

Abstract:

Background: Nonadherence to medication is a burden to the US health care system and is associated with poor clinical outcomes. Data on outpatient parenteral antimicrobial therapy (OPAT) treatment plan adherence are lacking. The purpose of this study is to determine the rate of nonadherence and factors associated with it.

Methods: We surveyed patients discharged from a tertiary hospital on OPAT between February and August 2019 about their baseline characteristics, OPAT regimen, adherence, and experience with OPAT.

Results: Sixty-five patients responded to the survey. The median age was 62 years, and 56% were male. The rate of reported nonadherence to intravenous (IV) antibiotics was 10%. Factors associated with nonadherence to IV antibiotics included younger age, household income of <\$20 000, and lack of time for administering IV antibiotics (30 vs 64 years, $P < .01$; 83% vs 20%, $P < .01$, and 33% vs 4%, $P = .04$, in the nonadherent vs adherent groups, respectively), while less frequent administration (once or twice daily) and having friend or family support during IV antibiotic administration were associated with better adherence (17% vs 76%, $P < .01$, and 17% vs 66%, $P = .03$, in the nonadherent vs adherent groups, respectively). Most patients attended their infectious diseases clinic visits ($n = 44$, 71%), and the most commonly cited reasons for missing an appointment were lacking transportation ($n = 12$, 60%), not feeling well ($n = 8$, 40%), and being unaware of the appointment ($n = 6$, 30%).

Conclusions: Less frequent antibiotic dosing and better social support were associated with improved adherence to OPAT. In contrast, younger age, lower income, and lack of time were associated with nonadherence.

Reference:

Hamad Y, Dodda S, Frank A, et al. Perspectives of Patients on Outpatient Parenteral Antimicrobial Therapy: Experiences and Adherence. *Open Forum Infect Dis.* 2020;7(6):ofaa205. Published 2020 Jun 2. doi:10.1093/ofid/ofaa205

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