Can a "0 to 10" Scale Identify Patients With Poor Medication Adherence? (G1402JG)

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Abstract

CONTEXT: To date, there is no "Gold Standard" for measuring medication adherence. **PURPOSE:** This study will examine the predictive validity of a self-reported "0 to 10" medication adherence measure compared to the commonly used Morisky 8-item medication adherence scale (MMAS-8). The overall goal is to meet the current need for a valid, easy to administer, cost-effective tool for measuring adherence in the outpatient setting. This study will answer the question, can a "0 to 10" scale identify patients with poor medication adherence? **SUBJECTS/SETTING:** This study will recruit 200 adult patients from the Family Health Center (FHC), a primary care family medicine clinic and family medicine residency training site in an urban, low income, minority section of San Antonio, Texas, that are being prescribed medications. **STUDY DESIGN & METHODS:** A cross-sectional survey conducted over a 12 month period. Study subjects will be recruited from clinic waiting rooms as they wait for their doctor's appointment. After patients are consented to participate, demographic information and a full medication history will be obtained. The medication history will include patient reporting of the name, indication and dosing of each of their medications. The patient will then answer the MMAS-8 questions and rate their adherence on a 0-to-10 scale. Administering the question and response of the MMAS-8 and "0 to 10" rating will also be timed using a stop watch to determine the efficiency of this scale. **OUTCOME MEASURES:** The MMAS-8 categorizes patients into three categories: low adherence (score <6), medium adherence (score 6, 7), and high adherence (score = 8). We will be correlating the association between the two methods (MMAS-8 and "0 to 10" scale) using statistical methods of analysis and correlation. The time it takes to administer the MMAS-8 and self-reported "0 to 10" medication adherence measures will be averaged and reported. **EXPECTED OUTCOMES:** We propose that the single question "0 to "10" adherence scale will correlate closely to the MMAS-8 scale but will be more convenient and easy to administer in clinical practice.