

**IMPACT OF ADHERENCE ON SEVERITY OF ENDOGENOUS ECZEMA IN
PATIENTS AT KENYATTA NATIONAL HOSPITAL.**

Dr. David Ndonye Musyoka,MBChB

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ABSTRACT

Background

Eczema is a common dermatological condition and is associated with high morbidity, exposure to costly drugs with adverse side effects, and negative psychological impact on those affected. However, it is often inadequately controlled leading to symptomatic eczema, in clinical practice a prominent reason for this being poor patient adherence to prescribed therapy.

There is no published data on severity of endogenous eczema, impact of adherence on severity of eczema, and the underlying reasons for non-adherence in patients in KNH.

Objective:

The study was designed to investigate the impact of adherence on severity of endogenous eczema, and identify factors responsible for non-adherence in patients with eczema.

Methods.

This was a comparative cross-sectional descriptive study, patients with eczema were recruited then assessed for severity of eczema, adherence was also assessed. Quantitative methods were used to analyze severity of eczema and level of adherence to eczema therapy and qualitative methods were used to analyze the patient reasons for non-adherence. Eczema severity was assessed by use of the scorad index; adherence was assessed by use of adherence questionnaire and self reports. Qualitative analysis of in-depth interviews with non-adherent patients was carried out to find out the reasons for non-adherence.

Results

Ninety patients who participated in the study were found to have symptomatic eczema. Fifty-four (60%) patients had mild eczema, twenty-eight (31.1%) had moderate and eight (8.89%) had severe eczema. Severe endogenous eczema was significantly associated with non adherence ($r^2 = 8.5, p = 0.010$).

Seventy-three (81.1%) patients were adherence to the prescribed medication. Male gender and low socioeconomic status were significantly associated with non-adherence ($p=0.04$) and ($p=0.01$) respectively, other socio-demographic factors did not significantly affect adherence.

The reasons for non-adherence were; worsening of symptoms, cost of drugs, drug burden and drug side effects.

Conclusion

There is inadequate eczema control in our population since majority of patients had symptomatic eczema, due to non-adherence and other factors. Reasons for non-adherence were identified and solutions to these problems should be adopted in programmes to improve adherence to enhance eczema control.