

Adherence and Coping Strategies in Outpatients With Chronic Myeloid Leukemia Receiving Oral Tyrosine Kinase Inhibitors

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All authors provided the analysis. Csef and Kunzmann completed the data collection. Hefner contributed to the conceptualization and design, provided statistical support, and contributed to the manuscript preparation.

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Purpose/Objectives: To assess adherence and coping strategies in outpatients with chronic myeloid leukemia (CML) on oral tyrosine kinase inhibitors (TKIs).

Design: Prospective, descriptive.

Setting: An interdisciplinary oncology outpatient clinic in Germany.

Sample: 35 outpatients with CML on oral TKIs.

Methods: Adherence and coping strategies were assessed with questionnaires. Clinical data were extracted from medical charts.

Main Research Variables: Adherence rates, main coping strategies, and frequency and contents of single coping strategies.

Findings: 18 patients showed adherence according to the applied screening instrument. Main coping strategies were spirituality and search for meaning. The two single items most frequently specified were adhering to medical instructions and trusting in the medical personnel involved.

Conclusions: The low adherence rate of 51% most likely resulted from using the Basel Assessment of Adherence Scale as the questionnaire of choice. The relevance of spirituality and search for meaning as main coping strategies has not been shown previously in outpatients with CML. Most patients wish to obey medical instructions accurately and put trust in their oncologists; this introduces a resource that should gain relevance considering the increasing number of oral anticancer drugs.

Implications for Nursing: Nurses are encouraged to routinely assess adherence and spiritual needs in outpatients with CML. Spirituality and search for meaning represent pivotal coping strategies in this group, which has an excellent prognosis. Oncology nurses may help provide tailored support, thereby ameliorating care for these patients.

Chronic myeloid leukemia (CML) is a malignant disease caused by genetic mutations of hematopoietic stem cells in the bone marrow (Apperley, 2015; Jabbour & Kantarjian, 2014). This form of leukemia affects about 1 individual per 100,000 per year and accounts for 15% of all new cases of leukemia in Western countries (Apperley, 2015). In Germany, about 1,200 patients develop CML annually (Robert Koch Institute, 2016). Until 2001, few therapeutic options were available, they caused numerous side effects, and they did not considerably ameliorate life expectancies (Baccarani et al., 2002; Guilhot et al., 1997). The introduction of tyrosine kinase inhibitors (TKIs) in 2001 heralded the start of targeted therapies in hematopoietic cancers because of their distinct impact on tyrosine kinase, encoded by the CML-pathognomonic *BCR-ABL* gene (Kris et al., 2010). At the same time, medication now could be administered orally and proved to be comparatively well tolerated (Hochhaus, 2011). However, the major breakthrough of TKIs concerned life expectancy; today, life spans of responding