

**P3-49****Construction of a factorial model for medication adherence in patients with chronic diseases receiving home care services**

(社会人大学院博士課程 4年医療の質・安全管理学)

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**【Aim】** This study aimed to construct a factorial model for medication adherence in order to examine the support for taking medications in patients with chronic diseases receiving home care services.

**【Method】** The participants were 460 of the outpatients having chronic diseases. A self-administered questionnaire survey, which consisted of 74 items based on a composition concept of medication adherence factors, “Details of treatment/prescription”, “Attributes/Individual characteristics”, “Habits of daily life”, “Potential of continuously taking medication”, was conducted among the outpatients. And the items on the medication adherence scale were also gathered. Analysis methods were multivariate analysis and structural equation modeling (SEM).

**【Result】** A total of 436 valid responses were obtained. The results of analysis showed that the following items were mutually associated and had influences on “Medication adherence” and “Potential of continuously taking medication”: “Presence or absence of taking medication for  $\geq 10$  years”; “Presence or absence of one-dose package”; “Ability of hearing of a talk with a person”; and “Eating regularly.” In addition, “Potential of continuously taking medication” was found to influence “Medication adherence.” The fit of the model was as follows:  $\chi^2=6.497$ ,  $df=7$ ,  $p=0.483$ , resting metabolic rate (RMR)=0.230, goodness of fit index (GFI)=0.994, adjusted goodness of fit index (AGFI)=0.982 comparative fit index (CFI)=1.000 root mean square error of approximation (RMSEA)=0.000 Akaike information criterion (AIC)=34.497 and rescaled Akaike’s information criterion (CAIC)=102.980.

**【Conclusion】** The study was able to construct a factorial model for medication adherence. It was shown

that support for taking medication might be available for enhancing the “Potential of continuously taking medication.”

**P3-50****Prediction of Organ Injury by Measuring Venous Lactic Acid Levels of Patients Presenting to the Secondary Emergency Department**

(社会人大学院博士課程 2年救急・災害医学)

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**【Background and Objectives】** In intensive care, arterial lactic acid values reflect the severity of shock, and are hence considered useful for predicting organ damage<sup>1)2)</sup>. However, in the secondary emergency department, more noninvasive methods of venous blood sampling is often performed. Therefore, we examined whether organ damage could be predicted from venous blood lactic acid values.

**【Methods】** We evaluated venous blood lactic acid values, and presence/absence of sepsis and other diseases, in 170 consecutive patients who underwent venous blood gas analysis at the secondary emergency department of single facility for 3 months. Sepsis was diagnosed according to the definition of Sepsis-3.

**【Results】** Venous blood lactic acid values were higher in the sepsis group than in the non-sepsis group, which did not contradict previous findings ( $p=0.013$ ). Although patients with epilepsy, acute alcohol intoxication, and hyperventilation tended to have higher in lactic acid values than the sepsis group, the difference were not statistically significant ( $P$  values: 0.80, 0.65, and 0.78, respectively).

**【Conclusions】** In patients with epilepsy, acute alcohol intoxication, and hyperventilation, the increased consumption of glucose in cells, decreased lactic acid metabolism owing to hepatic dysfunction from acute alcohol poisoning, and, a reduction in oxygen supply, respectively, were thought to be the causes of the increased lactic acid levels. However, organ dysfunction