


Adherence to Adjuvant Hormonal Therapy and Associated Factors Among Women with Breast Cancer [Letter]

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Dear editor

I read with great interest the published article of Wako et al describing adherence to adjuvant hormonal therapy and associated factors among women with breast cancer attending the Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia. As a clinical pharmacy specialist, I appreciate the importance of assessing the adherence to adjuvant hormonal therapy in developing countries like Ethiopia.¹ In this letter, I propose the methodological approaches and additional factors that can affect patients' adherence to adjuvant hormonal therapy.

Appropriate medication adherence could result in a reduction of the recurrence and mortality rates among women diagnosed with breast cancer.² Despite this, many studies reported poor adherence to hormonal therapy.^{3,4} The author only assessed the rate of medication non-adherence. However, the impact of non-adherence on the treatment outcomes of breast cancer should be studied at the large.

The author tried to identify factors associated with non-adherence to hormonal therapy. Despite this, adherence was assessed by retrospectively reviewing the patients' charts. Therefore, I believe and expect a huge number of non-adherences if conducted prospectively. Future researchers should assess adherence prospectively by using a validated tool.

The author identified that the therapeutic communication and side effects of the drug were predictors of adherence. This implies that there is a need to implement a clinical pharmacy intervention in the study area to tackle any medication-related problems. The author should also assess the predictors for the occurrence of side effects.

The study conducted by Brito et al found that the rate of adherence to hormonal therapy was lower among alcohol drinkers.⁵ Wako et al tried to assess the magnitude of social drug use like smoking a cigarette and drinking alcohol. However, the effect of social drug use on medication adherence was not studied.

Globally, providing quality pharmaceutical care could satisfy the demands of the patients that might increase adherence.⁶ Hence, the effect of increased patient satisfaction on treatment adherence should be studied at large.

The author identified different comorbidities among patients. I believe that multiple drugs were prescribed for each disease in addition to breast cancer that can reduce the patient's adherence. This is similar to the study of Bekele et al in

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which poly-pharmacy and the presence of comorbidity were predictors of non-adherence.⁷ Therefore, special attention should be given to patients having co-morbidity.

Wako et al recommends that health care workers distribute leaflets to increase patients' adherence. On top of this, I recommend that a drug information center should be established at the hospital to manage the side effects of anti-cancer drugs and alert the patients that side effects could happen.

Disclosure

The author reports no conflicts of interest for this communication.

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