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Risk factors of medication adherence of elderly people at nine provinces in western China**Wu Wenwen**

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Background & Aim: China has the world's largest population of older adults. Age-related diseases increase along with the aging population, the prevalence of chronic diseases in the elderly people is 4.2 times that of the whole population. Chronic diseases pose a serious threat to human health. Medication adherence is essential for survival and quality of life in elderly people with chronic diseases. Non-adherence to medications results in worsening clinical outcomes including repeated hospitalization, increased healthcare costs and death. Our study aims to elucidate major factors contributing to medication adherence, targeting these factors could guide initiatives for improving medication adherence which will prove to be worthy in reducing patient's morbidity as well as mortality.

Method: This descriptive and cross-sectional study was performed on the 6,813 older patients at nine provinces in western China using survey questionnaire.

Result: Our study show that 3,406 (50%) adhere to medication, 3,407 (50%) not adhere to medication. Binary logistic analysis showed that religion, educational level, no spouse, live alone, visitation frequency, income, disease number, drug number, risk factors, smoke, drink, high fat diet, lack of exercise, admission time are related to medication adherence. Elderly people who have no spouse (OR=1.228, 95%, CI: 1.041-1.450), live alone (OR=7.006, 95%, CI: 4.987-9.844), visiting less frequently (OR=0.167, 95%, CI: 0.113-0.247; OR=0.201, 95%, CI: 0.115-0.351), more disease number (OR=0.561, 95%, CI: 0.484-0.649), more drug number (OR=0.226, 95%, CI: 0.175-0.291; OR=0.737, 95%, CI:0.593-0.915), more admission time (OR=0.492, 95%, CI:0.389-0.621; OR=0.792, 95%, CI: 0.63-0.996) are more likely not to adhere medication.

Conclusion: There are almost 50% elderly people have non-adherence to medication, it is necessary to alert this condition. Many factors influence the medication adherence. Let the elderly live with others, visiting them more frequently is benefit. We also need take good care of them to reduce admission time and disease number. The doctor should avoid overusing medication, thus the medication adherence will be improved.

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