Adherence to treatment and consistent medication-taking are key factors in treatment effectiveness. Patient adherence is affected by their involvement in the treatment process, their understanding of its goals, and their overall wellbeing in the process. Approximately 55% of the elderly do not comply with the prescribed treatment. Poor medication adherence is known to deteriorate clinical outcome in patients after ACS [1–5].

In the current issue of Medical Research Journal Kubica et al. [6] published the rationale for Multilevel Educational and Motivational Intervention in Patients after Myocardial Infarction (MEDMOTION) project. This previously designed project [7, 8] is adopted to support adherence to the study treatment in the Evaluation of Safety and Efficacy of Two Ticagrelor-based De-escalation Antiplatelet Strategies in Acute Coronary Syndrome (ELECTRA-SIRIO 2) trial [9, 10]. The ELECTRA-SIRIO 2 trial is a randomised, multicentre, double-blind, clinical study with a 12 months follow-up testing the de-escalation of antiplatelet treatment strategies in 4500 patients after acute coronary syndrome.

The MEDMOTION project involves interventions aimed to improve adherence to treatment (patients’ education, motivation, reminding to take medications and attend consecutive medical appointments) and multi-faceted, questionnaire-based diagnoses (readiness to discharge from hospital, adherence to treatment and functioning in chronic disease) [11]. A prespecified sub-analysis of the ELECTRA-SIRIO 2 trial to evaluate the impact of the results of MEDMOTION diagnostic questionnaires on the clinical outcomes will be performed.

The financial support received from the Medical Research Agency allows for the first time in Poland to conduct a study of such scale evaluating effects of educational and motivational interventions. The education based on authors’ previous experience [12–24], aimed to improve the knowledge and practical skills of patients and their cohabitating family members will be standardized (based on a series of eight brochures developed for the project), and yet individualized (brochures in one workbook will be selected individually depending on the patients’ needs). The education started during hospitalisation and continued after discharge is expected to enhance adherence to treatment [25–33]. Patients’ education will be supported by a motivational interview conducted by healthcare staff during the initial hospitalization and follow-up visits interventions. An interface available for patients as an online and mobile platform to increase protocol adherence and patient retention is an important element of the MEDMOTION project. Moreover, the system will also provide support to the patient with every day reminding of the need to regularly take drugs and relevant educational content [34–36].
The diagnostic part of the project is based on three questionnaires: the Readiness for Hospital Discharge after Myocardial Infarction Scale (RHD-MIS) [37, 38], the Adherence in Chronic Diseases Scale (ACDS) [39, 40] and the Functioning in Chronic Illness Scale (FCIS) [41]. All these tools are expected to reflect the effectiveness of different aspects of patient-medical staff collaboration.

Ensuring good adherence is also a critical issue in randomized clinical trials evaluating treatment strategies, as the intention-to-treat analysis is a widely accepted method for such kind of studies [42–45]. The MEDMOTION project is included as an integral part of the ELECTRA-SIRIO 2 trial to identify patients requiring additional interventions and to ensure the highest quality and reliability of results.

The concept of prolonged educational and motivational interventions beyond the hospitalization period is supported by the report by Kosobucka et al. also published in the current issue of Medical Research Journal [46]. Almost half of the population included into the study were satisfied with the level of their knowledge at the day of discharge from the hospital, while only one-fourth of them obtained a high score in the objective assessment of their knowledge. Moreover, the readiness for discharge from the hospital was not shown to affect the implementation of the therapeutic plan in the long-term follow-up after myocardial infarction [15, 46]. These surprising results confirm that patient education should be continued after discharge from the hospital.

Medication adherence is an issue of growing concern. Promoting adherence to medications offers a rare opportunity to simultaneously improve health outcomes while reducing costs [47, 48]. The education of patients regarding the risks and benefits of treatment is pivotal to avoid premature discontinuation of the medication. Nevertheless, no standard approach has been developed. The complex health education and motivation within the MEDMOTION project started during hospitalisation and continued after discharge, explaining the pathophysiology and symptoms of the disease, elucidating goals continued after discharge, explaining the pathophysiology and symptoms of the disease, elucidating goals and potential benefits of treatment, and highlighting the risk of premature termination of therapy, with use of additional methods helping patients to remember the treatment schedule is expected to enhance treatment adherence.

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