

Title: Predictors of poor medication adherence among urban Latinos: a cross-sectional analysis of patients enrolled in the Diabetes Among Latinos Best Practices (DIALBEST) Trial.

Abstract

Purpose: Poor medication adherence has been associated with failure of patients to achieve treatment goals, and as a result, an increased risk of all-cause morbidity and mortality. Previous studies conducted in patients with type 2 diabetes mellitus have identified various predictors of poor medication adherence; however, a paucity of data exists specifically in an urban Latino community. Therefore, the primary objective of this study will be to identify factors that predict poor medication adherence within such a population.

Methods: A nested, cross-sectional study will be conducted utilizing data collected as part of the prospective and randomized ‘Diabetes Among Latinos Best Practices’ (DIALBEST) trial. After obtaining appropriate Institutional Review Board (IRB) approval and informed patient consent, DIALBEST investigators randomized adult patients with type 2 diabetes (HbA1c greater than 7.0 percent) from an urban primary care clinic enrolled in the “Amigos en Salud” (AES) program to either a culturally tailored community-based peer counselor intervention plus standard of care or standard of care alone. Patients with a diagnosis of a major psychological disorder were excluded from DIALBEST. To be included in our sub-study, patients will have to have self-reported their medication adherence using the validated Morisky scale at time of DIALBEST enrollment. All baseline demographic and medication utilization co-variables (including age, gender, ethnicity, primary spoken language, marital status, education level, employment status, insurance coverage, number and type of medications taken, diabetes treatment regimen, use of non-prescription medications and number of co-morbidities) will be evaluated in univariate analysis for eligibility into the multivariable logistic regression model to determine if correlations exist between these co-variables and poor medication adherence (defined as a Morisky score of less than 4). All variables with a p-value of less than or equal to 0.2 will be entered into the multivariable analysis using a backwards, stepwise model. A p-value less than 0.05 will be considered statistically significant in the multivariable model. Independent predictors of poor adherence will be reported as adjusted odds ratios with 95 percent confidence intervals. All statistical analyses will be conducted using SPSS version 15.0 (SPSS, Inc, Chicago, Ill).