

Introduction: Rheumatic Heart Disease (RHD) patients on Warfarin require frequent blood tests to monitor their International Normalized Ratio (INR). Those with symptoms or complicated prosthetic valve disorders should be followed up more closely. Thus, management and follow-up of rheumatic heart disease patients is very important in order to reduce long term morbidity and mortality. However RHD patients are not adhering to Warfarin which predisposes them to thromboembolic complications as well as increased health care cost. It is therefore, against this background that the researcher was prompted to carry out a study focusing on factors affecting adherence to Warfarin among RHD patients at Uganda Heart Institute, Mulago Hospital.

Method: A descriptive cross sectional design was used to conduct this study. The study population included 66 RHD patients on Warfarin attending the cardiac clinic at UHI who were available during the period of data collection (June to September 2015).

Results: The results show that of the respondents who ever missed taking their warfarin, majority were female (68.3%), 26.2% were Catholics and 38.1% were protestants, majority were those with primary level (39.4%) and secondary level (39.4%) of education respectively. Majority (54.2%) were single, followed by married 37.5%. 70.8% stays with other people such as friends, children, husbands and wives among others. The chi-square test shows a significant association (p-value 0.034) between the availability of warfarin at UHI and its adherence. Further majority (92.9%) of those who missed taking their warfarin medication was given information about the drug by health workers and similarly 97.6% reported that the attitude of health workers is good, furthermore 66.7% of those who missed their treatment spent between two to six hours when they come to the hospital and 33.3% spend at more than six hours. The number of times one misses taking warfarin is found to be significantly associated (p-value 0.001) with warfarin adherence.

Recommendations: More health workers should be recruited to reduce on the waiting and UHI should also try to re-organize its activities with the focus of reducing waiting time. Essential Drugs especially warfarin should be stocked by the institute and made readily available to RHD patients as most of the patient with condition are economically disadvantaged. And RHD services should be extended nearer to the population so as to reduce on the travel cost and ensure more patients to seek treatment.