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Original Article

Generic substitution: additional challenge for adherence in hypertensive patients?

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Abstract

Objective:

This study aims to investigate whether, and in what way, generic substitution affects drug adherence in hypertensive patients.

Methods:

Personal d their brand-na using a semi-str

Resu

On avera these, 2.0 (1–4) dru n using antihype to remember to take their medication every day. One in three said generic substitution

made keeping track of their medications more demanding. Twenty-nine percent were anxious when they started to use a generically substituted drug. Eight percent felt that the effect of the drug had changed, and 15% reported having new or more side-effects. A negative attitude towards generics was significantly associated with low educational attainment, increasing number of drugs, having general concerns about medicine use, and having received insufficient information regarding generic substitution. Five percent of the patients had been using more than one equivalent generic drug at the same time. These were among those who used several different drugs and also among those who got their medications from more than one pharmacy. Five percent is a too small number to draw general conclusions; however, there is no reason to suspect that these mistakes do not occur from time to time.

Conclusions:

This study shows that generic substitution can be an additional factor in poor drug adherence in hypertensive patients and contributes to concerns and confusion among the patients. Although generic substitution is an important measure of cost containment, health personnel should approach each patient individually. Clearly, many patients feel insecure about substituting their medication and demand more information.

Keywords: : Adherence Compliance Cost containment Generic drugs Generic substitution Hypertension Patient safety

Transparency

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Notes

*The 90% confidence interval for the ratios of the test:reference log-transformed mean AUC and C_{max} values is within the range from 0.8 to 1.25. The guidelines also enable a bibliographic application procedure for pharmaceuticals that have been in clinical use for more than 10 years based on data on absorption and effect from international publications.