



Ministério da Saúde - FIOCRUZ
Escola Nacional de Saúde Pública

Programa de Pós-Graduação
em Saúde Pública e Meio Ambiente

**Factors related to non-adherence to
follow-up of women with High Squamous
Intraepithelial Lesion (HSIL)**

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Principal study

- Analysis of access, adhesion and resolubility as factors of delayed diagnosis in cervical cancer control in the Baixada Fluminense Region, Rio de Janeiro State, Brazil.

Funded: CNPq

Introduction

- Cervical Cancer is highly preventable by Pap test screening, but it continues to occur;

- Non-adherence to screening procedures is an obstacle to a successful Cervical cancer program in developing countries;
 - Failure of screening
 - Failure in follow-up of abnormal results;
 - Incomplete follow-up (Leyden et al, 2005; Suba, 2006).

- From the literature: non-adherence proportion varies from 23% to 64%

(Hartz & Fenaughty, 2001).

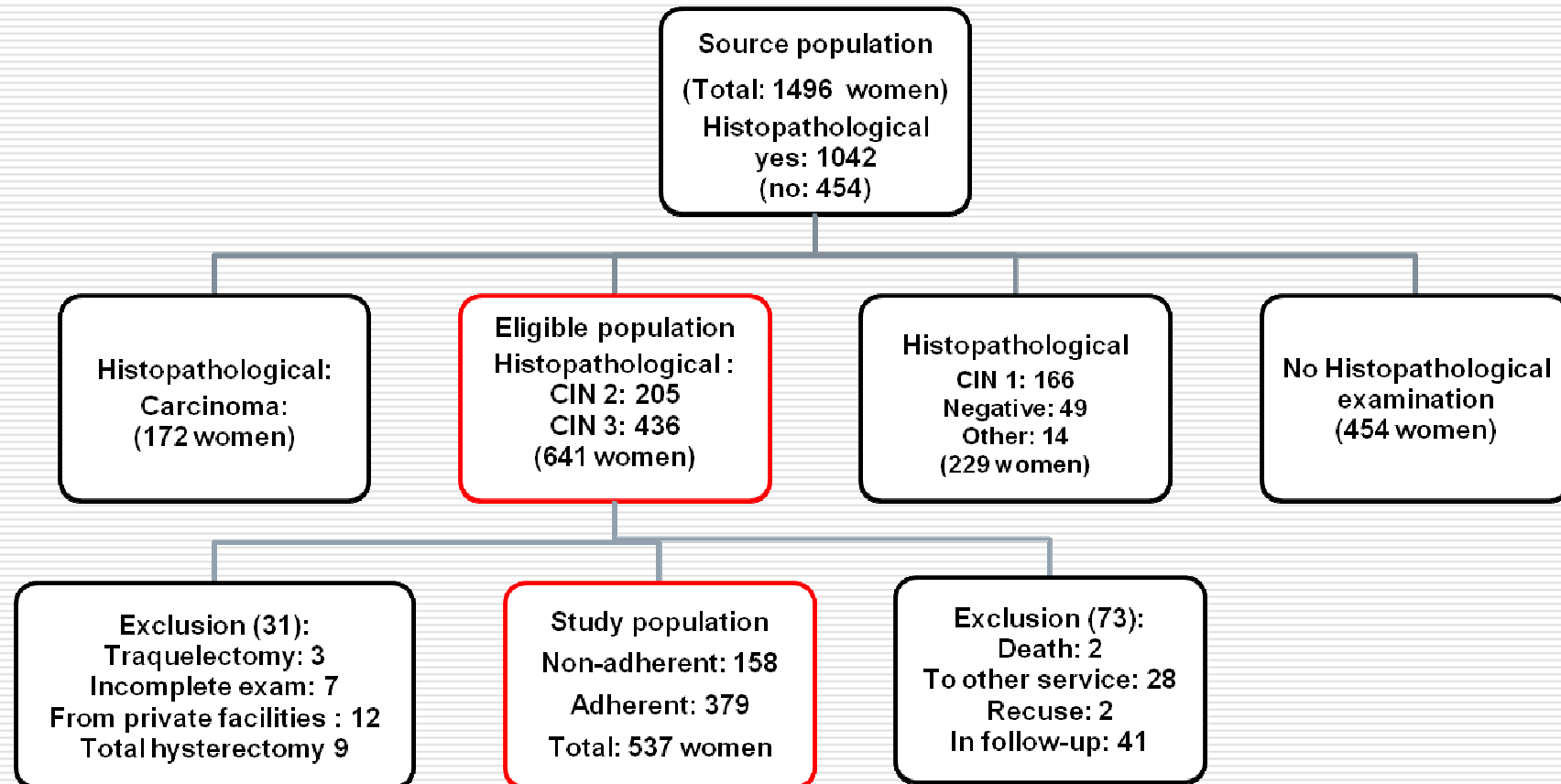
Objective:

- ❑ To evaluate factors associated with non-adherence to the prescribed follow-up in women with HSIL, attending a secondary public health care facility in a low income area of Rio de Janeiro state, Brazil.
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Methods:

- ❑ Study design: retrospective cohort
 - ❑ Population and settings: women from the colposcopy clinic, Nova Iguaçu General Hospital, enrolled between January 2002 and December 2005
 - ❑ Collected secondary data from 24-months review.
 - ❑ Review closed: December 2007
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Study Population:



Methods:

- Dependent variable:

- Last follow-up visit (absent:yes/no)

- **Non-adherent group vs Adherent group**

- Independents variables:

- Sociodemographic
 - Life style
 - Sexual/reproductive
 - Healthcare characteristics
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Statistical analysis:

- Student's t tests
 - Variables: age, coitharche and No. partners
 - P value < 0,05
 - Univariate analysis
 - Categorical variables
 - Crude odds ratio
 - Chi-square test/p value
 - p value < 0,20
 - Multivariate logistic regression
 - 95% CI and p value
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Results:

Numerical variable by adherence

Variable	Adherent				p value
	<u>NO (29.4%)</u>		<u>YES (70.6%)</u>		
	Means	SD	Means	SD	
Age	32,55	10,08	34,68	11,21	0,039
Coitharche	16,38	2,92	16,89	2,79	0,057
Partners	4,79	9,13	4,65	9,43	0,875

Results: Association of sociodemographics variables and non-adherence (No. 537 women)

Variables	Non-adherent		Adherent		OR	p value
	N	%	N	%		
Sociodemographic						
Marital Status						
married y/n	86/72	54.4	233/146	61.5	0.75	0.13
Education						
None/< 8 years y/n	90/68	57	218/161	57.5	0.98	0.905
Occupation						
housewife y/n	113/45	71.5	230/149	60.7	1.63	0.017
Household income						
≤ 2 minimum salary y/n	99/59	62.7	241/138	63.6	0.96	0.839

Results: Association of reproductive variables and non-adherence (No. 537 women)

Variables	Non-adherent		Adherent		OR	p value
	N	%	N	%		
Reproductive						
To be pregnant y/n	7/151	4.4	7/372	1.8	2.46	0.087
No. Pregnancies						
Reference: never pregnant	17	10.8	37	9.8	1	
1 or 2 pregnancies	42	26.6	134	35.4	0.96	0.911
3 or > pregnancies	99	62.7	208	54.9	0.66	0.052
No. Live births						
Reference: none	21	13.3	48	12.7	1	
1 or 2 live births	61	38.6	164	43.3	0.96	0.894
3 or > live births	76	48.1	167	44.1	0.82	0.323

Results: Association of life style, health service/treatment variables and non-adherence (No. 537 women)

Variables	Non-adherent		Adherent		OR	p value
	N	%	N	%		
Life style						
Current smoker						
y/n	64/94	40.5	112/267	29.6	1.62	0.014
Health service/treatment						
Video colposcope use						
y/n	126/32	79.7	268/111	70.7	1.63	0.031
County of residence						
Different of health service						
y/n	87/71	55.1	175/204	46.2	1.43	0.061
Histopathological grade						
CIN 2/CIN 3	49/109	31	127/252	33.5	0.89	0.575

Results: Multivariate logistic regression

Predictor model of non-adherence

Variables	OR	95% CI	Beta	SE	p value
Smoker (y/n)	1.75	1.18-2.61	0.54	0.208	0.009
Non occupation (y/n)	1.6	1.06-2,40	0.443	0.213	0.038
Videocolposcope (y/n)	1.64	1.04-2,59	0.587	0.238	0.014
Age	0.98	0.96– 0.99	-0.032	0.011	0.005
Pregnancies (1)	0.69	0.336-1.433	-0.366	0.37	0.323
Pregnancies (2)	0.49	0.308-0.796	-0.703	0.242	0,004

OR adjusted for: to be pregnancy and county of residence

Discussion:

- Smoker, not having a job outside the house and having the examination carried out with a video colposcope increase the risk of non-adherence.
 - Age and history of three or more gestations reduce the risk of incomplete follow-up.

 - The use of video colposcope improves the teaching of colposcopy , but the presence of students at bedside may reduce the privacy and the adherence to follow-up.
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Discussion:

Limitations:

- ❑ Retrospective secondary data
- ❑ Lack of data about causes of noncompliance to follow-up appointments
- ❑ No uniform criteria for non-adherence definition in the literature

Strengths:

- ❑ Homogenous study population
 - ❑ Health care characteristics included
 - ❑ Long term follow-up with several appointments and just one outcome: discharge
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Conclusions:

- The study disclosed a vulnerability profile pointing to individual and organizational-level determinants. Strategies to attain better follow-up must be aimed to modifiable life style factors as smoking and structural characteristics of health care services in the studied area.
 - The findings indicate the need for additional studies
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Thanks
