

# The Role of Trust in Promoting Therapeutic Adherence in Italy from 2014 to 2024

Lorenzo Petrucci <sup>1\*</sup>, Alessia Margarito <sup>2</sup>

1. Economic and Clinical Expert, Italy;

2. Nurse specialist, Italy;

\* Corresponding Author: [petrucci.lorenzo93@gmail.com](mailto:petrucci.lorenzo93@gmail.com)

## KEYWORDS:

Trust in healthcare professionals, therapeutic adherence, chronic diseases, doctor-patient relationship, health communication

## ABSTRACT

*Trust in healthcare professionals is a crucial factor for the effective functioning of the healthcare system and the improvement of health outcomes, particularly influencing patients' therapeutic adherence. This study examines the evolution of trust in healthcare providers and its impact on therapeutic adherence between 2014 and 2024, analyzing data from official sources, surveys, and published studies.*

*The findings show that trust in healthcare professionals in Italy remained relatively stable, ranging between 55% and 60%, but experienced significant fluctuations, especially during the COVID-19 pandemic. Therapeutic adherence, on the other hand, showed a general improvement particularly in cardiovascular diseases yet remains critical in certain conditions such as diabetes and chronic respiratory diseases.*

*The positive correlation between trust and therapeutic adherence highlights that patients with a stronger trust-based relationship with their physicians are more likely to follow medical recommendations. Factors influencing adherence include age, educational level, and geographic location, with marked differences between Northern and Southern Italy.*

*Enhancing physician-patient communication, the use of telemedicine, and the implementation of health education programs are identified as strategic interventions to strengthen trust and improve adherence.*

*The results emphasize the need for targeted health policies that promote a long-term trustful relationship between patients and healthcare professionals, in order to improve the effectiveness of the healthcare system and overall health outcomes.*

## INTRODUCTION

Trust in healthcare professionals is a fundamental cornerstone for the effective functioning of modern healthcare systems. It is a complex relational dimension that goes beyond individual perception and lies at the intersection of ethical, communicative, institutional, and cultural factors. In a care relationship, trust plays a crucial mediating role between clinical knowledge and subjective experience: it is what allows the patient to entrust their health to another human being, to accept medical advice, adhere to prescribed treatments, and actively participate in the care process.

Over time, trust in physicians, nurses, and other healthcare providers has undergone significant transformations, reflecting broader societal and healthcare system changes. In Western societies, including Italy, there has been a gradual shift from a paternalistic model—where the physician held knowledge and decision-making power—to a more participatory model focused on patient empowerment, shared decision-making, and self-determination. This shift has altered the balance of the physician-patient relationship, making trust no longer implicit but rather negotiated, built over time, and continuously subject to reassessment.

Over the past ten years, the Italian context has seen the emergence of several factors that have significantly influenced the level of trust in healthcare professionals. These include: the increasing availability of health-related information online,

often lacking scientific validation; the spread of conspiracy theories and anti-scientific movements, particularly during the COVID-19 pandemic; the sustainability crisis of the National Health Service (Servizio Sanitario Nazionale, SSN), perceived through difficulties in access, long waiting lists, and the overburdening of hospital facilities; and finally, the emergence of new technologies—such as artificial intelligence and telemedicine—that have redefined the way patients interact with the healthcare system. The SARS-CoV-2 pandemic, which broke out in 2020, marked a watershed moment in the relationship between citizens and healthcare professionals. In the initial phase, the emergency boosted trust in healthcare personnel, who were perceived as heroic, resilient, and self-sacrificing. However, in the post-pandemic phase, trust declined due to collective fatigue, controversies over vaccines, inequalities in access to care, and often contradictory institutional communication. Trust, once a relational and social asset, became a point of contention—reflecting growing ideological polarization and public discontent with institutions.

In parallel, one of the central themes in the debate on healthcare quality is therapeutic adherence, defined as the extent to which a patient correctly follows medical recommendations regarding medication, diet, lifestyle, and clinical check-ups. According to the World Health Organization (WHO), in developed countries, approximately 50% of patients with chronic diseases do not adhere to prescribed



Copyright: © 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).



therapies, leading to negative consequences in terms of clinical outcomes, healthcare costs, and quality of life. In Italy, chronic conditions such as hypertension, diabetes, COPD, and heart failure account for the largest share of National Health Service (SSN) expenditure, making adherence a strategic priority for the system's sustainability.

Numerous studies have shown that trust in one's primary care physician is one of the main determinants of therapeutic adherence, alongside factors such as education level, personal motivation, family support, treatment complexity, and the presence of side effects. However, the mechanism through which trust influences adherence is not linear: trust can enhance a patient's sense of safety, improve understanding of clinical instructions, reduce anxiety, and foster a therapeutic alliance. Conversely, mistrust can lead to resistance, treatment discontinuation, use of non-evidence-based alternatives, and lower satisfaction with the healthcare system as a whole.

Despite extensive literature on the correlation between trust and adherence, there remains a lack of longitudinal studies analyzing how this relationship has evolved over time—particularly in the Italian context—and how it has been shaped by macro factors (e.g., economic crises, health emergencies, organizational changes) and micro factors (e.g., individual relationships, physician-patient communication, personal experiences). Moreover, most existing studies have focused on small samples or specific diseases, without offering an integrated perspective to understand dynamics at the population level.

In light of these considerations, the present study aims to analyze—through a descriptive-retrospective approach—the evolution of trust in healthcare professionals in Italy between 2014 and 2024, using official statistical sources and academic literature. The specific objective is twofold: on the one hand, to trace the ten-year trend of trust, identifying phases of growth and decline; on the other, to explore the correlation between trust levels and therapeutic adherence in selected chronic diseases with high epidemiological and socioeconomic impact. This study intends to contribute to both scientific research and healthcare planning, offering insights for strengthening the care relationship in an increasingly demanding, complex, and citizen-centered environment.

## MATERIALS AND METHODS

This study adopts a retrospective descriptive design aimed at exploring the evolution of trust in healthcare professionals and its correlation with levels of therapeutic adherence in the adult Italian population between 2014 and 2024. The analysis is based on secondary data drawn from institutional sources and published studies, selected for their reliability, periodicity, and longitudinal comparability.

This approach enables the integration of

heterogeneous yet comparable evidence, overcoming the limitations of individual sources and allowing for a systemic and temporal interpretation of the phenomena under investigation. The main objective is to identify recurring patterns and potential relationships between social, cultural, and clinical variables, with particular attention to the impact of trust in the healthcare system on individual therapeutic behavior.

## Data Sources

To ensure methodological robustness and external validity of the findings, only official and authoritative sources were selected. Data on trust in healthcare professionals were obtained from the following:

- ISTAT – Equitable and Sustainable Wellbeing (BES): annual surveys on citizens' perceptions of service quality and trust in healthcare institutions;
- IPSOS – Global Trust Survey: national and international surveys on trust in professionals, including physicians and nurses;
- Eurobarometer – European Commission: periodic surveys on Europeans' trust in institutional figures, including healthcare personnel;
- Italian National Institute of Health (ISS) and the Ministry of Health: national reports and monitoring on health-related attitudes, perceptions, and behaviors.

## As for therapeutic adherence, the sources included:

- OsMed Reports by the Italian Medicines Agency (AIFA): annual reports on drug use in Italy, with specific focus on persistence and adherence to treatments for chronic conditions;
- Scientific literature databases: to analyze published evidence on adherence rates for chronic disease therapies in Italy between 2014 and 2024, the following biomedical and scientific databases were consulted: PubMed, Scopus, and Web of Science.

## The literature search was conducted using targeted keyword combinations to identify relevant studies, including:

- “adherence to therapy”
- “medication adherence Italy”
- “chronic disease compliance Italy”
- “patient adherence chronic diseases”
- “trust in healthcare professionals Italy”
- “doctor-patient communication and adherence”
- “COVID-19 impact on trust and adherence”

## The inclusion criteria for the studies were:

- Original studies, systematic reviews, and meta-analyses published in English or Italian;
- Italian adult population, with particular attention to chronic conditions such as diabetes mellitus, arterial hypertension, chronic obstructive pulmonary disease (COPD), and cardiovascular diseases;
- Quantitative or qualitative measurements of therapeutic adherence, in both outpatient and inpatient settings;
- Correlated evaluations of influencing factors such as trust in healthcare professionals, doctor–patient communication, and the impact of the COVID-19 pandemic.

### Study Population and Time Frame

The study covers the time frame from January 1, 2014 to December 31, 2024. The target population consists of Italian adults ( $\geq 18$  years), disaggregated by:

- Age groups (18–34, 35–54, 55–74,  $\geq 75$  years);
- Gender (male, female);
- Geographical area (North, Center, South, and Islands);
- Educational level (low, medium, high, according to the ISCED classification).

This stratification allows for the identification of differences in levels of trust and therapeutic adherence among socio-demographic subgroups, facilitating the recognition of critical or positive patterns at territorial or generational levels.

### Variables Analyzed

The variables selected were grouped into three main categories:

- Trust in healthcare professionals
  - Primary variable: Percentage of citizens reporting “high” or “fair” levels of trust in general practitioners, specialists, nurses, and pharmacists, as recorded by official sources.
  - Unit of measurement: Aggregated and disaggregated percentage values by area, age group, gender, and year of data collection.
- Therapeutic adherence
  - Primary variable: Rate of adherence to therapy for major chronic conditions (type 2 diabetes mellitus, arterial hypertension, chronic obstructive pulmonary disease – COPD), measured as the medication possession ratio (MPR), i.e., the ratio between the number of days covered by the therapy and the prescribed treatment duration.
  - Supplementary indicators: Rates of discontinuation, persistence, and therapeutic switching.

- Sociodemographic and contextual variables
  - Age, gender, educational level, geographical area, and the presence of comorbidities, as reported in the selected secondary datasets.

The data analysis aims to identify correlations between the main variables, with particular focus on the changes observed over the decade and the role of social, cultural, and organizational determinants in shaping trust and therapeutic behavior.

### RESULTS

This study analyzed the evolution of trust in healthcare professionals and trends in therapeutic adherence in the period 2014–2024, using data from official sources and published studies. The results are presented in two main sections: the evolution of trust in healthcare professionals and the trend in therapeutic adherence.

#### Evolution of Trust in Healthcare Professionals (2014–2024)

Data on trust in healthcare professionals were drawn from various national and international surveys, including reports from ISTAT (Equitable and Sustainable Well-being – BES), IPSOS surveys, and Eurobarometer studies, which provide a comprehensive overview of citizens’ trust in healthcare institutions.

#### General trend (2014–2024)

From 2014 to 2024, trust in healthcare professionals in Italy remained relatively stable, fluctuating between 55% and 60% of the population reporting trust in physicians. However, trust levels experienced significant fluctuations in response to critical events such as the COVID-19 pandemic and controversies surrounding vaccinations.

#### 2014–2018:

During this period, trust in physicians remained relatively constant, with a slight increase from 55% to 58%, driven by the perceived stability of healthcare facilities and the quality of care provided. Nevertheless, public debate surrounding the national health system and emerging issues in healthcare service delivery led to some instability in specific regions.

#### 2019–2021:

The COVID-19 pandemic had a profound impact on trust in the healthcare profession. Surveys reported a peak in trust—around 70%—in 2020, during the initial phase of the pandemic, when healthcare personnel were widely perceived as heroic and essential in managing the emergency. However, this increase was followed by a notable decline between 2021 and 2022, with a decrease of approximately 8 percentage points. This was partly attributable



Copyright: © 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).



to controversies regarding crisis management, vaccine-related misinformation, and public opinion polarization. Trust levels dropped to around 60%, with continued fluctuations in the subsequent months.

**2023–2024:**

In recent years, trust in physicians has shown signs of stabilization, returning to pre-pandemic levels, with an average ranging between 55% and 60%. Despite persistent skepticism in certain areas (e.g., vaccination policies and innovative therapies), trust in most healthcare professionals has remained high, particularly in rural areas and among older populations, where the doctor–patient relationship tends to be more consolidated.

**Summary**

Overall, trust in healthcare professionals has remained stable in the long term. However, fluctuations in response to global crises and misinformation have influenced public perception of healthcare institutions, with negative repercussions—particularly during the pandemic period.

therapeutic adherence. In 2014, the adherence rate was 48%. By 2024, this figure had increased to 62%, with notable improvements attributed to the introduction of updated treatment guidelines, the use of more effective medications, and enhanced patient monitoring by healthcare professionals. Despite these advances, adherence rates remain suboptimal, with certain patient groups facing challenges in following complex treatment regimens.

**Diabetes:**

Among patients with diabetes, data reveal a persistent challenge in achieving optimal therapeutic adherence. Between 2014 and 2024, adherence rates for diabetes treatment remained stable at around 50%, peaking at 54% in 2019. Notably, younger patients—particularly those with type 1 diabetes—exhibited greater difficulty in adhering to prescribed therapies. This is attributed to psychological factors, challenges with continuous glucose monitoring, and a general lack of engagement with dietary and therapeutic regimens. Furthermore, psychological comorbidities such as diabetes-related depression appear to have a negative impact on adherence levels.

| Period    | Estimated Trust Level                            | Key Events and Interpretations                                                                                                                                                                                                              |
|-----------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2014–2018 | Approximately 55% to 58%                         | Slight upward trend attributed to perceived stability of healthcare services and care quality. Regional disparities emerged due to debates on healthcare system efficiency.                                                                 |
| 2019–2021 | Peaked at ~70% in 2020; declined to ~60% by 2022 | The COVID-19 pandemic initially boosted public trust, portraying healthcare professionals as essential. Trust declined subsequently, driven by controversies over crisis response, vaccine misinformation, and public opinion polarization. |
| 2023–2024 | Stabilized between 55% and 60%                   | Trust levels returned to pre-pandemic norms. Persistent skepticism in some sectors (e.g., vaccination), but generally high trust observed in rural areas and among elderly patients.                                                        |

**Trends in Therapeutic Adherence (2014–2024)**

Data on therapeutic adherence were primarily obtained from the annual reports of the Italian Medicines Agency (AIFA), OsMed reports, and peer-reviewed international scientific publications. The analysis focused on adherence to therapy for major chronic diseases, including cardiovascular diseases, diabetes, and respiratory conditions (COPD and asthma).

General trends in therapeutic adherence

**Cardiovascular diseases:**

Between 2014 and 2024, patients with cardiovascular conditions showed a steady improvement in

**Chronic Respiratory Diseases (COPD and Asthma):**

Therapeutic adherence in chronic respiratory conditions remains particularly low. In 2024, the adherence rate for asthma and COPD treatments was only 20%, showing a marginal improvement from 18% in 2014. The main barriers identified among patients with these conditions include limited understanding of the therapeutic regimen, difficulty in pulmonary function monitoring, and an underestimation of disease severity. Data also indicate that adherence to inhaled therapies is especially poor, despite the availability of more effective medications and advanced delivery devices.

| Disease Area                                | Adherence Rate (2014) | Adherence Rate (2024)      | Trend Summary                                         | Key Factors Influencing Adherence                                                                                                                                                       |
|---------------------------------------------|-----------------------|----------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cardiovascular Diseases                     | 48%                   | 62%                        | Gradual improvement over the decade.                  | Updated treatment guidelines, more effective pharmacological options, improved monitoring by healthcare providers; challenges remain for complex regimens.                              |
| Diabetes Mellitus                           | ~50%                  | ~50% (peak at 54% in 2019) | Overall stable adherence with a minor peak in 2019.   | Poor adherence among younger patients (especially type 1), psychological barriers, difficulties in lifestyle changes and glucose monitoring; presence of diabetes-related depression.   |
| Chronic Respiratory Diseases (COPD, Asthma) | 18%                   | 20%                        | Persistently low adherence with marginal improvement. | Poor understanding of treatment plans, difficulty in self-monitoring, low perceived severity of illness, poor adherence to inhaled therapies despite improved formulations and devices. |

Factors Influencing Therapeutic Adherence

Age and Educational Level:

Higher adherence rates were observed among older patients, particularly those with a higher level of education. Elderly individuals tend to follow treatment plans more consistently, likely due to greater awareness of disease severity and more experience in managing complex therapies. Conversely, younger patients and those with lower educational levels are more prone to non-adherence, potentially due to lower awareness of the importance of continuous treatment.

Geographical Area:

Geographic disparities within Italy show that therapeutic adherence is generally higher in Northern regions compared to the South. This difference may stem from better access to healthcare services, more effective patient-provider communication, and greater availability of healthcare resources in the North.

Correlation Between Trust and Adherence:

A correlation analysis conducted on a representative sample of the Italian population demonstrated a significant positive relationship between trust in healthcare professionals and therapeutic adherence. Specifically, patients who reported high levels of trust in their physicians had adherence rates 12% higher than those who expressed distrust. The findings suggest that a stronger trust-based relationship with healthcare providers leads to improved compliance, likely due to the perception of greater competence and genuine concern from professionals regarding patient well-being.

It is important to note that the +12% correlation

between high trust and improved adherence was derived from existing studies reviewed in the scientific literature (see Marchetti et al., 2020; Petracca et al., 2016).

Summary of Key Findings

- Trust in healthcare professionals has remained generally stable, with some significant fluctuations during critical events such as the COVID-19 pandemic. However, it stabilized at approximately 55–60% during the 2023–2024 period.
- Overall, therapeutic adherence has improved, with adherence to cardiovascular therapies rising from 48% in 2014 to 62% in 2024.
- Despite this, adherence to diabetes and respiratory disease treatments remains considerably lower, particularly among younger patients and in Southern Italy.
- Trust in medical professionals is positively correlated with adherence, with a significant increase in compliance among patients who report high levels of trust in healthcare providers.

DISCUSSION

While general improvements in adherence are evident, therapeutic compliance continues to pose a significant challenge—especially for certain chronic conditions. Trust emerges as a critical factor in enhancing patient adherence, underscoring the importance of strengthening the patient-provider relationship in clinical practice.

Clinical and Healthcare Implications

The findings suggest that strengthening the trust-based relationship between physicians and patients



Copyright: © 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).



can serve as a strategic intervention to improve therapeutic adherence, particularly in chronic conditions. The recommended strategies include:

- Enhancing physician–patient communication: Training programs for healthcare professionals aimed at promoting clearer and more empathetic communication.
- Utilizing telemedicine: Remote monitoring of therapies may improve compliance among patients with low levels of trust in the healthcare system.
- Health education programs: Awareness campaigns focused on the safety and efficacy of therapies to reduce misinformation.

These results highlight the crucial role of trust as a determinant of public health and underline the need for targeted health policies that promote greater patient engagement in their own therapeutic pathways.

This study underscores the critical importance of trust in healthcare professionals as a key determinant of therapeutic adherence, especially among patients with chronic diseases. The positive correlation observed between trust and therapy adherence suggests that patients who perceive a solid and trusting relationship with their physicians are more likely to consistently follow medical recommendations. This correlation is based on findings reported in existing studies such as Marchetti et al. (2020) and Petracca et al. (2016), rather than original analyses conducted by the authors.

An important aspect emerging from the study is the role of physician–patient communication in building trust. The evidence indicates that clear, empathetic, and patient-centered communication is a fundamental element in enhancing trust. For example, the program “Comunicare per curare”, promoted by FNOMCeO and active in various Italian regions, offers training for healthcare providers in active listening and emotional intelligence to improve the therapeutic alliance.

Telemedicine also provides opportunities for enhancing adherence, especially in remote or underserved areas. The “Telemonitoraggio Cardio” project in Lombardy, launched in 2021, demonstrated a 15% increase in adherence among heart failure patients followed through remote monitoring.

In terms of health education, initiatives like AIFA’s regional campaigns on antibiotic use, which include multimedia materials and public school sessions, have proven effective in increasing therapeutic literacy among younger populations.

Ultimately, health policies should recognize the central role of trust in building an effective healthcare system. Strengthening the physician–patient relationship and promoting a culture of trust

and transparency may improve not only therapeutic adherence but also the overall performance of healthcare systems. In this regard, it is essential to develop policies that foster a more equitable, accessible, and trust-driven healthcare system.

### Study Limitations

This study is primarily based on secondary data and lacks the ability to directly capture patient perspectives or conduct longitudinal analyses to observe the long-term evolution of trust. Although several confounding factors were controlled for, the possibility that unmeasured variables influenced the results remains a limitation. Future studies should focus on direct surveys of patients and the evaluation of specific interventions aimed at improving trust and communication between patients and healthcare providers.

### Intervention Proposals

Based on the findings, several interventions may be proposed to improve trust in healthcare professionals and, consequently, therapeutic adherence:

- Health education programs: It is essential to develop educational programs that enhance patients’ understanding of their conditions and treatment regimens. These programs should clarify the importance of treatment adherence by explaining the long-term benefits of therapies and the risks associated with non-compliance. Tailored to different patient categories, these programs should include online modules, printed educational materials, and group sessions, using accessible and comprehensible language.
- Use of telemedicine for adherence monitoring: Telemedicine offers growing opportunities for tracking and improving adherence. Digital technologies—such as smartphone apps and wearable devices—can enable real-time monitoring of patient behavior and provide personalized reminders for medication intake and chronic disease management. Furthermore, telemedicine facilitates continuous contact between patients and healthcare professionals, enhancing communication and reinforcing trust. This approach may be especially beneficial for patients in remote areas or those with limited access to outpatient care.
- Training for healthcare professionals: Ongoing training for healthcare professionals—especially in communication skills—is vital for building trust with patients. Physicians, nurses, and other healthcare providers should be equipped to use empathetic communication techniques, manage patients’ emotions, and address skepticism or uncertainty about recommended treatments. Moreover, professionals must develop the

ability to respond transparently to patients' questions and to manage conflict, particularly in high-stress contexts such as pandemics or public health emergencies.

## CONCLUSIONS

In conclusion, this study emphasizes that trust in healthcare professionals is a fundamental determinant of therapeutic adherence and, by extension, of

healthcare quality. Trust can be strengthened through targeted interventions involving health education, the use of telemedicine, and professional training. Promoting health policies that emphasize effective communication, transparency, and patient education may contribute to improving adherence, bridging the gap between clinical recommendations and patient behavior, enhancing health outcomes, and reducing overall healthcare costs.

## REFERENCES

1. Capraro G, et al. Physician–patient communication and therapeutic compliance in Italy: a narrative review. *Recenti Prog Med*. 2019;110(2):97–103. doi:10.1701/3121.31068
2. CENSIS. *Annual Report on the Social Situation of the Country, editions 2015–2023*. Rome: CENSIS. Available from: <https://www.censis.it>
3. European Commission. *Special Eurobarometer 478: Health and the Digital Economy*. Brussels: European Union; 2021. Available from: <https://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/ResultDoc/download/DocumentKy/91324>
4. European Commission. *Standard Eurobarometer Surveys, editions: 81 (2014), 87 (2017), 91 (2019), 94 (2021), 98 (2023)*. Available from: <https://europa.eu/eurobarometer>
5. Fischer MA, et al. Patient trust and medication adherence: a multilevel analysis. *Patient Educ Couns*. 2020;103(7):1313–20. doi:10.1016/j.pec.2020.01.022
6. Health Communication. *Strategies for improving doctor–patient communication: a systematic review*. *Health Commun*. 2023;38(2):123–35. doi:10.1080/10410236.2022.2030412
7. Horne R, Chapman SCE, Parham R, Freemantle N, Forbes A, Cooper V. The necessity–concerns framework: a framework for understanding medication adherence. *Health Psychol Rev*. 2013;7(1):32–41. doi:10.1080/17437199.2012.665214
8. Ipsos Italy. *Trust in healthcare professionals during and after the pandemic, 2020–2023*.
9. Ipsos Public Affairs. *Trust in Health Professionals: A Global Perspective*. Ipsos; 2022. Available from: <https://www.ipsos.com/en/global-trust-health-professionals>
10. Italian Medicines Agency (AIFA). *National reports on medication adherence in chronic diseases (2017, 2019, 2022)*. Rome: AIFA.
11. Italian Medicines Agency (AIFA). *OsMed Report 2022: Drug use in Italy*. Rome: AIFA; 2023. Available from: <https://www.aifa.gov.it>
12. Italian Medicines Agency (AIFA). *OsMed Reports on drug use in Italy, editions 2014–2023*. Available from: <https://www.aifa.gov.it/osservatorio-uso-dei-farmaci>
13. Italian Ministry of Health. *National Plan for Chronic Conditions*. Rome: Ministry of Health; 2016.
14. Italian Ministry of Health. *National Vaccination Plan Monitoring Reports, years 2020–2023*. Rome: Ministry of Health.
15. Italian Ministry of Health. *Report on the Health Status of the Country, editions 2014–2022*. Rome: Ministry of Health.
16. Italian National Institute of Health (ISS). *PASSI and PASSI d'Argento surveillance, 2014–2022*. Rome: ISS.
17. Italian National Institute of Health (ISS). *Weekly COVID-19 reports and impact on trust and health behaviors, 2020–2022*. Rome: ISS.
18. Italian National Institute of Statistics (ISTAT). *BES Reports – Equitable and Sustainable Well-being, editions 2014–2023*. Available from: <https://www.istat.it/it/archivio/benessere-equo-e-sostenibile>
19. Italian National Institute of Statistics (ISTAT). *Equitable and Sustainable Well-being (BES) 2022: Annual Report*. Rome: ISTAT; 2022. Available from: <https://www.istat.it/it/archivio/bes>
20. *Journal of Medical Internet Research*. *Telemedicine and its impact on patient adherence: a comprehensive review*. *J Med Internet Res*. 2022;24(8):e23567. doi:10.2196/23567
21. Marchetti G, et al. Factors associated with poor adherence in diabetic patients in Italy: the role of trust in the physician. *Diabetologia*. 2020;63(1):147–56. doi:10.1007/s00125-019-05007-1
22. McKinsey & Company. *The Future of Health: Trends in Healthcare and Technology*. 2021. Available from: <https://www.mckinsey.com/industries/healthcare/our-insights/the-future-of-health>
23. National Institute for Health and Care Excellence (NICE). *Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence*. NICE Clinical Guideline 76; 2009.
24. Petracca F, et al. Trust in healthcare providers and medication adherence in Italian patients with hypertension. *BMC Public Health*. 2016;16:829. doi:10.1186/s12889-016-3517-0



Copyright: © 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).



25. Romano F, et al. COVID-19 and the shifting trust in Italian healthcare: evidence from population surveys. *Lancet Reg Health Eur.* 2021;5:100115. doi:10.1016/j.lanepe.2021.100115
26. Rosenbaum L. The pandemic's toll: trust in science and the healthcare system. *N Engl J Med.* 2021;384:205–10. doi:10.1056/NEJMp2033075
27. World Health Organization (WHO). *Adherence to long-term therapies: evidence for action.* Geneva: WHO; 2003. Available from: <https://www.who.int/publications/i/item/9241545992>
28. World Health Organization (WHO). *Framework on integrated, people-centred health services.* Geneva: WHO; 2016.
29. World Health Organization (WHO). *Global report on effective access to assistive health technologies.* Geneva: WHO; 2021

