According to various studies, adherence to respiratory therapy falls short of what is expected. This has been the target of many studies. In one such study, treatment adherence was reported to be between 40% and 53%.(2) In another study, 91 patients between 14 and 40 years of age completed a questionnaire, in which 41% of the patients reported having complied well with respiratory therapy.(3) In the study conducted by Dalcin et al., the self-reported degree of adherence to respiratory therapy was 84%; however, these are subjective measurements which often overestimate adherence.(1)

According to Kaplan, there is no clear association between adherence and gender, nor does adherence correlate with marital status, race, religion, socioeconomic status, intelligence or education level, and this finding is not specific for patients with cystic fibrosis.(4)

It is of note that adherence has been shown to be greater among younger patients, who therefore present less disease severity.(5) This is most likely due to the constant involvement of the mother of the patient; in one study, it was demonstrated that, for whatever reason, the treatment does not seem to be effective without the aid of the mother.(6)

In conclusion, I hope that, in the near future, we all make efforts to identify the causes of poor adherence, and that we have more efficacious strategies of treatment, since there is no point in promoting independence in self-care if there is no awareness of how important and fundamental it is for the maintenance of the quality of life and, above all, for increasing the survival of these patients.

Jefferson Veronezi
Professor at the Porto Alegre Methodist University Center Institute, Porto Alegre, Brazil

Daiane Scortegagna
Physical Therapist
Associação de Apoio a Portadores de Mucoviscidose do Rio Grande do Sul – AMUCORS, Rio Grande do Sul Mucoviscidosis Patient Support Association – Novo Hamburgo, Brazil
Authors' reply

Resposta dos autores

To the Editor:

It was with great satisfaction that we received the letter from Professor Jefferson Veronezi and Physical Therapist Daiane Scortegagna commenting on our article “Adherence to treatment in patients with cystic fibrosis.”[1] In our study, we evaluated adherence to treatment in patients monitored in a program for adults with cystic fibrosis. We found the rates of self-reported adherence to be high: 84.2% adherence to respiratory therapy; 21.1% adherence to physical activity; 65.8% adherence to the diet; 96.3% adherence to the use of pancreatic enzymes; 79.4% adherence to the use of vitamins; 76.7% adherence to the use inhaled antibiotics; and 79.4% adherence to the use of inhaled DNase. The self-reported adherence score correlated inversely with the clinical score. Self-reported patient adherence was greater than that perceived by health professionals.

Respiratory therapy undoubtedly constitutes one of the fundamental pillars of the cystic fibrosis treatment,[2] and, as the individual becomes an adult, the need for autonomy and independence makes it imperative that cystic fibrosis patients employ techniques that allow them to perform airway hygiene without assistance. Such techniques include the following: autogenic drainage; modified autogenic drainage; active cycle of breathing; forced expiration; positive expiratory pressure using a mask; use of oral oscillatory devices; and high frequency thoracic compressions. The patient should be guided in the choice of techniques/combinations of techniques and should be instructed in the correct performance of the maneuvers.[3]

The Hospital de Clínicas de Porto Alegre (HCPA, Porto Alegre Hospital de Clínicas) is a referral center for cystic fibrosis treatment. The work initiated in the 1980s by the pediatric pulmonology team was successfully developed under the guidance of Professor Fernando Antônio Abreu e Silva. The improvement in survival has increased the number of adolescent and adult patients with the disease. Consequently, in recent years, specialized teams have been created in order to treat these patients. In October of 1998, the HCPA Department of Pulmonology instituted an interdisciplinary team in order to treat cystic fibrosis patients aged 16 years or older. The process of learning and knowledge acquisition reported by Veronezi & Scortegagna in their letter to the editor is closely linked to the development of this facility and to the multidisciplinary concept there implemented.

As previously stated in our article, the high adherence observed might be attributable to the small size of the team on that occasion, as well as to the intensive multidisciplinary treatment routinely provided to the patients. More specifically, the high adherence to respiratory therapy found is certainly a result of the expertise developed by the physical therapists in this multidisciplinary process.

In contrast to our study, another group of authors found the rate of adherence to respi-