

Editorial:**Adherence to management plan of the patient care is an important determinant in this regard****Wael Zeid**

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The WHO defines adherence for long-term treatment as “the extent to which a person’s behavior-taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider”. The word adherence has come to replace the word compliance since it better captures the active rather than passive role of the patient.⁽¹⁾

Long-term therapy for chronic illnesses characterized by very low rates of adherence in both developed and developing countries. Poor adherence to long-term therapies can affect badly the effectiveness of treatment, and subsequently increases the cost of health expenses and decreases patients' quality of life.⁽²⁾

Adherence can be affected by different factors. These factors might be categorized into five domains: Social and economic, health care system, health condition, therapy and patient. On the other hand, non-adherence can be intentional (e.g. decided not to take because of adverse events) and non-intentional (e.g. forgetfulness).⁽³⁾ Measurement of adherence offers useful information that outcome monitoring alone cannot. Adherence remains an estimate of a

patient’s actual behavior. Although there is no gold standard method for evaluating adherence behavior, a multi-method strategy that combines self-reporting and objective assessments is the best way to measure adherence behavior.⁽⁴⁾

The control of diabetes needs more than just taking medications. To control blood glucose and reduce incidence of diabetic complications, many aspects of self-management are required such as self-monitoring of blood glucose, dietary restrictions, regular foot care and ophthalmic examinations. Poor adherence to recognized standards of care is the principal cause of development of complications of diabetes and their associated individual, societal and economic costs.⁽⁵⁾

Patients with diabetes usually have multi-morbidities that make their treatment regimens more complex. The most commonly associated diseases such as hypertension, obesity and depression are themselves associated with poor rates of adherence, and subsequently increases the likelihood of poor outcomes.^(6,7)

Many successful strategies have been used to improve medication adherence including the following:-

1. Ensuring access to providers across the continuum of care and implementing team-based care.
2. Educating and empowering patients to understand the treatment regimen and its benefits.
3. Reducing barriers to obtaining medication, including cost reduction and efforts to retain or re-engage patients in care
4. Use of health information technology tools to improve decision-making and communication during and after office visits.⁽⁸⁾

In the current issue of the Egyptian family Medicine Journal, we report two articles discussing adherence to pharmacologic and non-pharmacologic modalities among patients with type 2 diabetes. The first article discussed adherence and barriers to dietary recommendations among patients with type 2 diabetes. The second one assessed the relationship between treatment satisfaction and medication adherence among primary healthcare attendants with type 2 diabetes in Port-Said governorate.

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