient's barriers and problems to adhere to the medication. Based on the answers of the patient, the patient can be classified into a 'barrier profile'. The Quick Barrier Scan incorporates five to six different 'barrier profiles'.

• Tailored Intervention Guide

The results of the Quick Barrier Scan will be evaluated by the pharmacist. A 'barrier profile' will be assigned and appropriate interventions will be selected from the Tailored Intervention Guide. The Tailored Intervention Guide provides an overview with the best suited interventions corresponding to the patients' 'barrier profile'. For example:

Barrier profile A = intervention 1a or 1b

Barrier profile B = intervention 2

Barrier profile C = intervention 3a or 3a

Examples of possible interventions are: addressing side-effects, for instance by performing a medication review; improving knowledge, for instance about the use and effectiveness of the medication; or providing tools, for instance reminder services and pillboxes.

• Consultation upon initiation

The pharmacist invites the patient to the pharmacy. According to the 'shared decision making' approach, the pharmacist and patient decide which intervention to start and how to execute the intervention. The pharmacist will introduce and explain different options for interventions and the patient will be supported in exploring his/her preferences and choosing an intervention. By means of this approach each patient explores what most matters to him/her.

• Telephonic follow-up consultation

Between three and four months after the start of the intervention, the pharmacist will contact the patient for a telephonic follow-up consultation.

# Contactpersonen

## Publiek

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## Wetenschappelijk

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# Deelname eisen

## Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1) Age 45-75 years

2) Using cardiovascular medication i.e. antihypertensive and/or lipid-lowering drugs

3) Meeting all three inclusion criteria described below:

a. Being refill non-adherent according to pharmacy dispensing data

b. Being non-adherent according to a self-report questionnaire

c. Having abnormal clinical rates to low-density lipoprotein concentration and/or blood

pressure

### Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1) Being unable to speak or read Dutch

## Onderzoeksopzet

### Opzet

| | |
|---|---|
| Type: | Interventie onderzoek |
| Onderzoeksmodel: | Parallel |
| Toewijzing: | Gerandomiseerd |
| Blindering: | Open / niet geblindeerd |
| Controle: | Geneesmiddel |

### Deelname

Nederland

| | |
|---|---|
| Status: | Werving nog niet gestart |
| (Verwachte) startdatum: | 01-12-2013 |
| Aantal proefpersonen: | 176 |
| Type: | Verwachte startdatum |

## Ethische beoordeling

Niet van toepassing

| | |
|---|---|
| Soort: | Niet van toepassing |

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

## Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

## In overige registers

| Register | ID |
|---|---|
| NTR-new | NL4915 |
| NTR-old | NTR5017 |
| Ander register | : WC2015-019 VUmc |

# Resultaten