EDITORIAL

Challenging Health Literacy, Patient Knowledge, and Adherence to Oral Anticoagulation in Primary Care Units

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Care of patients and therapeutics in clinical practice has evolved based on scientific and technological advances, mainly in patients living in societies with appropriate social, educational, and economic conditions, as well as supported facilities that are able to be elicited when needed. However social disparities, whether in social and economic background or in education can vary among population subsets in a way that may hinder the proper care necessary to fulfill expected results. These disparities influence adherence that may be less than optimal. Health literacy is a public concern recognized by different agencies, including the World Health Organization (WHO).[1] Moreover, the healthcare network in different countries may vary.[2]

In Brazil, reports of experiences in primary care facilities, which present interesting opportunities to add to the clinical experience, were evaluated in the city of Divinópolis, in the southeastern region of Brazil, with estimated population of 242,505 inhabitants. Primary care facilities in Divinópolis are organized in 43 primary care units. In the current study,[3] the authors evaluated 162 participants (mean age 64.8±12.7 years-old, 55.6% women) concerning chronic treatments with warfarin, 50% of which were identified due to nonvalvular atrial fibrillation or venous thromboembolism. Participants were evaluated with tests devised to check for oral anticoagulation knowledge, adherence to treatment, health literacy, and the medication complexity index. The relationship of the studied variables with the therapeutic range of INR was unclear; the sample size may well have been a key limitation to estimating associations. The mean follow-up time was 16.5 months after recruitment in March 2020. There were 16 deaths, two of which may have been related to hemorrhage and two possibly related to thromboembolism. The study revealed insufficient knowledge about warfarin therapy and low health literacy in primary care facilities.

Unfortunately, this finding is not completely unexpected. Health literacy is considered an important variable in the safe use of medicines[4] and one of the main variables associated with mortality due to cardiovascular disease.[5] The importance of the report is that this significant issue demands additional educational interventions of the healthcare system concerning antithrombotic treatment.[6] Their findings once again illustrate that therapeutics with the administration of drugs goes far beyond providing the access of medications, when in fact it should include educational issues designed specifically for the cultural background of that community or population.[7-9]

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