Adherencia en urología desde un enfoque integral

Carolina Velaza
Antonio Arruza

-Como paciente ¿qué le pides a tu médico?


Adherencia
razonablemente
firme

STUI/LUTS
(síndrome urinario del tracto inferior)

Vejiga hiperactiva:
Síntomas irritativos o de llenado

- **Urgencia miccional**
- Polaquiuria diurna y nocturna
- Malestar /dolor hipogastrico

HBP (hiperplasia benigna de próstata):
Síntomas de obstrucción al vaciado

- Dificultad para iniciar la micción
- Micción en dos chorros
- Chorro débil
- Vaciado incompleto
- Polaquiuria diurna y nocturna
- Retención completa

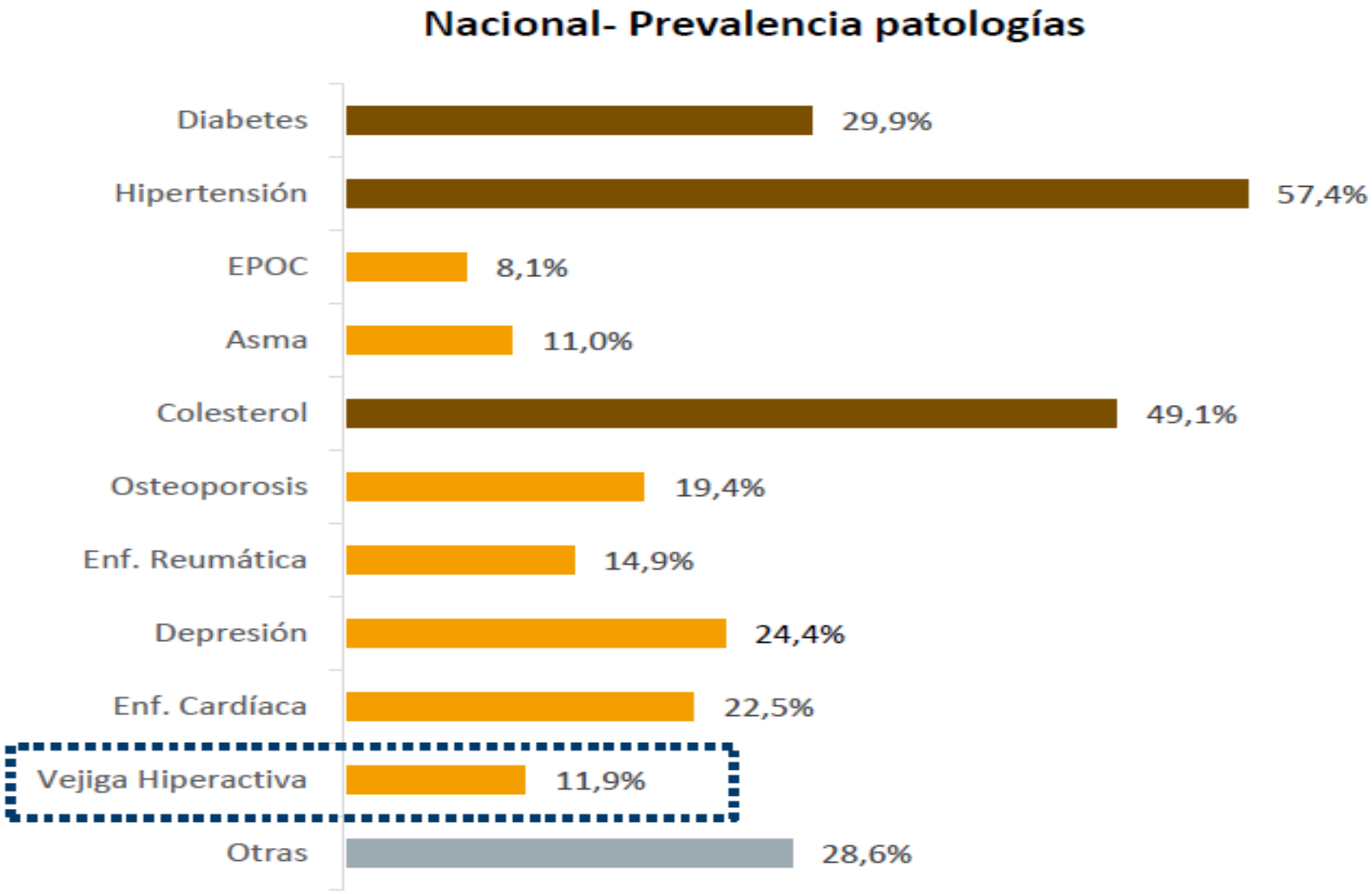
Mitos en el Manejo de los STUI

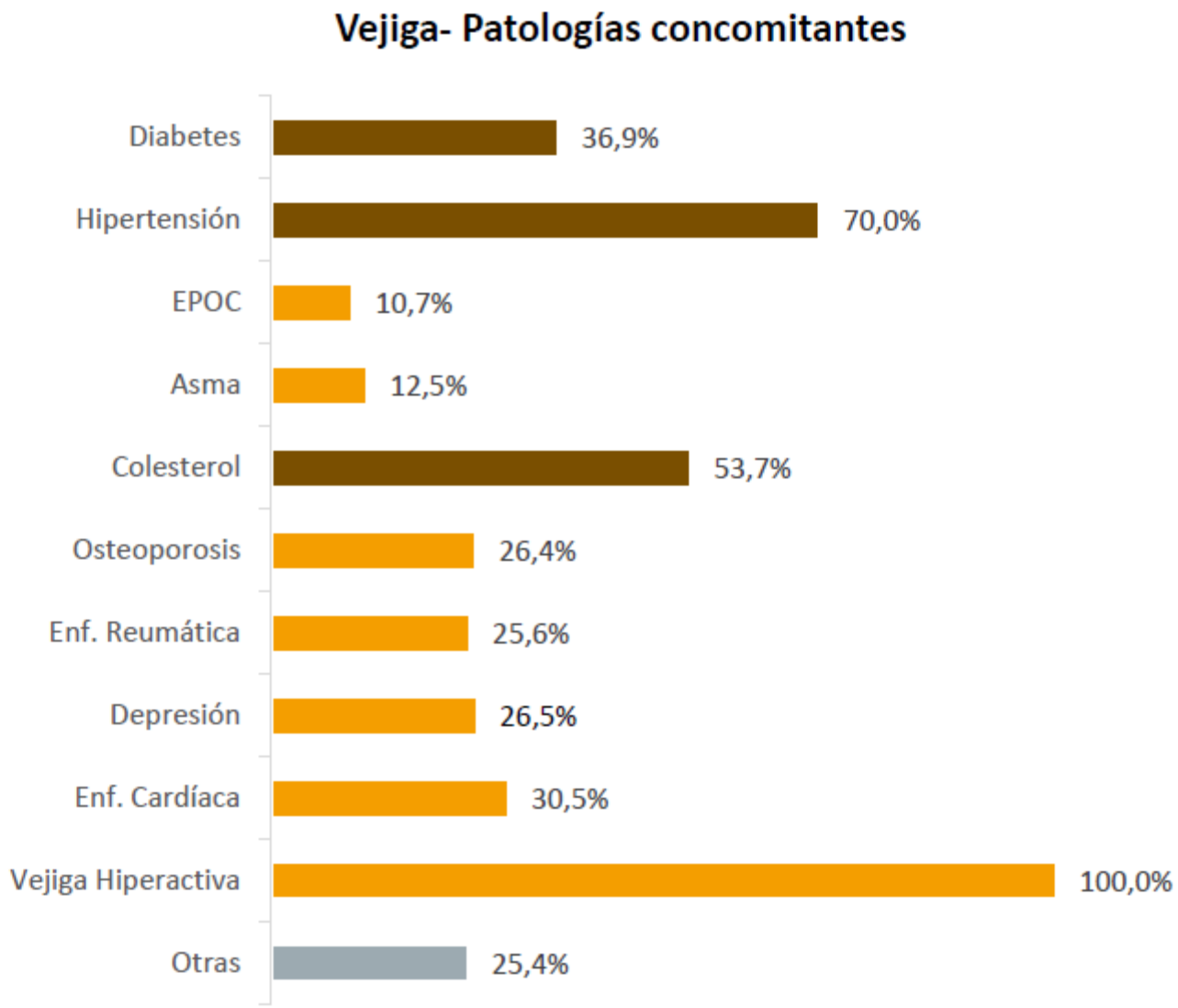
- **Etiología**
  - Inflamación o aumento del tono adrenérgico a nivel muscular vesicoprostático,
  - Cambios en el músculo detrusor como consecuencia de la edad
  - Disfunción urotelial
  - Alteración en la expresión de los receptores muscarínicos
  - Efectos de la arteriosclerosis
  - Diabetes mellitus o relacionados con patologías neurológicas.

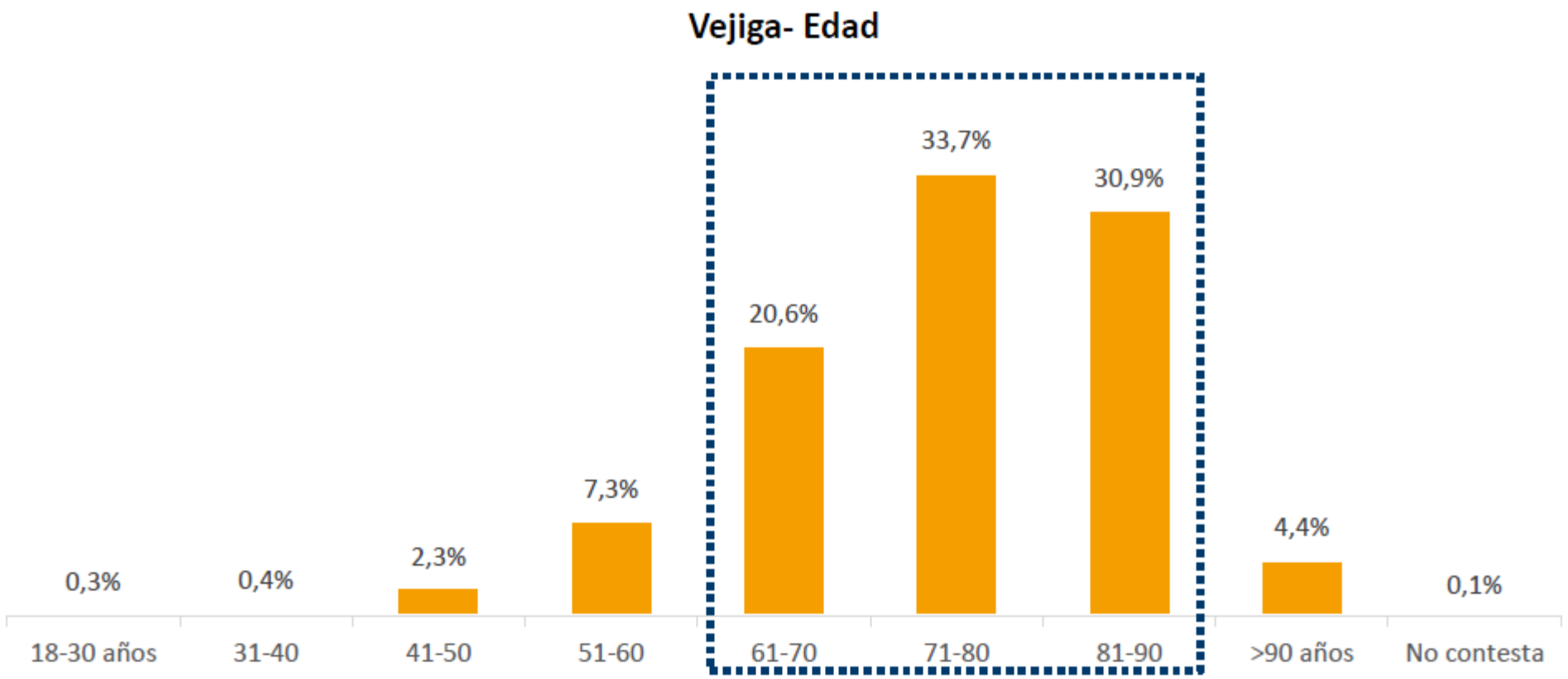
Speakman M, Kirby R, Doyle S, Ioannou C. Burden of male lower urinary tract symptoms (LUTS) suggestive of benign prostatic hyperplasia (BPH) - focus on the UK. BJU Int. 2015;115(4):508-19.

Schauer I, Madersbacher S. Medical treatment of lower urinary tract symptoms/benign prostatic hyperplasia: anything new in 2015. Curr Opin Urol. 2015;25(1):6-11.

Vejiga hiperactiva en España (OAT) 6150 pacientes




Vejiga- Patologías concomitantes
Diabetes
36,9%
Hipertensión
70,0%
EPOC
10,7%
Asma
12,5%
Colesterol
53,7%
Osteoporosis
26,4%
Enf. Reumática
25,6%
Depresión
26,5%
Enf. Cardíaca
30,5%
Vejiga Hiperactiva
100,0%
Otras
25,4%


Vejiga- Edad
0,3%
0,4%
2,3%
7,3%
20,6%
33,7%
30,9%
4,4%
0,1%
18-30 años
31-40
41-50
51-60
61-70
71-80
81-90
>90 años
No contesta

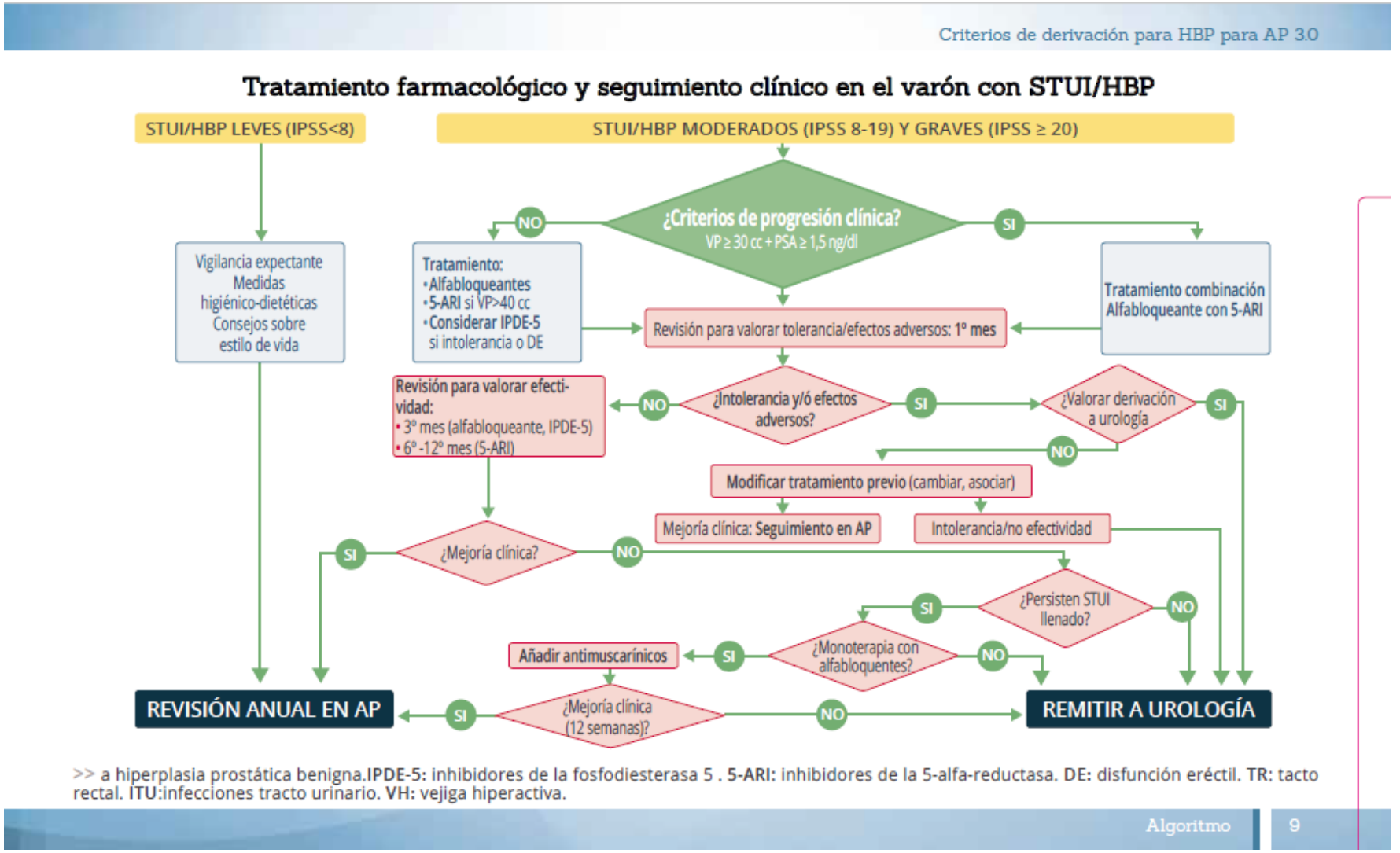
- IMC obesidad I-II
- 800-1300 €/mes
- No fumadora
- Poco ejercicio(1 vez /semana)
- No hace dieta
- Tiene pastillas olvidadas en casa

- Acostumbrada a sobrellevar sinsabores, escasas expectativas y efectos secundarios

- 31-40 años
- Vive solo
- No fumador o ex fumador
- 1.300-2.700 €
- Hace ejercicio pero no dieta

ADHERENCIA AL TRATAMIENTO FARMACOLÓGICO EN HIPERPLASIA BENIGNA DE PROSTATA (HBP)

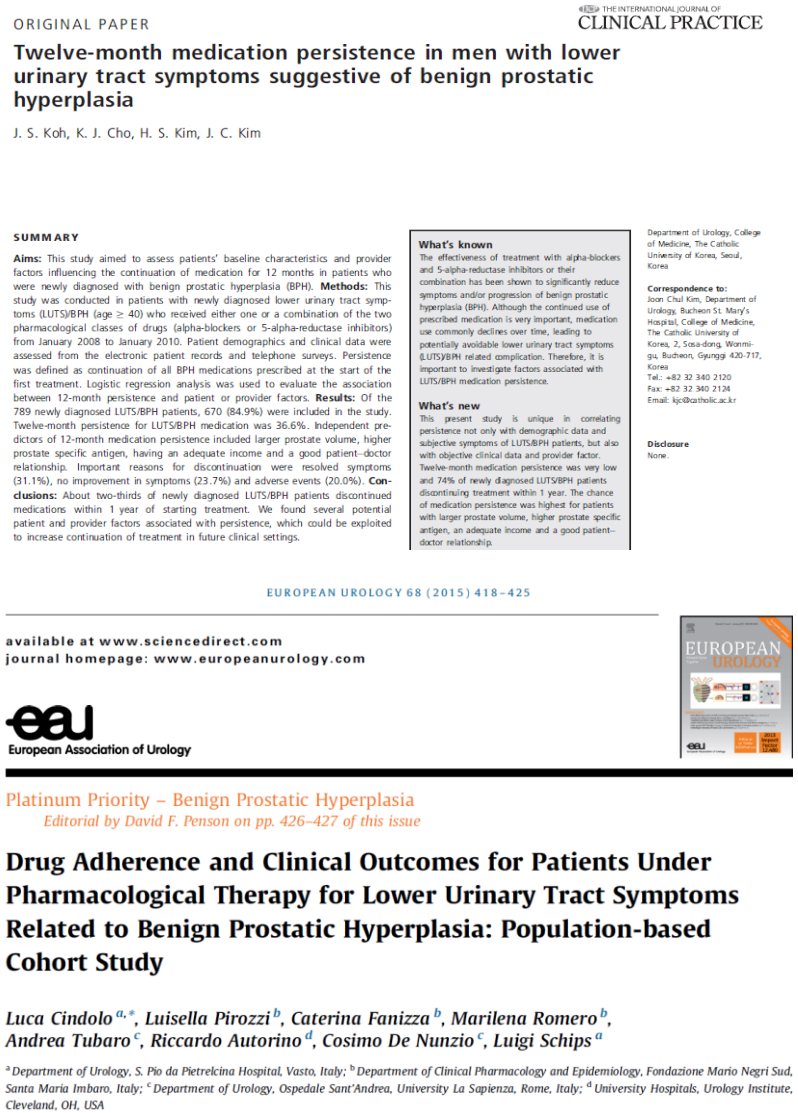
Tratamiento farmacológico de los STUI/HBP



STUI: síntomas del tracto urinario inferior; HBP: hiperplasia benigna de próstata

Brenes FJ, Brotons F, Castiñeiras J, Cozar JM, Fernández-Pro A, Martín JA, Martínez-Berganza ML. Criterios de derivación en hiperplasia benigna de próstata para Atención Primaria. 3ª ed. Madrid: Undergraf, S.L.; 2015

Alfa bloqueantes y/o 5ARIs



ORIGINAL PAPER

THE INTERNATIONAL JOURNAL OF CLINICAL PRACTICE

Twelve-month medication persistence in men with lower urinary tract symptoms suggestive of benign prostatic hyperplasia

J. S. Koh, K. J. Cho, H. S. Kim, J. C. Kim

SUMMARY

Aims: This study aimed to assess patients' baseline characteristics and provider factors influencing the continuation of medication for 12 months in patients who were newly diagnosed with benign prostatic hyperplasia (BPH). **Methods:** This study was conducted in patients with newly diagnosed lower urinary tract symptoms (LUTS)/BPH (age ≥ 40) who received either one or a combination of the two pharmacological classes of drugs (alpha-blockers or 5-alpha-reductase inhibitors) from January 2008 to January 2010. Patient demographics and clinical data were assessed from the electronic patient records and telephone surveys. Persistence was defined as continuation of all BPH medications prescribed at the start of the first treatment. Logistic regression analysis was used to evaluate the association between 12-month persistence and patient or provider factors. **Results:** Of the 789 newly diagnosed LUTS/BPH patients, 670 (84.9%) were included in the study. Twelve-month persistence for LUTS/BPH medication was 36.6%. Independent predictors of 12-month medication persistence included larger prostate volume, higher prostate specific antigen, having an adequate income and a good patient–doctor relationship. Important reasons for discontinuation were resolved symptoms (31.1%), no improvement in symptoms (23.7%) and adverse events (20.0%). **Conclusions:** About two-thirds of newly diagnosed LUTS/BPH patients discontinued medications within 1 year of starting treatment. We found several potential patient and provider factors associated with persistence, which could be exploited to increase continuation of treatment in future clinical settings.

What's known
The effectiveness of treatment with alpha-blockers and 5-alpha-reductase inhibitors or their combination has been shown to significantly reduce symptoms and/or progression of benign prostatic hyperplasia (BPH). Although the continued use of prescribed medication is very important, medication use commonly declines over time, leading to potentially avoidable lower urinary tract symptoms (LUTS)/BPH related complication. Therefore, it is important to investigate factors associated with LUTS/BPH medication persistence.

What's new
This present study is unique in correlating persistence not only with demographic data and subjective symptoms of LUTS/BPH patients, but also with objective clinical data and provider factor. Twelve-month medication persistence was very low and 74% of newly diagnosed LUTS/BPH patients discontinuing treatment within 1 year. The chance of medication persistence was highest for patients with larger prostate volume, higher prostate specific antigen, an adequate income and a good patient–doctor relationship.

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Disclosure
None.

EUROPEAN UROLOGY 68 (2015) 418–425

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European Association of Urology

Platinum Priority – Benign Prostatic Hyperplasia
Editorial by David F. Penson on pp. 426–427 of this issue

Drug Adherence and Clinical Outcomes for Patients Under Pharmacological Therapy for Lower Urinary Tract Symptoms Related to Benign Prostatic Hyperplasia: Population-based Cohort Study

Luca Cindolo [a,], Luisella Pirozzi [b], Caterina Fanizza [b], Marilena Romero [b], Andrea Tubaro [c], Riccardo Autorino [d], Cosimo De Nunzio [c], Luigi Schips [a]*

[a] Department of Urology, S. Pio da Pietrelcina Hospital, Vasto, Italy; [b] Department of Clinical Pharmacology and Epidemiology, Fondazione Mario Negri Sud, Santa Maria Imbaro, Italy; [c] Department of Urology, Ospedale Sant'Andrea, University La Sapienza, Rome, Italy; [d] University Hospitals, Urology Institute, Cleveland, OH, USA

Koh JS1, Cho KJ, Kim HS, Kim JC. Twelve-month medication persistence in men with lower urinary

DISEÑO

- Retrospectivo 789 pacientes (2014)
- Retrospectivo 28.273 pacientes (2015)
- Fármacos:
  Alfabloqueantes y 5ARI en monoterapia/combinación

RESULTADOS

A) Abandono a 12 meses: 63-70%

B) Causas de abandono:

- **Resolución de síntomas (31.1%),**
- No empeoramiento progresivo (23.7%)
- Efectos adversos (20.0%).

C) Alfabloqueantes → 35% perduran con medicación

5ARI → 18%
COMBINACION → 9%

Alfa bloqueantes y/o 5ARIs

2018

JOURNAL OF PHYSIOLOGY AND PHARMACOLOGY 2018, 69, 4, 639-645
www.jpp.krakow.pl | DOI: 10.26402/jpp.2018.4.14

T. ZABKOWSKI, M. SARACYN

DRUG ADHERENCE AND DRUG-RELATED PROBLEMS
IN PHARMACOTHERAPY FOR LOWER URINARY TRACT SYMPTOMS
RELATED TO BENIGN PROSTATIC HYPERPLASIA

Urological Outpatient Clinic, Warsaw, Poland

DISEÑO

- Retrospectivo
- N= 758 pacientes (población estudio 670)
  (para pacientes con prescripción 12 meses)
- Fármacos: Alfab y 5ARI en monoterapia o Combinación
  AB (doxazosina, tamsulosina, alfuzosina, terazosina)
  5ARI (finasteride)

RESULTADOS

A) Abandono a 12 meses : 72%

B) Asociaciones encontradas

- **Cuanto más a largo plazo prescribes, menos adherencia consigues.**
- **Cuanto más grave se siente el paciente, mayor adherencia se consigue.**

AB: alfa bloqueantes; 5ARI: inhibidor de la 5 alfa reductasa COM: combinación

Zabkowski T, Saracyn M. Drug adherence and drug-related problems in pharmacotherapy for lower urinary tract symptoms related to benign prostatic hyperplasia.
J Physiol Pharmacol. 2018 Aug;69(4).

Antimuscarínicos


THE CANADIAN JOURNAL OF UROLOGY INTERNATIONAL

Indexed in Index Medicus/ Medline and Current Contents/ Clinical Medicine

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HOW I DO IT • PRIMARY CARE

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HOW I DO IT

Details

Alpha blocker monotherapy versus combination therapy with antimuscarinics in men with persistent LUTS refractory to alpha-adrenergic treatment: patterns of persistence

Barkin Jack, Diles Demitri, Franks Billy, Berner Todd, ;

Department of Surgery, Division of Urology, University of Toronto, Toronto, Ontario, Canada

Aug 2015 (Vol. 22, Issue 4, Pages(7914 - 7923)

PMID: 26267031

PDF (313.3KB) Purchase

Current Issue

June 2019, Vol.26 No.3

UROLOGY

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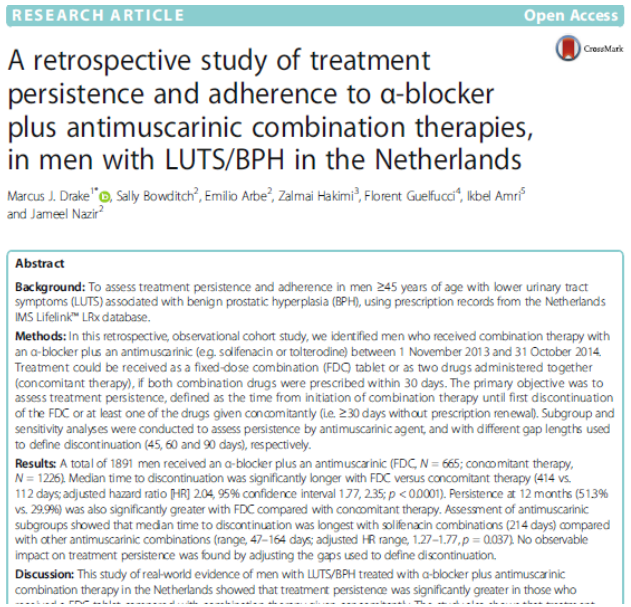

RESEARCH ARTICLE Open Access

A retrospective study of treatment persistence and adherence to α-blocker plus antimuscarinic combination therapies, in men with LUTS/BPH in the Netherlands

Marcus J. Drake[1*], Sally Bowditch[2], Emilio Arbe[2], Zalmai Hakimi[3], Florent Guelfucci[4], Ikbel Amri[5] and Jameel Nazir[2]

Abstract

Background: To assess treatment persistence and adherence in men ≥45 years of age with lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH), using prescription records from the Netherlands IMS Lifelink™ LRx database.

Methods: In this retrospective, observational cohort study, we identified men who received combination therapy with an α-blocker plus an antimuscarinic (e.g. solifenacin or tolterodine) between 1 November 2013 and 31 October 2014. Treatment could be received as a fixed-dose combination (FDC) tablet or as two drugs administered together (concomitant therapy), if both combination drugs were prescribed within 30 days. The primary objective was to assess treatment persistence, defined as the time from initiation of combination therapy until first discontinuation of the FDC or at least one of the drugs given concomitantly (i.e. ≥30 days without prescription renewal). Subgroup and sensitivity analyses were conducted to assess persistence by antimuscarinic agent, and with different gap lengths used to define discontinuation (45, 60 and 90 days), respectively.

Results: A total of 1891 men received an α-blocker plus an antimuscarinic (FDC, $N = 665$; concomitant therapy, $N = 1226$). Median time to discontinuation was significantly longer with FDC versus concomitant therapy (414 vs. 112 days; adjusted hazard ratio [HR] 2.04, 95% confidence interval 1.77, 2.35; $p < 0.0001$). Persistence at 12 months (51.3% vs. 29.9%) was also significantly greater with FDC compared with concomitant therapy. Assessment of antimuscarinic subgroups showed that median time to discontinuation was longest with solifenacin combinations (214 days) compared with other antimuscarinic combinations (range, 47–164 days; adjusted HR range, 1.27–1.77, $p = 0.037$). No observable impact on treatment persistence was found by adjusting the gaps used to define discontinuation.

Discussion: This study of real-world evidence of men with LUTS/BPH treated with α-blocker plus antimuscarinic combination therapy in the Netherlands showed that treatment persistence was significantly greater in those who

DISEÑO

- Retrospectivo 2015 y 2017 (n 1891)
- Fármacos: Alfabloqueante
  Alfabloqueante + antimuscarínico

RESULTADOS

- **Al año de tratamiento, solo permanecían el 50%, terapia combinada**
- Pocos quieren seguir >400 días

Barkin J, Diles D, Franks B, Berner T. Alpha blocker monotherapy versus combination therapy with antimuscarinics in men with persistent LUTS refractory to alpha-adrenergic treatment: patterns of persistence. Can J Urol. 2015 Aug;22(4):7914-23

Más de la mitad de los pacientes abandonarán su tratamiento con antimuscarínicos antes de los 3 meses

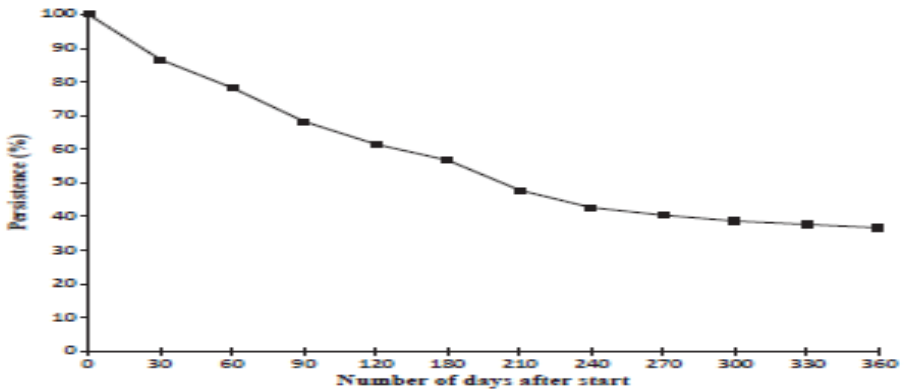
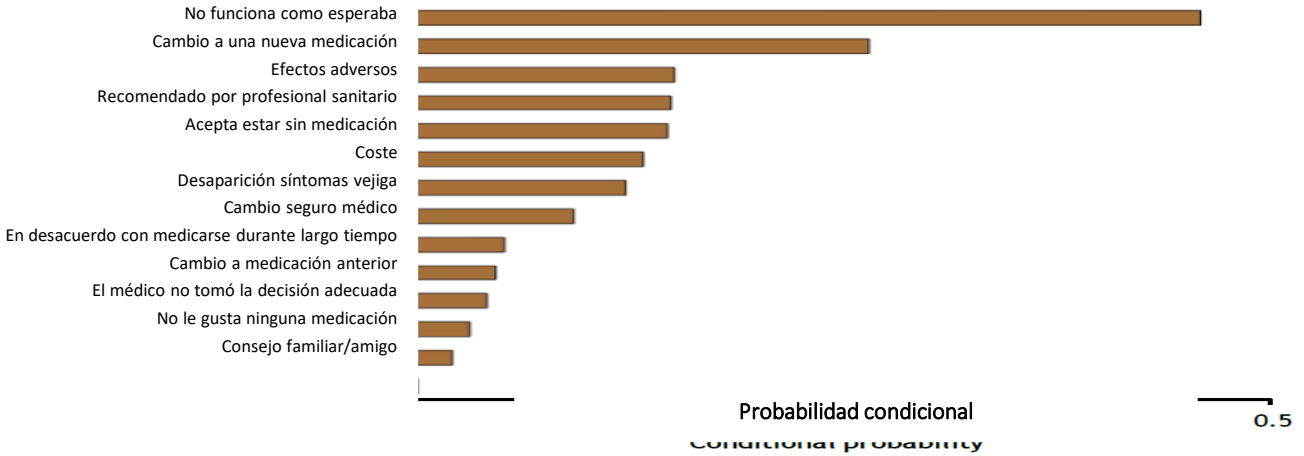
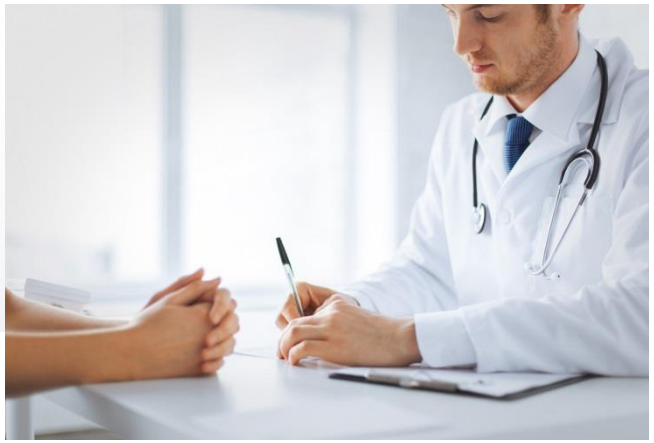


Figure 2 Persistence rate of patients over 360 days of follow-up

Motivos abandono del tratamiento



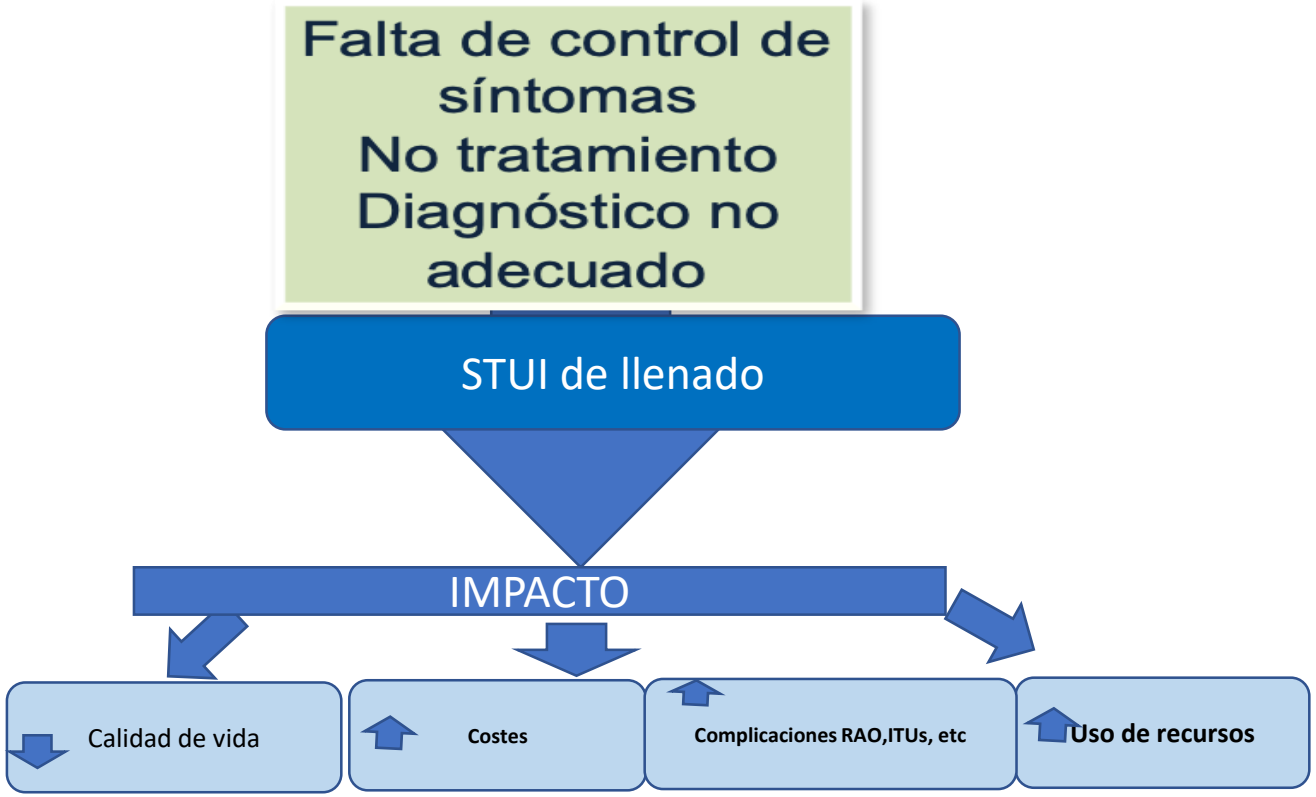
No funcionaba como esperaba

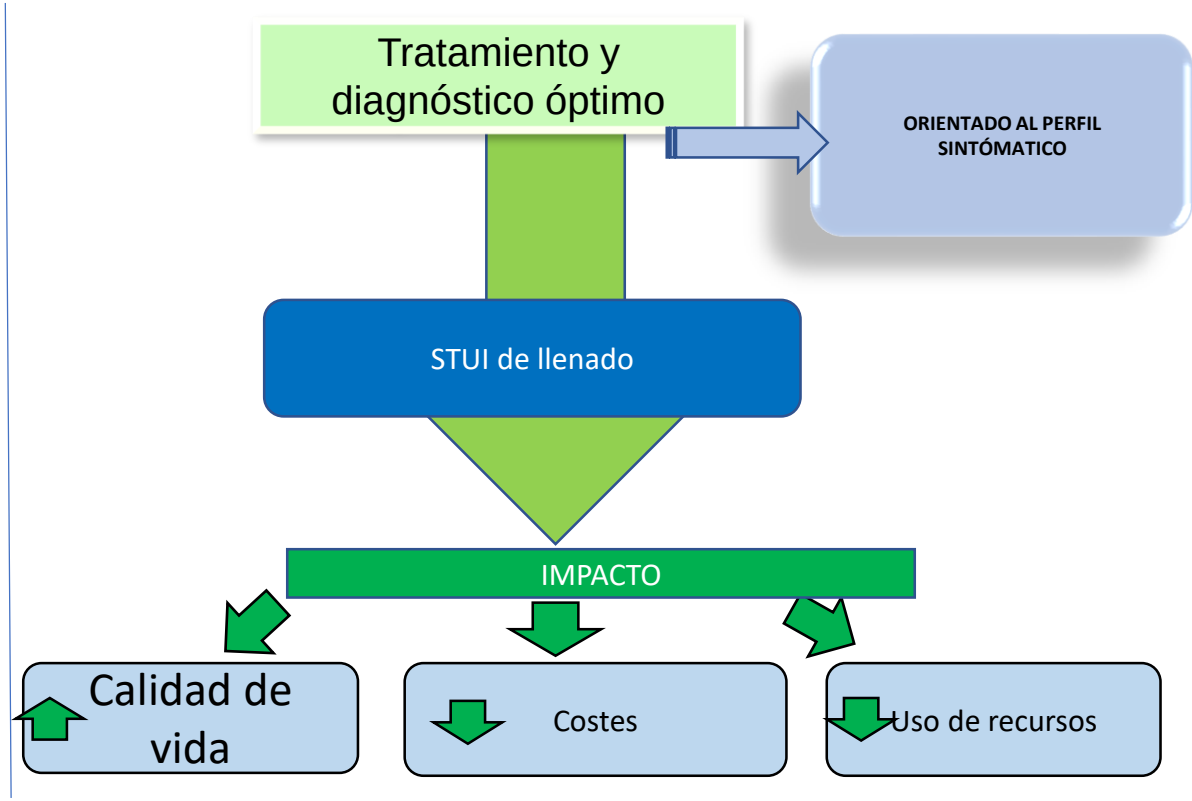


Recomendado el cambio por otro medico
Efectos secundarios
Coste de la medicación

Anti-medicación, al menos largo tiempo

Tratamiento orientado al perfil del paciente





Gravas S, Bach T, Bachmann A et al. Guidelines on the Management of Non-Neurogenic Male Lower Urinary Tract Symptoms (LUTS),incl. Benign Prostatic Obstruction (BPO) .EAU 2017.

Errando et al. Neurourol Urodyn. 2018 Jan;37(1):307-315

Mejorando la adherencia:

Modelo de cuidados/atención centrada en el paciente

European Association of Urology

Management of Non-neurogenic Male LUTS

Full Text Guidelines	Summary of Changes	Scientific Publications & Appendices	Pocket Guidelines	Archive	Panel

5.4. Patient selection

The choice of treatment depends on the assessed findings of patient evaluation, ability of the treatment to change the findings, treatment preferences of the individual patient, and the expectations to be met in terms of speed of onset, efficacy, side effects, QoL, and disease progression. Online supplementary Table S.34 provides differential information about speed of onset and influence on basic parameters of conservative, medical or surgical treatment options.

Criterios de derivación para HBP para AP 3.0

TRATAMIENTO FARMACOLÓGICO DE LOS STUI/HBP

Las decisones terapéuticas y pautas de tratamiento deben estar basadas en la evidencia científica disponible, tener en cuenta la expectativa de vida, los potenciales efectos adversos de los tratamientos, la presencia de comorbilidades que pueden contraindicar alguna de las opciones terapéuticas y la decisión del propio paciente. Al disponer de diferentes alternativas eficaces, la decisión terapéutica debe ser compartida con el paciente tras una correcta información sobre los posibles beneficios y riesgos de cada tratamiento.

1. Gravas (Chair), J.N. Cornu, M. Gacci, C. Gratzke, T.R.W. Herrmann, C. Mamoulakis et al. EAU Guidelines on the management of non-neurogenic male lower urinary tract symptoms (LUTS),) 2019. Disponible en https://uroweb.org/guideline/treatment-of-non-neurogenic-male-luts/ (último acceso Junio 2019).

2. Brenes FJ, Brotons F, Castiñeiras J, Cozar JM, Fernández-Pro A, Martín JA, Martínez-Berganza ML. Criterios de derivación en hiperplasia benigna de próstata para Atención Primaria. 3ª ed. Madrid: Undergraf, S.L.; 2015

Hipertrofia benigna de próstata

La adherencia al tratamiento en pacientes con HBP es relativamente baja [1-6].

Favorecen la adherencia: la gravedad sintomática y los regímenes de combinaciones [5,7]

Mala adherencia conlleva malos resultados clínicos y más hospitalizaciones por HBP [4]

Estrategia de mejora: modelo de decisiones compartidas en función de expectativas del paciente[6]

1.Barkin J, Diles D, Franks B, Berner T. Alpha blocker monotherapy versus combination therapy with antimuscarinics in men with persistent LUTS refractory to alpha-adrenergic treatment: patterns of persistence. Can J Urol. 2015 Aug;22(4):7914-23 **2**. Drake MJ, Bowditch S, Arbe E, Hakimi Z, Guelfucci F et al. A retrospective study of treatment persistence and adherence to α-blocker plus antimuscarinic combination therapies, in men with LUTS/BPH in the Netherlands. BMC Urol. 2017 May 22;17(1):36 **3.** Koh JS1, Cho KJ, Kim HS, Kim JC. Twelve-month medication persistence in men with lower urinary tract symptoms suggestive of benign prostatic hyperplasia. Int J Clin Pract. 2014 Feb;68(2):197-202 **4**. Cindolo L, Pirozzi L, Fanizza C, Romero M, Tubaro A, et al. Drug adherence and clinical outcomes for patients under pharmacological therapy for lower urinary tract symptoms related to benign prostatic hyperplasia: population-based cohort study. Eur Urol. 2015 Sep;68(3):418-25. **5.** Zabkowski T, Saracyn M. Drug adherence and drug-related problems in pharmacotherapy for lower urinary tract symptoms related to benign prostatic hyperplasia. J Physiol Pharmacol. 2018 Aug;69(4). **6**. De Nunzio C, Presicce F, Lombardo R, Trucchi A, Bellangino M2 et al. Patient centred care for the medical treatment of lower urinary tract symptoms in patients with benign prostatic obstruction: a key point to improve patients' care - a systematic review. BMC Urol. 2018 Jun 26;18(1):62. **7.** Dimitropoulos K., Gravas S. Fixed-dose combination therapy with dutasteride and tamsulosin in the management of benign prostatic hyperplasia 2016 Ther Adv Urol 8(1) 19–28

Actas Urol Esp. 2019;xxx(xx):xxx–xxx

Actas Urológicas Españolas

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ARTÍCULO ORIGINAL

Evolución de las derivaciones desde Atención Primaria a Urología tras la creación de un grupo de trabajo y la instauración de protocolos y cursos de formación continuada

E. García-Rojo[a,*], J. Medina-Polo[a], R. Sopeña-Sutil[a], F. Guerrero-Ramos[a], B. García-Gómez[a], L. Aguilar-Gisbert[a], G. García-Álvarez[b], M.R. Azcutia-Gómez[b], F. Gómez-Martín[c], J.M. Molero-García[d], E. Pereda-Arregui[e], M.C. Vargas-Machuca Cabañero[f], F. Villacampa-Aubá[a] y Á. Tejido Sánchez[a]

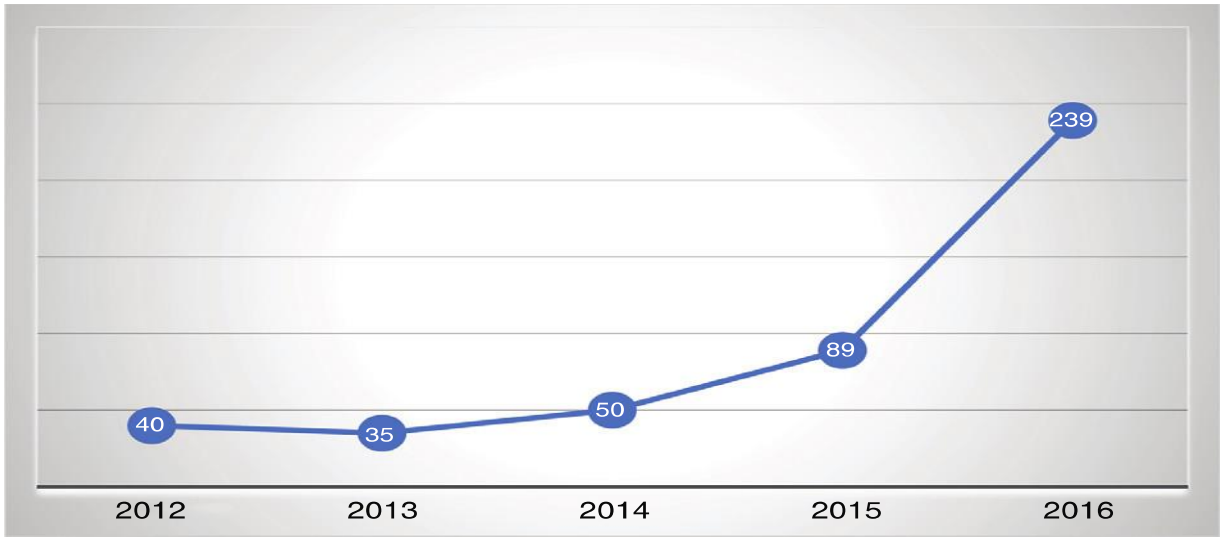


Figura 4 Evolución de los correos electrónicos de consulta de Atención Primaria a Urología.

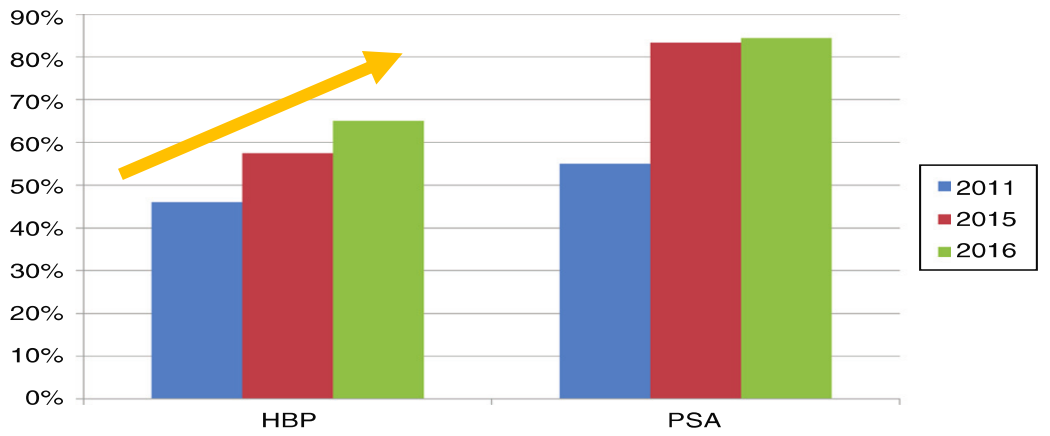


Figura 2 Evolución de la adecuación a los protocolos de las derivaciones de HBP y PSA.

- ¿qúe falla hoy en dia entre nuestros médicos en la comunicación?¿Cómo llegamos y qué sientes los pacientes?

- ¿qué futuro tenemos en cuanto a la empatía?

Atención centrada en el paciente

RESEARCH ARTICLE Open Access

Patient centred care for the medical treatment of lower urinary tract symptoms in patients with benign prostatic obstruction: a key point to improve patients' care – a systematic review

Cosimo De Nunzio[1*], Fabrizio Presicce[1], Riccardo Lombardo[1], Alberto Trucchi[1], Mariangela Bellangino[1], Andrea Tubaro[1] and Egidio Moja[2,3]

Abstract

Background: Even though evidence based medicine, guidelines and algorithms still represent the pillars of the management of chronic diseases (i.e: hypertension, diabetes mellitus), a patient centred approach has been recently proposed as a successful strategy, in particular to improve drug adherence. Aim of the present review is to evaluate the unmet needs in LUTS/BPH management and the possible impact of a patient centered approach in this setting.

Methods: A National Center for Biotechnology Information (NCBI) PubMed search for relevant articles published from January 2000 until December 2016 was performed by combining the following MESH terms: patients centred medicine, patient centered care, person centered care, patient centered outcomes, value based care, shared decision making, male, Lower Urinary Tract Symptoms, Benign Prostatic Hyperplasia, treatment. We followed the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA). All studies reporting on patient centred approach, shared decision making and evidence-based medicine were included in the review. All original article, reviews, letters, congress abstracts, and editorials comments were included in the review. Studies reporting single case reports, experimental studies on animal models and studies not in English were not included in the review.

Results: Overall 751 abstracts were reviewed, out of them 87 full texts were analysed resulting in 36 papers included. The evidence summarised in this systematic review confirmed how a patient centred visit may improve patient's adherence to medication. Although a patient centred model has been rarely used in urology, management of Low Urinary Tract Symptoms (LUTS) and Benign Prostatic Obstruction (BPO) may represent the perfect ground to experiment and improve this approach. Notwithstanding all the innovations in LUTS/BPO medical treatment, the real life picture is far from ideal.

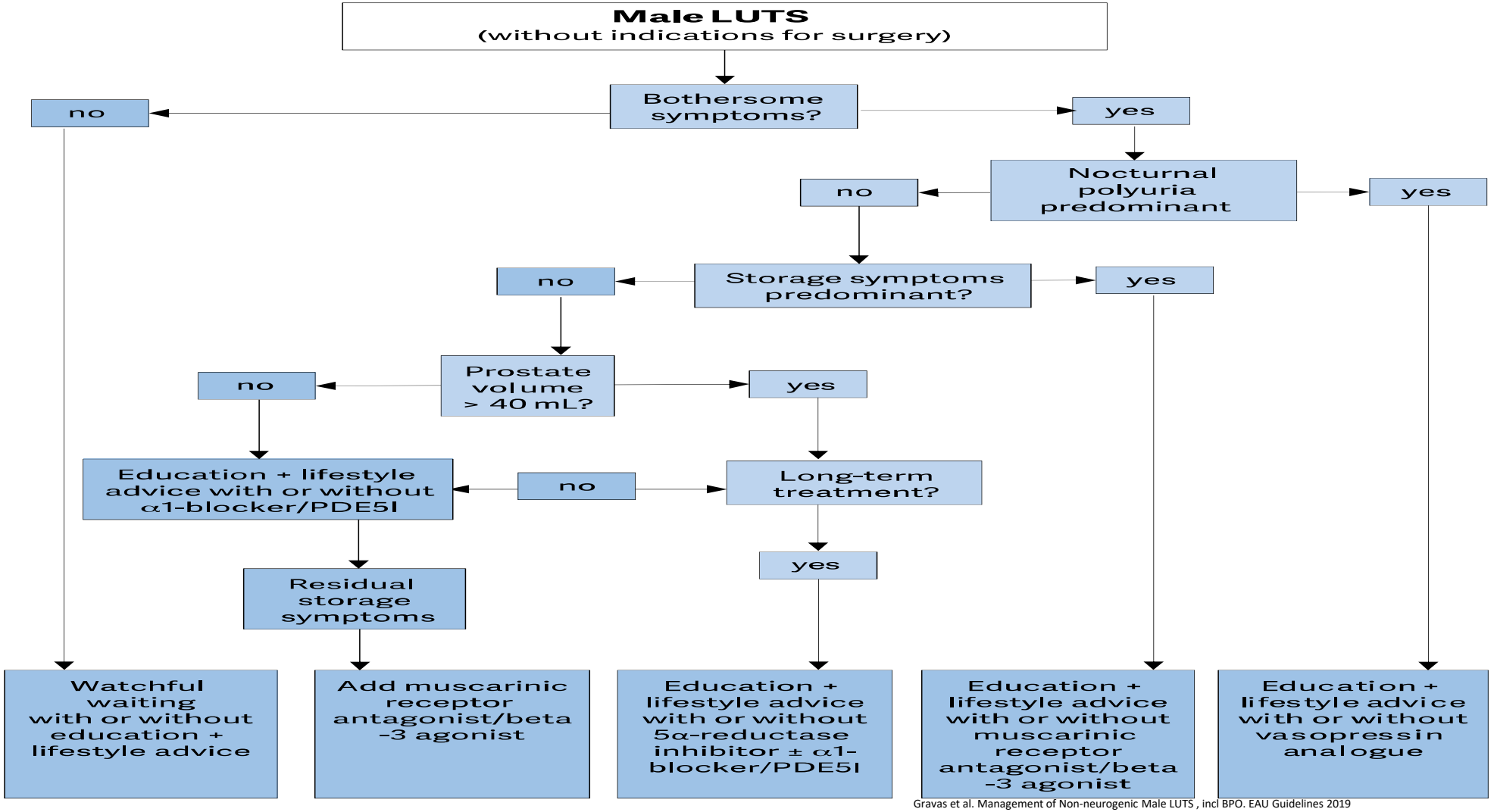
Conclusions: Recent evidence shows a dramatical low drug adherence and satisfaction to medical treatment in LUTS/BPH patients. A patient centred approach may improve drug adherence and some unmet needs in this area, potentially reducing complications and costs. However further well designed studies are needed to confirm this data.

Negociar detalles con el paciente
Ajustar las expectativas de éxito con el tratamiento
Contar efectos secundarios
Controlar la toma, reforzar mensajes periódicamente
Difundir a la Primaria, nomogramas
Farmacias, Residencias

Generar confianza (eres importante para mí)
Tratar con cercanía
Mirar a los ojos
Gastar tiempo
Aquí estoy si necesitas de mí nuevamente
Tocar la mano


88
88
RENSON
82
82
RENSON
83
83
RENSON
81
81

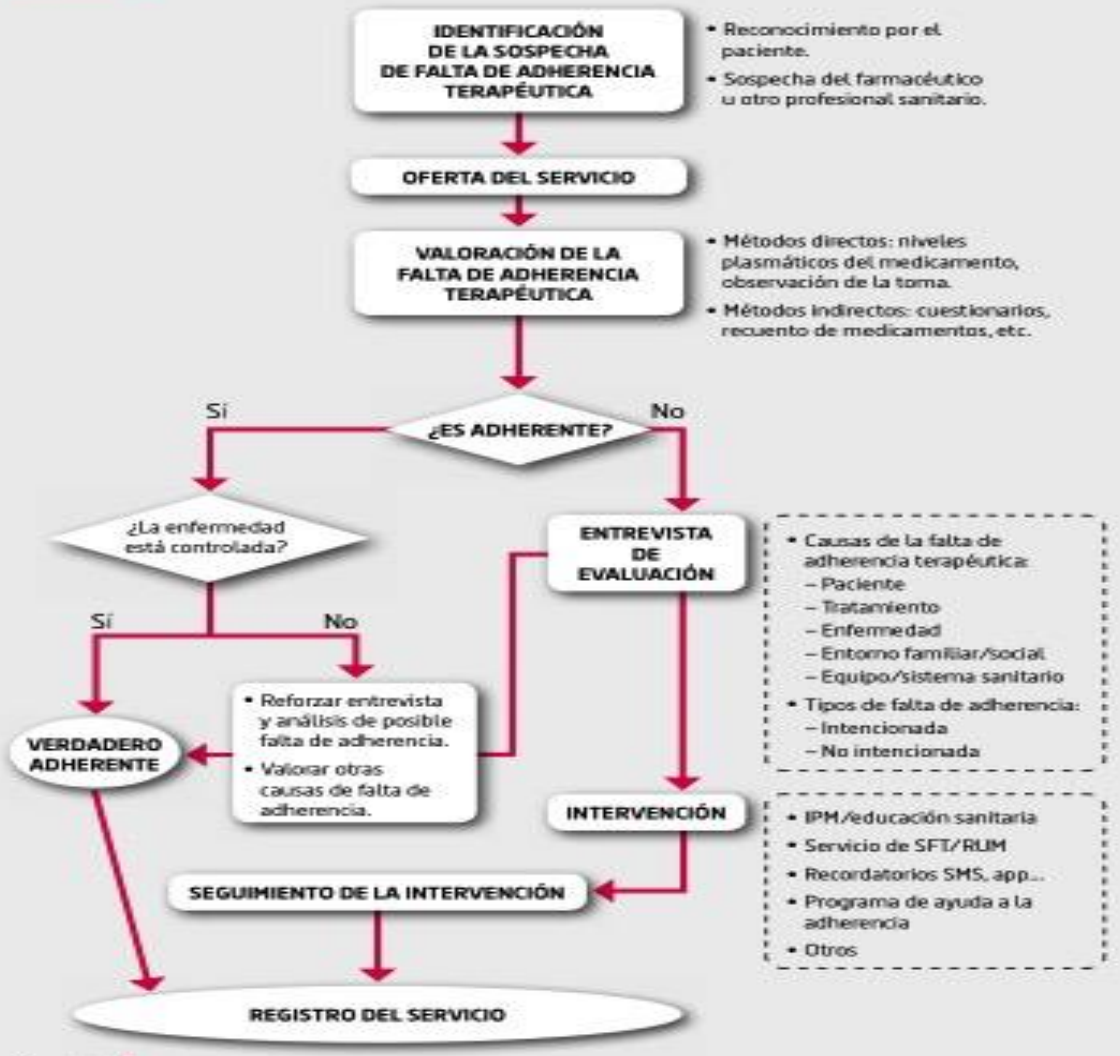
Algoritmo de tratamiento guías EAU 2019



Gravas et al. Management of Non-neurogenic Male LUTS , incl BPO. EAU Guidelines 2019

European Association of Urology

Figura 4 Diagrama de flujo del Servicio de Adherencia Terapéutica

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