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MESTRADO INTEGRADO EM MEDICINA – TRABALHO FINAL

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***Therapeutic adherence and its determinants in 50 to 69 year-old  
patients: a focus group qualitative research***

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**Therapeutic adherence and its determinants in 50 to 69 year-old patients: a focus group qualitative research**

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## **Abstract**

**Background:** Therapeutic adherence is of extreme importance to guarantee a good quality of life for patients. The factors that influence therapeutic adherence vary from patient to patient and for personal reasons and include medication-related factors and doctor-patient relationship.

**Purpose:** The purpose of this study was to identify the factors that influence therapeutic compliance, based on patients' perspectives.

**Methods:** The authors gathered patients to perform a focus group discussion. The focus group consisted of an interview with open-ended questions to promote the debate between the participants. Then, the authors analysed, in a qualitative way, the patients' perspectives about therapeutic adherence.

**Results:** The main difficulties to therapeutic adherence were daily routine changes, adverse effects and trust in the healthcare professionals. The main strategies to overcome these difficulties were help from family and healthcare centres and simplifying the therapeutic regimen. Also, the participants stated that there should be a better communication between patients and doctors.

**Discussion:** The findings in this study were in accordance with the literature. However, geographic regions and the age gap depicted were narrow, which might not represent the rest of the Portuguese population.

**Conclusion:** The information gathered in this study can be used to develop new strategies in order to make patients more compliant to the therapeutic.

## **Keywords**

Focus group, Portugal, therapeutic adherence

## **Resumo**

**Introdução:** A adesão terapêutica é de extrema importância para garantir uma boa qualidade de vida aos doentes. Os fatores que influenciam a adesão terapêutica variam de doente para doente, desde razões pessoais a fatores relacionados com a medicação e a própria relação medico-doente.

**Objetivo:** O objetivo deste trabalho foi investigar os fatores que influenciam a adesão terapêutica, baseado nas opiniões dos doentes.

**Métodos:** Os autores convidaram doentes de modo a realizar um *focus group*. O *focus group* consistiu numa reunião com questões abertas, de modo a promover o debate entre os participantes. De seguida, os investigadores analisaram, de modo qualitativo, as perspetivas dos doentes sobre a adesão terapêutica.

**Resultados:** As principais barreiras para a adesão terapêutica foram mudanças nas rotinas da vida diária dos doentes, efeitos adversos da medicação e confiança nos profissionais de saúde. As principais estratégias para ultrapassar estas dificuldades foram ajuda da família e dos Centros de Saúde e simplificação do esquema terapêutico. Além disso, os participantes sugeriram que devia haver uma melhor comunicação entre os médicos e os doentes.

**Discussão:** Os dados recolhidos neste estudo foram ao encontro do que estava descrito na literatura. No entanto, a região geográfica e a diferença de idades dos participantes, que é estreita, podem não representar a restante população portuguesa.

**Conclusão:** A informação reunida neste estudo pode ser usada para desenvolver novos métodos que possibilitem uma maior adesão à terapêutica.

## **Palavras-chave:**

*Focus group*, Portugal, adesão terapêutica

## **Introduction**

Therapeutic adherence is influenced by various factors, namely patients' socioeconomic conditions, their trust in the professional healthcare workers, treatment efficiency and personal factors. The patient must not have a passive attitude regarding their treatment. Instead, there must be a cooperation between doctors and patients, especially in the process of decision-making, where patients should be well-informed by their doctors<sup>1</sup>. It is widely known that a good therapeutic adherence guarantees a better quality of life and reduces the impact that patients' pathologies have on their lives<sup>2</sup>.

Healthcare physicians should be concerned about their non-compliant patients because non-adherence to therapeutic has a negative impact on their lives, such as worsening of health status, more doctor's appointments, increase in hospitalizations and urgent care. Furthermore, because of this non-adherence, these patients will be incapable of performing as well as before in their jobs, lowering their productivity and, in the worst scenario, non-compliance can lead to death<sup>1, 2</sup>.

In Portugal, there is a lack of studies regarding the patients' point of view about therapeutic adherence, which makes their compliance unpredictable for medical doctors. Thus, the main point of this paper is to determine which factors make patients adhere to medical treatment or not<sup>1</sup>.

Therapeutic adherence is not only about taking the prescribed medicine, but also lifestyle changes, such as having a healthy diet and physical exercise and not missing doctor's appointments. According to patients, this point about lifestyle changes can be assured by the Healthcare Centres, by motivating the patient to do them, warning them about the consequences of non-compliance and morbidities as a result of bad disease monitoring<sup>3</sup>.

Due to the fact that there are few studies about this theme taking into consideration patients' perspectives, hearing their opinions is essential before starting a therapeutic regimen in order to make the treatment effective. Hence, by performing a qualitative research, we can gather in-depth information from the participants about this fundamental theme that has a crucial impact in their lives and, since the information is scarce, we believe this is the best approach<sup>3</sup>.

Therefore, this study used a focus group. A focus group is a method of qualitative research in which people are interviewed about their beliefs concerning a certain subject. The moderators start by asking the participants open-ended questions to promote the debate. Moreover, the

participants are encouraged to discuss between them their different points of view instead of talking alone to the interviewers, so that they do not feel inhibited to express their opinions. It is also important to inform them that there are no right or wrong answers because the aim of a focus group is to explore every possible opinion and perspective<sup>4</sup>.

All things considered, the aim of this study was to identify, in a qualitative way, the barriers to therapeutic compliance and strategies to overcome these difficulties that lead patients to adhere to treatment to have a better quality of life.

## **Material and methods**

### **Study design**

Focus group qualitative research.

### **Selection of participants**

Portuguese people aged 50 to 69 years-old, registered in a Family Health Unit of the Group of Health Centres Pinhal Litoral, Regional Health Administration of the Centre of Portugal (ACeS (Agrupamento de Centros de Saúde) Pinhal Litoral, ARS (Administração Regional de Saúde do Centro). A population sample, as diverse as possible (employed, retired, low literacy, high literacy and city and rural environment) was obtained. A total of 7 patients were selected. No financial benefits were given to the participants.

### **Data collection**

Data collection was performed during a focus group discussion, after the participants' consent was obtained. The study used a qualitative analysis of an interview with open-ended questions, previously elaborated by the moderators, so that the most important points would be asked, such as trust in healthcare professionals, drugs' adverse effects, family support and how primary healthcare centres can help patients increase therapeutic compliance. The participants consented to the audio recording and processing of their data and opinions collected during the focus group. Furthermore, they were informed that they could withdraw from the study at any time. The language used during the focus group was Portuguese. This study was approved by the Ethics Commission of Regional Health Administration of the Centre of Portugal. (Appendix I)

### **Data analysis**

The qualitative analysis of the data collected in the focus group was executed manually by the investigators, directly transcribing the audio recordings. Consequently, the determinants of therapeutic compliance expressed by the participants were identified, so that their opinions could be systematized.



## **Results**

### **Barriers**

The participants stated that sometimes they do not comply with the prescription correctly because they forget, especially when it is not taken daily or if there are changes in their daily routine, such as not having dinner at the same time or when they have guests at their house. Moreover, some patients said they stopped the medication due to the price or because they were influenced by other people's opinions. On the one hand, some participants stated that they stopped taking the medicine because they felt better. On the other hand, some of them stopped it because they didn't wait for the medicine to take effect. Regarding the adverse effects, they pointed out that if the adverse effects are worse than the symptoms that brought them to the doctor, they do not finish the therapeutic. Another important factor to take into consideration is the trust patients have in their doctors. (Table 1)

**Table 1: Determinants that make therapeutic adherence difficult**

Topics	Quotes
Forgetfulness	“Medicines that are not taken daily contribute to forgetfulness”; “Sometimes I forget to take my medicine, because it is only to be taken every 3 days”
Trust in the doctor	“The doctor must “waste time” explaining the medication to their patients”; “Medication that fits patients’ daily life”
Daily routine changes	“The dinner is never at the same time”; “When I have company for dinner, I get distracted by the conversation and forget to take the medication”; “As I spend months working abroad, sometimes the medication runs out and I only take it again when I return to Portugal”
Adverse effects	“The package leaflet scares me”; “If the side effects are worse than the symptoms I have, I stop taking the medicine”
Price	“I have already stopped taking the medication because it cost 60€ and only lasted 28 days”
Other people’s opinions	“Once, I stopped taking the medicine because a friend of mine told me that it made things even worse”
Disease symptoms	“I did not finish the therapeutic regimen because I got better”; “Since some medicines take a few days to take effect, I have stopped taking them”

## Enablers

The participants stated that the strategies they use in order to fulfill the therapy are the following: having notes in the kitchen to write if they have taken the medicine or not; having the pillbox in a place they know they will be (for instance, medication to be taken in the morning will be placed in the bedroom). The patients suggested other ways to facilitate therapeutic adherence such as taking the medication at the same time and reducing the medication intake by using “2 in 1” pills. Another extremely important factor to comply with therapy is the perceived seriousness of the disease, which means that if the patients think that if they stop the treatment, they will die, then they make sure they will not forget to take the medicine. (Table 2)

**Table 2: Determinants that facilitate the therapeutic adherence**

Topics	Quotes
Reminder	“I have a note on the fridge, so that I do not forget to take the medicines”
Simplifying the medication regimen	“Taking the medication at the same time helps a lot”; “Taking medication “2 in 1” (eg. for dyslipidemia and high blood pressure in the same pill)
Disease severity	“The doctor said it was for the rest of my life”; “The doctor told me that if I did not take the medicine, I would die”
Medicine box location	“As I take the medicine in the morning, I have the pillbox in my bedroom (...) so, I take it as soon as I wake up”

### Side effects

The side effects of the medication are a major factor affecting therapeutic adherence. In order to avoid the discontinuance of treatment because of the side effects, the participants considered that doctors should take time to explain the mechanism behind the therapeutic and the possible side effects. In addition to this, the interviewees reported that the doctors should individualize treatment because every patient is different and reacts differently to medication. On the one hand, some patients claimed that even though they experienced side effects, they did not stop the treatment. On the other hand, patients who were being treated for depression could not manage the side effects and, consequently, did not wait the time required for the medicine to take effect, ending the therapeutic voluntarily. (Table 3)

**Table 3: The importance of the side effects**

Topics	Quotes
Communication with the doctor	“Doctors must explain better the medicine effect and the possible side effects”; “It never happened to me that the doctor did not have time to explain to me the adverse effects”; “It is important to individualize the treatment”; “If the doctor is prescribing a certain medicine, it is because he/she has reasons to do so”
Adverse effects	“I have never stopped taking the medication because of the adverse effects”
Sensibilization	“People have mild symptoms and do not have the patience to wait for the medicine to take effect”; “Antidepressants take about three weeks to take effect, but in the first few days most patients experience loss of appetite, nausea and diarrhea. Some of these patients feel so much these effects that they cannot wait for three weeks”

### The role of the family

Family plays an essential role concerning therapeutic adherence. Some participants reported that they have to remind their relatives to take the medication. However, others considered that being constantly asked if they have taken the medication becomes excessive and leads to unnecessary overpressure and, as a result, they feel they will not heal from their disease. Also, the participants mentioned that the pill dispensers are helpful for elders to avoid forgetting to take the medication. (Table 4)

**Table 4: Family role**

Topics	Quotes
Reminder	“I always have to remind my son to take the medication”; “For older people, there are those pill dispensers”; “I have to keep reminding my husband because he is very careless”
Pressure	“It annoys me that people are constantly asking me if I have taken the medication or if I feel fine”; “When we are constantly asked if we are fine, it seems that instead of getting better, it seems that we get worse than before”; “It annoys me that my husband asks me every day if I feel better”

### The importance of Primary Healthcare Centres

The main role of Primary Healthcare Centres is to provide care to patients, improving their quality of life. In order to achieve this, the participants suggested the promotion of lifestyle changes to avoid being treated pharmacologically, such as in cases of diabetes and dyslipidemia. Another activity suggested by the patients was clarifying some medical myths that patients have about their diseases. Furthermore, it was stated that prescriptions for chronic diseases should be for as long as possible, so that patients will not need to come in every month just to renew their prescriptions. (Table 5)

**Table 5: The importance of Primary Healthcare Centres**

Topics	Quotes
Accessibility	“Having the doctor's mobile phone number would help answer specific questions, or by email”; “Sometimes the appointments are so short”; “Doctors do not explain everything because they do not have time”
Lifestyle changes	“In the case of dyslipidemia, before starting the medication, I had to change my lifestyle”
Prescription renewals	“Long-term (3-6 months) prescriptions for chronic diseases, thus avoiding coming so often to the Health Center to renew the prescription”
Treatment individualization	“Patients' age plays a key role”; “Demystifying the “ghosts” that people create in their heads”; “Health centres should promote lifestyle changes, so that patients do not think so much about their illness and, consequently, have a better quality of life”

## **Discussion**

This study assessed, in a qualitative manner, the determinants that influence therapeutic adherence and how difficulties can be overcome in order to increase patients' adherence to therapeutic. There aren't many studies in Portugal about this topic and, in most cases, doctors' perspectives are used rather than patients' points of view.

As previously mentioned, there are many factors that can jeopardize therapeutic adherence and, to make patients more compliant, there are several strategies that work better when combined, rather than following one alone<sup>5</sup>.

Firstly, regarding the side effects, most of the patients considered them as one of the reasons for non-compliance to therapy, due to lack of trust in doctors, scepticism about the medication's efficacy and new symptoms worse than those they had in the beginning. This means that if health practitioners warned their patients about possible adverse effects, they would not be so sceptical about the medication and, therefore, they would not cease the treatment<sup>6</sup>. Although some patients claimed that they did not quit the treatment because of the side effects, for others it was a major barrier to overcome, as some medicines take weeks to take effect, they could not cope with the side effects while not seeing any signs of improvement of their health status<sup>7</sup>.

Secondly, Primary Healthcare Centres have a significant impact on patients' lives. The lack of accessibility to healthcare providers decreases therapeutic adherence, so if physicians had more time to explain the therapeutic, a better doctor-patient relationship would be formed and, consequently, therapeutic adherence would increase<sup>8</sup>. Additionally, the respondents reported that while doctors have the knowledge about patients' health condition, there should not be a paternalistic relationship. Instead, the participants insisted on having an active role in the definition of therapeutic, but in order to achieve that, they should be properly informed by their doctors<sup>5,9</sup>.

Thirdly, according to the participants, the main barrier to therapeutic adherence was the doctor-patient relationship, especially the quality of the communication and the presence or absence of trust. They reckon that sometimes appointments are performed at such a frantic pace that doctors do not have time to talk to the patient and explain the treatment. However, in order to enhance the doctor-patient relationship, the doctor must give clear explanations, ask the patient about his concerns and reach a consensus regarding the therapeutic. In addition to this, the respondents related that health physicians should individualize the therapeutic and

not treat every patient the same way. In other words, each patient is unique and should be treated according to their own characteristics, especially age, socioeconomical status, level of education and patient satisfaction<sup>10-12</sup>.

Furthermore, this study is in accordance with other studies concerning the frequency of prescribed medication<sup>13, 14</sup>. In other words, therapeutic compliance increases when the prescribed dosing is to be taken once daily and all medicines are taken at the same time. Also, it was found that patients with poor health status are more willing to adhere to the treatment, while others with mild symptoms may not be entirely compliant<sup>15</sup>. Nonetheless, the evidence regarding disease severity is not consistent enough to confirm that patients with less severe disease would not comply as easily as patients with greater disease severity<sup>16</sup>.

Lastly, family plays a crucial role concerning therapeutic adherence, as family members provide support and help patients by reminding them to take the medication. It has been proven that having family support makes the patients more motivated and more likely to comply with the treatment<sup>17</sup>. Nevertheless, the respondents reported that family can be considered as a barrier too, due to the fact that excessive care leads to unneeded pressure, which might make them feel that their health status is deteriorating instead of improving.

All in all, the strategies suggested by the patients to overcome the previously mentioned difficulties are the following: using of reminders, pill dispensers for the elderly, family support, asking for feedback to the patient, adjusting the medication to fit the patients' daily life, motivating the patient to be adherent and informing about the possible adverse effects. Moreover, the interviews added another important strategy in order to make them more compliant: simplifying the therapeutic regimen, either by reducing the number of intakes per day or taking the medication at the same time<sup>18</sup>. Also, they added that doctors could prescribe medication for longer periods, so that intervals between appointments are longer and, as a result, they do not have to come every month just to renew the prescription<sup>19</sup>.

However, this study has some limitations, such as demography (the participants lived in the same city), which may not represent the whole country, even though some of them lived either in urban or rural zones. Also, the age gap was narrow (50 to 69 years old), so for future focus groups it would be advisable to include younger and older patients because age might influence therapeutic adherence.



## **Conclusion**

In sum, this study was able to identify barriers related to therapeutic adherence based on patients' opinions, namely daily routine changes, forgetfulness, doctor/patient relationship, health status and strategies to overcome these factors, such as support from family and healthcare centres, notes/reminders and simplifying the treatment regimen. Therefore, the data collected will guide physicians in finding new approaches to make patients more compliant to the treatment.

## **Acknowledgements**

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I thank the patients for accepting participating in this study.

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## Appendix I – authorization to perform the study



### COMISSÃO DE ÉTICA PARA A SAÚDE

<b>PARECER FINAL:</b> FAVORÁVEL	<b>DESPACHO:</b> <i>Parecer favorável deferido.</i> <i>23.09.2021</i>
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<b>ASSUNTO:</b>	<b>Título:</b> "Adesão terapêutica e seus determinantes em indivíduos dos 50 aos 69 anos: estudo qualitativo através de <i>focus group</i> ." (processo 76-2021). <b>Autores:</b> Fernando Manuel Cardoso Matos; José Augusto Rodrigues Simões; Denise Alexandra Cunha Velho Faculdade de Medicina da Universidade de Coimbra/Administração Regional de Saúde do Centro / Agrupamento de Centros de Saúde Pinhal Litoral/Unidade de Saúde Familiar Santiago de Leiria
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Conselho Diretivo

ARS do Centro

*[Signature]*

Dr. Rosa Reis Marques

Administradora Regional de Saúde do Centro /

Agrupamento de Centros de Saúde Pinhal Litoral/Unidade de Saúde Familiar Santiago de Leiria

*[Signature]*

Dr. João Rodrigues

Vice-Presidente,

*[Signature]*

*[Signature]*

Dr. Mária Rêgo

Vogal,

*[Signature]*

Dr. Fernando Cravo

Vogal,

Os autores do estudo pretendem avaliar, de forma qualitativa, os determinantes que levam aos doentes aderirem ao tratamento e, deste modo, aumentar a sua adesão terapêutica, com o intuito de melhorar a sua qualidade de vida.

Tendo em conta os objectivos propostos, os autores pretendem realizar um *Focus Group* nas várias Unidades Funcionais do ACeS Pinhal Litoral.

Os participantes são convidados a participar no estudo e a expor as suas crenças sobre determinado tema, através de perguntas feitas pelos entrevistadores, de forma a discutir diversos pontos de vista. Será formado um grupo de 5 a 8 pessoas com idades entre os 50 e 69 anos)

A duração da reunião será, no máximo, 2 horas e audiogravadas com o devido consentimento de todos os participantes.

Os autores não fazem referência ao tipo de análise qualitativa que irão realizar, nem apresentam o respectivo guião da reunião.

Estão garantidas todos os aspectos ético legais.

Solicita-se posteriormente o envio do relatório final do estudo.

Pelo exposto somos de parecer Favorável à realização do estudo

O Relator e Presidente da CES-ARS do Centro *[Signature]*

*[Signature]*  
Prof.ª Doutora Isabel Vitória Figueiredo

## Appendix II – Focus group' script

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### Parte I:

Apresentação dos moderadores

Explicação da realização deste focus group

### Parte II:

Perguntas

- Sentem efeitos secundários ou indesejados quando tomam a medicação?
- Como acham que esses efeitos podem ser melhorados?
- Têm dificuldade em cumprir a prescrição feita pelo médico?
- Esquecem-se de tomar a medicação?
- Que fatores consideram que levam a este esquecimento?
- Do vosso ponto de vista, há algo que pudesse aumentar a adesão terapêutica?
- Consideram que a vossa família poderia ajudar-vos a cumprir a medicação?
- Consideram o fator económico a que não tomem a medicação?
- Alguma vez deixaram de tomar a medicação por se terem sentido melhor/pior?
- Na vossa opinião, os centros de saúde ou farmácias poderiam fazer algo para que aumentasse a adesão terapêutica?

### Parte III:

Agradecimento e lanche final

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## Appendix III - informed consent

### CONSENTIMENTO INFORMADO, LIVRE E ESCLARECIDO PARA PARTICIPAÇÃO EM INVESTIGAÇÃO

*Por favor, leia com atenção a seguinte informação. Se achar que algo está incorrecto ou que não está claro, não hesite em solicitar mais informações. Se concorda com a proposta que lhe foi feita, queira assinar este documento.*

**Título do estudo:** Adesão terapêutica e seus determinantes em indivíduos dos 50 aos 69 anos: estudo qualitativo através de focus group

**Enquadramento:** Estudo para Trabalho Final de Mestrado Integrado em Medicina da Faculdade de Medicina da Universidade de Coimbra, sob a orientação do Professor Dr. José Augusto Simões e da Dr<sup>a</sup> Denise Velho

**Explicação do estudo:** O objetivo da realização deste estudo é identificar os fatores que levam aos doentes aderirem à terapêutica, com o intuito de melhorar a sua qualidade de vida. Sendo assim, o estudo será feito através de focus group, com um grupo de 5 a 8 pessoas (dos 50 aos 69 anos), as quais serão convidadas a expressarem as suas opiniões sobre a adesão terapêutica. A duração da reunião será, no máximo, 2 horas e audiogravadas. A reunião terá 2 moderadores que irão facilitar a discussão, colocando diversas questões aos participantes. As gravações serão posteriormente destruídas.

**Condições e financiamento:** Não há pagamento aos colaboradores nem aos participantes. Não há proveitos financeiros deste projeto. O estudo é financiado pelos próprios autores. A participação neste estudo é de caráter voluntário e não há prejuízos se os participantes não desejarem participar ou desistirem. Este estudo foi submetido à Comissão de Ética da Administração Regional de Saúde do Centro.

**Confidencialidade e anonimato:** As respostas obtidas da gravação da reunião serão de acesso exclusivo dos autores do estudo. A gravação será posteriormente eliminada. Não haverá registo de identificação, garantindo, assim, o absoluto anonimato dos participantes. Todos os dados recolhidos da gravação da reunião serão apresentados no âmbito do Trabalho Final do aluno e discutidos entre pessoas com formação médica.

**Investigador:** Fernando Matos, aluno do 5º ano de Medicina da Faculdade de Medicina da Universidade de Coimbra

**Assinatura/s:** .....  
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*Declaro ter lido e compreendido este documento, bem como as informações verbais que me foram fornecidas pela/s pessoa/s que acima assina/m. Foi-me garantida a possibilidade de, em qualquer altura, recusar participar neste estudo sem qualquer tipo de consequências. Desta forma, aceito participar neste estudo e permito a utilização dos dados que de forma voluntária forneço, confiando em que apenas serão utilizados para esta investigação e nas garantias de confidencialidade e anonimato que me são dadas pelo/a investigador/a.*

Nome: .....

Assinatura: .....

Data: ..... /..... /.....

SE NÃO FOR O PRÓPRIO A ASSINAR POR IDADE OU INCAPACIDADE  
(se o menor tiver discernimento deve também assinar em cima, se consentir)  
NOME: .....  
BI/CD N.º: ..... DATA OU VALIDADE ..... /..... /.....  
GRAU DE PARENTESCO OU TIPO DE REPRESENTAÇÃO: .....  
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ESTE DOCUMENTO É COMPOSTO DE ... PÁGINA/S E FEITO EM DUPLICADO:  
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