

Roll the dice and it's a toss-up between quality of life and life”: a mixed methods study exploring adherence to adjuvant endocrine therapy and interventions to improve adherence

Dr. Jo Brett^{1*} | Dr Debbie Fenlon² | Dr Mary Boulton¹ |
Dr Nick Hulbert-Williams³ | Dr Fiona Walter⁴ |
Dr Peter Donnelly⁵ | Dr Nicola Stoner⁶ | Dr Adrienne Morgan⁷ |
Mrs Carolyn Morris⁷

1 Oxford Brookes University, Oxford, United Kingdom; 2 University of Southampton, Southampton, United Kingdom; 3 University of Chester, Chester, United Kingdom; 4 University of Cambridge, Cambridge, United Kingdom; 5 South Devon Healthcare NHS Foundation Trust, Torbay, United Kingdom; 6 Oxford University Hospitals Foundation NHS Trust, Oxford, United Kingdom; 7 Independent Cancer Patient Voice, London, United Kingdom

Background: Despite the known efficacy of adjuvant endocrine therapy (AET) in reducing breast cancer recurrence and mortality, adherence is sub-optimal. The aim of this study was to explore factors affecting adherence and non-adherence to AET to inform interventions to support women with long-term adherence.

Methods: This mixed methods study includes a questionnaire survey (n = 211, 73%) and semi-structured interviews (n = 32) with women prescribed AET who were at 2–4 years post treatment. Data were analysed in SPSS. The Framework approach was used to analyse transcripts, informed by the WHO Model of adherence and Beliefs about Medicine Model (Horne, 1999).

Results: The questionnaire analysis found that factors significantly associated with intentional non-adherences were the presence of side effects, concerns about AET, and lower perceived necessity to take AET. Factors significantly associated with unintentional non-adherence were younger age, post-secondary education, and being in paid employment. Interviews added depth to these findings. Non-adherence was influenced by an unmanaged side effect profile, the desire for quality of life in remaining years in older women, a lack of belief in efficacy of AET, and ongoing concerns about the toxicity of AET. Adherence was influenced by limited impact of side effect profile on daily life, trust in health professionals, feeling supported in ongoing AET therapy, and belief in efficacy of AET.

Conclusion: Reasons for adherence or non-adherence to AET are variable and complex. Interventions are required to ensure women are well-informed and supported to continue with AET where appropriate, thereby reducing breast cancer-related morbidity and mortality