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Compliance of asthmatic patients in terms of taking medication as prescribed, and returning to follow up was assessed indirectly using combined methods; checking refilled prescription, and guardian reporting with questionnaires. This study was performed at Allergy Clinic of QSNICH for six months (June to November, 1998). The objectives of this study were (1) studying compliance of outpatients with asthma who use prophylactic and therapeutic medications, (2) finding factors associated with compliance of asthmatic outpatients, (3) comparing compliance of outpatient with asthma before and after providing the counseling.

Compliance assessed by checking refilled prescription was classified into 3 categories: (1) mean compliance of single asthmatic medication between pre and post counseling were 70.66% and 91.81% respectively (2) mean compliance with combined asthmatic medication were 69.19% and 89.47% respectively (3) returning to follow up were 88.83% and 93.75% respectively. The mean score compliance between pre and post counseling assessed by guardian's reporting with questionnaires were 1.338 and 1.919.

There were many factors associated significantly with (1) compliance with single asthmatic medication before counseling; educated guardians ($p= 0.027$), dose daily ($p= 0.048$), physicians ($p= 0.046$), and after counseling; weekly asthma attack ($p= 0.002$), (2) compliance with combined asthmatic medications before counseling; physicians ($p= 0.015$), total medication per prescription and route administration ($p= 0.020$), (3) returning to follow up; medication cost per prescription before and after counseling ($p= 0.004$ and $p= 0.048$), physicians and interval of follow up associated only after counseling ($p= 0.050$ and $p= 0.030$). Regarding, compliance assessed by mean score of patient's guardian response, it was found that before counseling medication cost per prescription, counseling providing time were associated with compliance. After counseling, it was found that only guardian's career was significant association, but monthly asthma attack was associated both before and after counseling ($p= 0.031$, $p= 0.000$). Knowledge of guardians correlated to mean score of patient compliance significantly both before and after counseling ($p= 0.019$ and $p= 0.000$).

In comparison of compliance between pre and post counseling, the result was shown significant difference ($p < 0.001$).

The above results showed that there was a significant increase of compliance of children with asthma after counseling. Therefore, counseling program responsible by clinical pharmacist are valuable and beneficial for asthmatic patients, especially patients under 10 years of age. It remained to be seen whether family care, health belief and attitude will associate with compliance.