

Keys to enhance patients' adherence to compression therapy

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Introduction

Many studies have demonstrated the effectiveness of compression therapy (CT) in the treatment of veno-lymphatic insufficiency.¹⁻⁴

In daily practice, therapists are often faced with a lack of patients' adherence to treatment and especially regarding CT.⁵

The causes are multiple and it is up to the therapist to understand them, to provide personalised solutions for their patient, and thus boost the wearing of the compression depending on the stage of the illness, in addition to other aspects of treatment.

Materials and Methods

This preliminary study was conducted over 16 months on patients with venous and/or lymphatic insufficiency whose treatment consisted, among other things, in the wearing of a compression garment.

The 17 subjects matching the criteria of inclusions were patients: i) admitted to the hospital for venous or lymphatic insufficiencies; ii) suffering from their pathology for at least 3 years; iii) reluctant to CT (decided to stop it or never accepted it).

The observations resulting from the methodology chosen for this analysis are of a more qualitative than quantitative nature, since its objective is to understand the mechanisms of non-adherence to the wearing of the compression, in order to find appropriate responses and thus optimise the CT.

The next phase of this study will consist in quantifying and classifying the results with tests that are currently under development.

It will also include a decisional tree to support the therapist in the choice of the most appropriate compression garment according to the patient's profile.

Results

It appears that the primary causes of

non-adherence with the CT are: i) the lack of understanding by the patient concerning the importance and therapeutic value of the CT, because of the lack of explanation by the therapists; ii) the high pressures applied by the compression garment; iii) the discomfort associated to compression garment; iv) the irritation of the skin; v) the wrong size of the garment because of erroneous circumferential measurements; vi) the difficulty to put on and take off the garments; vii) the psychosocial reasons that often discourage the patient from following the recommended treatment play an important role.

After analysing the reasons of non-adherence to CT, corrective actions were put in place in order to enhance the compliance and by consequence the therapeutic benefits of the treatment. After accepting to follow the procedure, 13 patients complied with the CT.

Discussion

This preliminary study has shown that most of the non-adherent patients are sceptical because of the lack of understanding and trust in the CT therefore, to avoid isolation of the patient it is essential to establish the confidence.

The most effective and fastest way to win the trust of the patient is to demonstrate the effectiveness of the therapeutic means put in place. Manual lymphatic drainage (MLD) if done by experts is part of the holistic treatment of veno-lymphatic insufficiency. When the patient with oedema, at the end of the MLD session, notes a visible volume reduction as well as a shape enhancement, he will be convinced of the usefulness of the treatment put in place. This will positively impact his acceptance of other aspects of treatment, including the CT.

To solve the inconvenience and discomfort experienced by the patient that are related to the high pressures applied by the compression garment, we found that these high pressure prescribed were not necessary for all the patients, especially when the whole treatment is respected (MLD, exercises, hygiene/lifestyle tips, ...). *Less pressure is much better than no pressure.*

Decreasing the pressure of the compression garment will help solve at the same time the discomfort that patients experienced and will facilitate the *putting on* and *taking off* of the garment.

If the non-adherence is due to skin irritation (e.g. in case of Urticaria Factitia), the physician after assessment can prescribe

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anti histaminic.

When the non-adherence comes from erroneous circumferential measurements. The solution, in this case, was the use of the PerKit a reproducible and accurate technique⁶ and give the measurement the importance it deserves in treatment, not only in order to bring the patient a garment, perfectly adapted to their morphology and measurements but also to follow-up the changes in the limb volume and thus to encourage the patient with convincing results and to adjust the treatment according to the results obtained.

When the psychosocial reasons are responsible of the non-adherence, the cost-effectiveness must be systematically highlighted by the therapist in order to propose to the patient the most appropriate treatment, taking into account the therapeutic objective, the duration of the treatment, the financial means, *etc.* An effort is done by some companies to enhance the aesthetic of the current garments.

Compression bandages are preferred in the phase of decongestion, because they are effective⁷ and economical due to their ability to adjust. So bandages or adjustable garments must be privileged in this phase. Because a premature choice of a made-to-measure compression garment, while the limb volume is still reducible, will lead to inefficiency of the treatment and at the same time it will be of high cost for the patient.

When the therapist estimates that the limb volume is stabilized, the choice of a compression garment will be preferred to promote comfort and autonomy and self-management of the patient.

Conclusions

The therapist is responsible for choosing the most appropriate treatment for the patient but also for ensuring the patient's self-adherence to the therapeutic means put in place. A personalised and multidisciplinary approach makes it possible to involve all the therapeutic team to optimise the results of the treatment. A crucial point is that the patient must understand that he is not a spectator, but he is one of the active members of his therapeutic team.

Applying this protocol means: saving patients' money and giving him a better result within an optimal time.

These observations, when validated by an upcoming study, might allow a different approach to current standards by combining treatment efficacy and patient compliance.

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