Supplemental Table:

Supplemental Table 1. Characteristics of the population (N=100) and the drugs (N=965)

Characteristics of patients	N=100
Female sex	31 (31.0%)
Age (years)	$70.8 \pm 10.7 [38.0;92.0]$
Time since first chronic treatment (years)	$19.4 \pm 12.4 \ [0.5;58.0]$
Level of study	
Secondary level	45 (45.0%)
Higher study	24 (24.0%)
Primary level	24 (24.0%)
Lack of study	7 (7.0%)
Socio-professional category	
Workers	31 (31.0%)
Intermediate professions	18 (18.0%)
Employees	17 (17.0%)
Executives, Higher intellectual professions	14 (14.0%)
Craftsmen, Shopkeeper, Compagny managers	12 (12.0%)
Farmer	5 (5.0%)
Other†	3 (3.0%)
Lifestyle	
Circled	91 (91.0%)
Alone	9 (9.0%)
Organization around medication intake	
Autonomous	83 (83.0%)
Help from relatives (partner, children)	11 (11.0%)
Assistance from a nurse	6 (6.0%)
Information received at the start of treatment	87 (87.0%)
Source of information	
From the general practitioner	73 (73.0%)
From the specialist doctor	61 (61.0%)
From the pharmacist	46 (46.0%)
From family and friends	5 (5.0%)
Information received perceived as sufficient by the patient	64 (64.0%)
Need for additional research (Internet, books, magazines, leaflets)	27 (27.0%)

Drug Characteristics	N=965		
Number of drugs per patient	9.7 ± 3.6 [5;21]		
ATC class of drugs			
Cardiovascular (C)	310 (32.0%)		
Alimentary tract and metabolism (A)	190 (19.8%)		
Nervous System (N)	175 (18.0%)		
Blood and blood-forming organs (B)	141 (14.6%)		
Respiratory system(R)	47 (4.9%)		
Systemic hormones, excluding sex hormones (H)	19 (2.0%)		
Other‡	83 (8.7%)		

Results are presented as mean ± standard deviation [minimum-maximum] for quantitative variables and as counts (%) for qualitative variables

†Other occupations: Housewife (2%), No occupation (1%)

‡Other ATC class: J-General anti-infectives for systemic use (0.8%), L-Antineoplastics and immunomodulators (1.6%), P-Antiparasitic, insecticides (0.1%), V-Miscellaneous (0.6%), D-Dermatological drugs (0.5%), M-Muscle and skeletal (1.4%), S-Sensory organs (1%), G-Genitourinary system and sex hormones (1.7%), No ATC class (1%)

^{*}To the question "Since when have you been taking your first chronic treatment?", 4 patients were unable to answer.

Supplemental Table 2. Correlation between different age categories and patients' knowledge (drugs and indications cited) (N = 100)

	Age (years)	[30-59]	[60-69]	[70-79]	[80 and more]	p-
		N=10	N=28	N=46	N=16	value
Percentage of	Median	83.3	46.4	40.0	28.6	
drugs cited	[Q1;Q3]	[66.7;100.0]	[29.7;74.3]	[18.2;71.4]	[0.0;66.4]	0.0193
	[Min-Max]	[20.0;100.0]	[0.0;100.0]	[0.0;100.0]	[0.0;100.0]	
Percentage of	Median	100.0	75	80.9	84.5	
known indications	[Q1;Q3]	[82.4;100.0]	[55.2;90.5]	[54.5;100.0]	[39.4;100.0]	0.0761
	[Min-Max]	[60.0;100.0]	[23.1;100.0]	[0.0;100.0]	[0.0;100.0]	

Q1 : First Quartile; Q3 : Third quartile; Min: minimum; Max: maximum

Supplemental Files 1: Global questionnaire

Patient n°:							
Length of the	e interview:						
Socio-demo	graphic inform	ation :					
Gender:	Age:		Lifestyle:	☐ Married	☐ Single	☐ Childre	n
Origins:							
Level of stud	ly:						
Socio-profes	sional category:	☐ Farmer		Craftsmen, Sho	pkeeper, Co	mpagny man	agers
	☐ Executives, H	ligher intelle	ectual profe	ssions \Box	Profession	ns intermédiai	res
	☐ Employees	☐ Work	ers	Other:			
Chronic tree	atment :						
Number of n	nedications on the	e prescriptio	n:				
		5 p. 666pt. 6					
How long ha	ve you been takin	ng your first o	chronic trea	tment?			
<u>Information</u>	<u>15 :</u>						
• Hav	e you ever had yo	our treatmen	nts explained	d to you? Ye	es 🗌 No		
• Do y	you feel you have	received en	ough inform	nation about y	our treatme	nts? Yes 🗌	No 🗌
• Fron	n whom did you g	et information	on about yo	our treatments	?		
0	Specialist						
0	General practition	oner					
0	Pharmacist						
0	Family						
Treatment	manaaement :						

- Who manages your treatments?
 - Myself
 - A nurse
 - o A family member

Knowledge of my chronic treatment:

Number of known medications:

- If the patient forgets treatments, the caregiver will quote the medication.
- A score between 0 and 10 should be given by the patient to estimate the importance he/she gives to his/her treatment. (0: not at all important, 10: Essential)

My medications	Cited	Indication	Importance
you have any difficulties w	ith your treatmer	nts?	

Supplemental Files 2: Belief Medical Questionnaire

Patient n°:

Score:

1: Totally disagree, 2: Disagree, 3: Uncertain, 4: Agree, 5: Totally agree

Specific Beliefs:

- 1. My health, at present, depends on my medicines:
- 2. Having to take medicines worries me:
- 3. My life would be impossible without my medicines:
- 4. Without my medicines I would be very ill:
- 5. I sometimes worry about long-term effects of my medicines:
- 6. My medicines are a mystery to me:
- 7. My health in the future will depend on my medicines:
- 8. My medicines disrupt my life:
- 9. I sometimes worry about becoming too dependent on my medicines:
- 10. My medicines protect me from becoming worse:

General Beliefs:

- 11. Doctors use too many medicines:
- 12. People who take medicines should stop their treatment for a while every now and again:
- 13. Most medicines are addictive:
- 14. Natural remedies are safer than medicines:
- 15. Medicines do more harm than good:
- 16. All medicines are poisonous:
- 17. Doctors place too much trust in medicines:
- 18. If doctors had more time with patients, they would prescribe fewer medicines:

Supplemental Files 3: GIRERD questionnaire

Assessment of medication compliance

Patient n°:

	YES	NO
Did you forget to take your medication this morning?		
Since your last visit, have you run out of medication?		
Have you ever been late taking your medication?		
Have you ever not taken your medication because your memory		
fails you some days?		
Have you ever not taken your medication, because some days you		
feel that your treatment is doing you more harm than good?		
Do you think you have too many pills to take?		

Supplemental Files 4: The local ethics committee

AVIS 22-06-2201 Groupe Nantais d'Ethique dans le Domaine de la Santé (GNEDS)

Nom du protocole	Croyances et représentations chez les patients
Code et versioning	polymédiqués en chirurgie et médecine vasculaire

Investigateur principal	Dr JF HUON
Lieu de l'étude	CHU NANTES
Type de l'étude	Monocentrique, prospective, exploratoire, observationnelle
Type patients/participants	Patients polymédiqués hospitalisés en chirurgie et médecine vasculaire
Nombre de patients/participants prévus	100
Objectif principal	Evaluation de la croyance des patients sur leurs traitements habituels
Objectif secondaire	Connaissance et importance données par le patient à chacun de ses traitements Adhésion médicamenteuse

Documents communiqués

Justification de l'étude	OUI	
Méthodologie	OUI	
Lettre d'information et lettre de consentement	OUI	

Remarque générale

Le GNEDS formule d'abord la remarque qu'il n'a pas pour mission de donner un avis sur les aspects scientifiques du protocole, en particulier sur l'adéquation de la méthodologie aux objectifs poursuivis par l'étude. Il ne tient compte des données d'ordre scientifique et méthodologique que dans la mesure où elles ont des implications d'ordre éthique. Dans le cas présent, il se bornera à constater que les objectifs de cette étude et sa méthodologie sont conformes aux principes de l'éthique.

Confidentialité

Сописсипание	
Confidentialité	OUI
Anonymat	OUI
CNIL	RGPD

Commentaires:

Information et consentement

Consentement:

Recueil nécessaire	OUI	
Type consentement préférable	ORAL.	
Traçabilité dans le dossier	NA	

Commentaires:

Lettre information précisant :

Titre de l'étude	OUI
But de l'étude	OUI
Déroulement de l'étude	OUI
Prise en charge courante inchangée	OUI
Possibilité de recevoir résultats de l'étude	OUI
Traçabilité dans le dossier	NA

Commentaires:

Conclusion

CONCIUSION	
Avis favorable	OUI
Révision nécessaire selon commentaires	
Avis défavorable	

GNEDS: Professeur Paul BARRIERE

Nantes le 22 juin 2022