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Support For The Treatment Process As An Urgent Problem Of Rational Pharmacotherapy

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Abstract: It is well-known that the effectiveness of pharmacotherapy depends not only on the right choice of personality for a particular patient, but also on the acceptance of the patient's prescribed by the patient in the prescribed manner. The first part of the problem, that the right choice of personality for a particular patient depends on the professional skill of a physician, the second part is to ensure that the patient's prescription is selected by the physician in the chosen discipline.These two processes are the basis of ensuring the effectiveness and safety of pharmacotherapy together. It is noteworthy that the effectiveness of the treatment process is inadequate, despite the introduction of new and new, effective drugs and treatment technologies in medical practice. The reason for this is also the low level of compliance of the selected criteria with the patient's prescribed by the physician. Recent research has highlighted the problem as a top priority in world practice medicine.

All of the above has created the prerequisites for conducting a study of psychoemotional stress in patients, which results in delayed treatment of patients to the dentist.

Kaywords: effectiveness of treatment; long-term therapies; cardiovascular diseases; ischemic heart disease; depression.

It is well-known that the effectiveness of pharmacotherapy depends not only on the right choice of personality for a particular patient, but also on the acceptance of the patient's prescribed by the patient in the prescribed manner. The first part of the problem, that the right choice of personality for a particular patient depends on the professional skill of a physician, the second part is to ensure that the patient's prescription is selected by the physician in the chosen discipline. These two processes are the basis of ensuring the effectiveness and safety of pharmacotherapy together. It is noteworthy that the effectiveness of the treatment

process is inadequate, despite the introduction of new and new, effective drugs and treatment technologies in medical practice. The reason for this is also the low level of compliance of the selected criteria with the patient's prescribed by the physician. Recent research has highlighted the problem as a top priority in world practice medicine.

Controlling the implementation of the recommendations given by the physician to the patient is a complex process. It is crucial that a physician should monitor the timely and timely administration of the medication, the patient's lifestyle, and the diet recommendations.

Responding to the patient's adherence to the case or the lack of adequate level of compliance with the recommendations of the physician and the timely implementation of recommendations are not limited to the world's practical medicine, limiting the effectiveness of the individualized medical practice. This is why this problem has attracted many experts in recent years.

Studying and analyzing this problem first of all requires the following:

1. Providing doctors with information on the methods of determining the degree of support for the medical practice of the patients;

2. Providing information on ways to increase the level of support for the proceeding case;

3. Finding a high-efficiency approach to advocacy in family polyclinics and rural health outposts (MPVs);

4. Assisting medical staff in applying these methods.

According to the World Health Organization (WHO), the adherence to the case is the patient's attitude to the advice of a doctor (drug treatment, diet, lifestyle change). If the patient accepts the recommended long-term treatment at ?80% or ?120%, support for the case is considered to be unsatisfactory.[1]

Misdiagnosis of the drug at the wrong dosage, inaccuracies, or incompleteness of the medication is a disturbance to the treatment. This includes taking the recommended amount of medicines in excess of the amount shown. According to literature, only 50% of patients with chronic illness adhere to the guidelines for gynecological treatment.According to Simpson [2] and co-authors, if the medicine has high levels of dementia, it is better for them to undergo chronic illness than substance abuse and lower complications.

The duration of medico-edema therapy, which has been carried out by a number of researchers, has shown that the risk of cardiovascular complications is dramatically reduced, with those approaches being effective for a period of 5 years or more [3-6]. However, according to H.R.Black [7], about half of patients with arterial hypertension have been suspended for half an year to undergo antigipertensive drugs in clinical practice. The literature reports that 54% of patients who started taking statin to correction of hypercholesterolemiemia found that they were in violation of the procedure for taking the drug after 90 days [8,9]. Western Europe and the United States have found that in patients with chronic cardiac insufficiency (SYUE), the incidence of dementia is 18 to 50% [10,11]. Patients with only 45% of osteoporosis are taking drugs for one year [12]. As you know, depression is more common in cardiovascular diseases. According to L. Pozuelo and co-authors [13], and J. Liechman and co-authors [14],

depression in cardiovascular diseases is found to be 15% to 20%. WHO estimates that depression in developed countries by 2020 is likely to be the second most common cause of disabling after heart disease [15].

When a number of examinations were administered less than 80 percent of ideal for antipsychotics, the hospitalization of patients was 50% higher than in cases where the incidence of these drugs was high. This, inevitably, indicates a connection with the degree of involvement in medicine [16,17].

In recent years there have been identified problems affecting the effectiveness of treatment conducted in accordance with the latest medical standards.The case has accumulated sufficient evidence to clarify the high incidence of chronic illnesses, as well as to the end points of the long-term treatment and follow-up process in the primary prevention process. The use of antihypertensive drugs reduced the risk of stroke and coronary artery disease by 34% and 21% [18-20]. Hence, high levels of antipyretic drug therapy reduce the risk of cardiovascular complications by 38% compared to low levels of treatment [21]. The medico-edema is a high incidence of dementia, which reduces the risk of complications by 45% in patients with low levels of support for patients with heart failure (HEI) or non-YUIC [22].

In patients with diabetes, hypoxicemic, antigipertenziv and low levels of lipid doses, increased risk of hospitalization (19.2% versus 23.2%, r <.001) and increased mortality rates (5.9% % against 4.0%, r <.001) [23].

Failure to comply with medical procedures or non-standardized diabetes mellitus - the level of support is more important and relevant than the problem of disease and immediate drug treatment.

Responding to medical procedures or non-standardized diarrhea - How to assess the degree of support, how to identify it? Early detection of a particular patient's response to this question allows the physician to effectively and safely undergo treatment by improving this process. Since long-term treatment involves identifying and evaluating the response to the treatment, it will provide a solid basis for controlling adequate medication, preventing disease outbreaks, improving the quality of life of the patient and preventing disease complications.

There are several ways to evaluate sophistication in clinical practice:

Questioning patient for admission. During the admission process, the doctor will ask the patient, determine whether the previous admission has been met by the patient, collect information about drug trafficking, the availability of medications, and other issues. If the recommendations have not been fulfilled or are not properly implemented, the cause is determined. Survey methods are relatively simple and no additional approaches are required. However, if the patient has been denied the doctor's recommendations, the information received will be non-responsive.

Therefore, the inquiry is filled with various tests and methods. Below is a similar questionnaire:

Reasons for non-migraine admission

I do not always have the opportunity to buy a drug in a pharmacy	
I do not think treatment is needed	
I forget to take the drug	
I do not want to take a regular drug	
Arterial blood pressure (AQB) was moderate, so I stopped taking the drug	
In some cases I miss the time to take the drug, and it is uncomfortable to accept it at another time	
My dentist changed the drug	
My friends advised me to reduce the amount of medication I received	
Allergic reaction occurs	
In cases where there is no indication of refusal of treatment	

Questioning the patient for specific tests.

These tests include Moriski-Grina survey [25], which consists of 4 questions. Patients with 4 points are compliant. A physician-therapist or a doctor-cardiologist conducts the survey. Patients should respond independently to one of two options. The total score is calculated while calculating. The entry request is made at the first contact of the patient. The conveyance is carried out within 6 months. The obtained results are reflected in the overall score on the patient's ambulator card in the form of "Affordability Schedule":

The patient's support for the case

Date of the research	Diagnosis	Test method	Ball	Signature of physician

At the reception, a patient will be given a precise drug package. The number of tablets left behind after the expiration date is determined by the percentage formula below [26]:

$$\text{support (\%)} = \frac{\text{The number of pills actually received}}{\text{The number of tablets to receive}} \times 100\%$$

If this is <80%, the treatment will be evaluated as low support. If the patient purchases the drug independently, the physician asks for an empty package (blister) later on. In this embodiment, treatment is determined by calculating the number of tablets, i.e., the remaining tablet is administered by the recommended dose. It should be noted that this method is effective for a specific interval, but the outcome may not always be correct. It is often difficult to detect cases of tablets leaving the patient for artificial enhancement of the "loss of tablet" or support.

It is also difficult to determine when the patient took the drug in the packaging. It is not recommended to count the pill before the patient. Nevertheless, this method is most appropriate for the assessment of advocacy.

Recipients. This method can be used to evaluate patient support based on prescribed recipes [27].

Determine the metabolites or quantities of drugs in blood or urine. The deficiency of the method determines the amount of drug preparation at a specific time (which is related to pharmacokinetics of the drug).

The technique is technically complex, expensive, and does not allow the detection of the drug itself (blood only indicates the drug). It is now unwise to use this method in clinical outpatient practice [28].

An electronic control method for detecting affiliation with a trial [29-31].

At present there are various electronic means of controlling drug administration. These include:

- Vacuum vial tablets with electronic microprocessor. This tool saves the time and date when the vial opens. This allows you to analyze the drug interval and determine whether the recommended dosage is followed.

- Containers for medicines. Sends electronic information about the medicines to be received to a physician. The automated message is delivered to the patient's phone or e-mail when the medication is not accepted.

This control requires a large amount of funds from the patient (in the case of purchasing an electronic medium), both on the state side (provided for each patient). The main disadvantage of this method is that there is no evidence that the drug actually accepts the patient.

The above-mentioned methods are simple and easy to use and, in some ways, cost the economic costs. In particular, the installation of electronic meters, the purchase of electronic equipment. The questionnaires also allow for more "technical" reasons not to adhere to the patient's treatment. However, the purpose and the essence of the treatment that is intended to comply with the requirements of the treatment process or the treatment is the process by which the patient is aware of the expected outcome and consciously participates in the treatment. Natural, drug support is a condition related to patient psychology and is a process that promotes the understanding of pharmacotherapy psychology.

According to WHO, about 40% of patients receiving medico-edema is not aware of the problem of drug use. This is due to the fact that the patients do not follow the recommendations of the physician and that they have problems with not informing the physicians [32]. Failure to provide a doctor's advice - The low level of involvement in the dossier, according to literature, is that in many

cases patients are not sufficiently affected by drug interactions, and that the effectiveness of the treatment is insufficient in the first days of the treatment. Hence, the rejection of a doctor's recommendation on treatment is due to the fact that the drug does not have enough information about the drug, rather than the cost or difficulty of finding it.

Indeed, the results of the survey conducted by us confirm that this is true [33]. About 60% of the respondents admit that they are receiving drug information or advertising information. As it is known, the drug prescribes only the information on non-toxic effects, which does not include information on the frequency of radiation, the degree of danger to life and the causes of the outbreak. In the advertising information, however, is usually shown only on the positive effects of the drug. Hence, patients are unable to obtain sufficient and understandable information about medicines through drug instructions or advertising. This leads to a specific cyst for drug administration and leads to a decrease in support for the treatment. In fact, the patient should receive a medical prescription from a doctor who advises the drug for treatment of the drug information. Because the doctor chooses the patient for the patient, taking into account the type of illness, the characteristics of the illness, the factors that affect the pharmacokinetic and pharmacodynamic properties of the organism, including the factors causing the risk of non-toxicity, and recommends the treatment regimen. This indicates that asystem of specific relationships between a doctor and a patient should be shaped. It is important for a physician to understand patient psychology and eliminate existing psychological problems.

The following psychological states and their solutions have a special place in raising the level of support for the treatment process:

Collaboration, collaboration (Condominium) - Coping, that is, understanding the patient's illness and its symptoms of symptoms and the difficulty of treating it;

Consensus, Solidarity (Consent, mutual understanding) - the problem of receiving the medication recommended by the physician with his / her understanding and understanding, adherence to the recommendations of the patient, and providing the patient with information on the condition of the physician;

Compliance between patient and physician, the objectives of the task, symptoms of adverse effects, changes occurring in the body under the influence of drugs, and so on.The issue of how to eliminate the inadequacies of illnesses and illnesses by means of explanations.

Overcoming the above mentioned psychological problems can lead to higher levels of treatment. Because the patient is aware of the illness he or she is suffering and consciously goes to the patient with understanding the intended goals and the expected results. Only then will the treatment plan be broken, and the expected efficiency will be achieved. It is therefore crucial to ensure that the patient is actively involved in the treatment of the patient during the treatment process.

In addressing the potential psychological problems in the pharmacotherapy process, in our opinion, the physician will advise the patient to be informed and understandable about the recommended medicines, the instructions for the proper use and

acceptance of the drug, and the effects of the treatment plan implications (annex) should be provided. Working with the patient in these directions, and explaining them, will, of course, increase the level of support for the treatment process. It is also possible to identify the extent of the patient's involvement with the treatment process by means of specific questionnaires (information, instructions, warnings) listed above.

Thus, achieving high levels of treatment is a complex process, which implies the formation of asystem of specific relationships between physicians and patients. Fully implementing this process and achieving the intended purpose of the task implies the physician's ability to solve problematic situations in patient psychology. The approach that we offer to this issue is not only an opportunity to refer psychological states to treatment, but also to build a positive psychological environment between the physician and the patient, and to build confidence in the outcome of the patient's illness by establishing a framework for cooperation. It also demonstrates the need to constantly improve the knowledge and skills of a physician working on his own, communicating with the patient, understanding patient psychology, and shaping his thinking from the point of view of the patient mentality and level.

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Apply
Information: - What is the purpose of the drug?   - What is the change in the patient's body after the treatment has been started and when?   - What can happen when the drug is misdiagnosed and rejected by the recommended medicines;   - What side effects of the drug can be traced, what are their initial symptoms, and what to do if they cause side effects.   **Instruction:**   - how to take the drug (pathways to the organism;   - How many days, at what time and in what amount should the drug be used?   - separate instructions for the administration of the medication (before or after the meal, before sleeping, in the afternoon, etc.);   - How many days should be taken during the day (week, month)?   - What to do with medicines and what to do with drainage drugs;   - The patient should come to the doctor for advice and prepare the information.   **Warning:**   - About the risk of drug dosage change without your doctor's permission;   - Changes to the plan for drug administration without the permission of the physician or the threat of cessation;   - Cancellation of the drug before the date and the time before the appointment of a physician.   Note - Informing, instructing and warning the patient about the treatment process should be accompanied by an explanation of whether all the questions are understandable and that there are additional questions. You also have to ask the patient to share the most important information.