

P-530 – Compliance needs across cultures. A multi-cultural study in European and Latin-American countries

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Study question: The main objective was to investigate intention of discontinuation across countries and cultures in patients receiving fertility treatments in Europe (Spain) and Latin-America (Argentina, Chile and Brazil), regarding how do discontinuation rates vary and if it is related to the patient, the treatment or the clinic.

Summary answer: Of 537 participants, most never considered discontinuing treatments (61.6%), but most who did were from Latin America ($P < 0.01$). The most cited reasons, in both continents, in order, are not related to psychological reasons, but to costs of treatment and poor treatment progress.

What is known already: The field of reproduction produced an alarming view of discontinuation rates (high as 65%) and studies demonstrated that discontinuation has an impact on the estimation of success rates (Gameiro, 2014). But reasons for discontinuation are still not clear (Gameiro, 2014, Boivin 2012). There is no knowledge about intention to drop-out in South America, and in comparison with Europe. Cultural differences are necessary to improve specific knowledge of compliance needs across continents.

Study design, size, duration: A multicentre, cross sectional survey was performed during October 2012- May 2014 in four different countries, by 7 private clinics (Argentina 3: Brazil 1, Chile 1; Spain 2).

Participants/materials, setting, methods: 537 participants answered the questionnaire developed by the Scientific-Committee-of Psychosocial-Area-of-ALMER. 348 participants: Latin-America, 189: Europe. Mean-age, type of family, average of fertility treatments, intention to discontinue, perception of being insufficiently informed by the medical staff, lack of emotional support, feeling stressed about results, relationship with partner, and financial reasons were recorded and compared (chi-squared) between continents. $P < 0.05$ was considered significant.

Main results and the role of chance:

- 61.6% did not intend to discontinue.
- 38.4% considered discontinuation. Reasons reported, in order of frequency: *cost, negative evolution of treatment, psychological stress*. All reasons evaluated were: costs of treatment, negative evolution of treatment, abortion, psychological stress, not feeling supported by staff, feeling poor informed about the treatment, treatment-related stress in their relationship, adoption, woman's age, others.
- No differences between continents regarding:
 - cited reasons for discontinuing
 - feeling emotionally supported by medical staff (79% did)
 - type of families (92.3% heterosexual couples)
 - treatments (47.6% homologous IVF)
- Comparisons between continents showed patients in Latin-America scored higher ($P < 0.01$) than Europeans on:
 - Possibly discontinuing.

- Number of treatments received.
- Poor or incomplete information on their treatment.
- Worries about the progress of their treatment.
- Concerns about treatment cost.
- Treatment-related stress in their relationship.

Limitations, reason for caution: The Study compared data between Europe and Latin-America. Although a larger and more representational sample would give more evidence, these results can be considered to provide further insight into compliance needs across countries and cultures, and indicate that the most common reasons for discontinuation, are not psychological.

Wider implications of the findings: Although most literature cites psychological factors as the main reason for discontinuation (Olivius, 2004, Domar, 2010), this study in European and Latin-American populations agrees with Boivin (2012), and reports reasons other than psychological as the most common cause for drop-out. Different reasons for discontinuation (with no difference between continents), are economic and poor medical response. Further analysis of clinic- and treatment-associated factors should help reduce drop-out. Compliance needs should give special attention to cultural aspects.

Study funding/competing interest(s): Funded by hospital/clinic(s) – Each participant clinic did it funding.

Trial registration number: No trial.