Tackling the challenge of non-adherence
How is adherence defined?

WHO definition:

‘the extent to which a person’s behaviour – taking medication, following a diet and/or executing lifestyle changes – corresponds with agreed recommendations from a healthcare provider’
Non-adherence includes:

- Failing to get a first prescription or subsequent repeats dispensed
- Discontinuing a medicine before the course of therapy is complete
- Taking more or less of a medicine than prescribed
- Taking a dose at the wrong time
How big is the problem?

- Medicines cannot be effective if patients do not use them.
- There are varying estimates on the size of the problem:
  - Between 33% and 50% of medicines for LTCs are not used as recommended.
  - 20-30% don’t adhere to regimens that are curative or relieve symptoms.
  - 30-40% fail to follow regimens designed to prevent health problems.

771.5m Rx items dispensed in England in 08/09.
How big is the problem?

- **US estimates:**
  - 11-20% of hospital admissions (30% for the elderly), A&E visits and repeat doctor visits may be due to non-adherence
  - Overall cost of poor adherence, measured in otherwise avoidable medical spending, is as much as $290 billion per year (13% of US healthcare expenditure)

- **DH has commissioned research to assess scale of English adherence problem**
The challenge

• It is often a hidden problem
  – undisclosed by patients
  – unrecognised by prescribers
• It has been suggested that increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments

Adherence rates are lower among people with LTCs (compared to acute conditions)
What are the consequences?

• Patient consequences
  – sub-optimal management of their condition
  – potential harm resulting from sub-optimal management

• This represents a failure to translate the technological benefits of new medicines into health gain for individuals
What are the consequences?

• NHS consequences
  – increased spend to counter sub-optimal patient management
  – sometimes increased clinical risk due to additional prescribing
  – cost of medicines dispensed but not used
  – cost of safe disposal of unwanted medicines
What are the consequences?

• Societal costs
  – Poorly managed LTCs can reduce the economic contribution individuals can make to society
Why don’t some people use their medicines as prescribed?

1) They don’t want to
   (intentional non-adherence)

2) They have practical problems
   (unintentional non-adherence)
Adherence is a complex behavioural process strongly influenced by:

- the environments in which people live
- healthcare providers’ practice
- how healthcare systems deliver care
Adherence is related to:

- people’s knowledge and beliefs about their illness
- their motivation to manage it
- having confidence in their ability to engage in illness-management behaviours
Adherence is related to:

- their expectations regarding the outcome of treatment and the consequences of poor adherence.

As a consequence medicines-taking behaviour is likely to change over time
Common interventions

• Educating patient on the medicine to increase their knowledge
• Simplifying the regimen
• Making it easier to remember to use the medicine (physical aids and reminders)

But these interventions don’t address many patient issues
NICE guidance
Medicines Adherence – Involving patients in decisions about prescribed medicines and supporting adherence (Clinical Guideline 76)

• Involve patients in decisions about medicines
• Support adherence
• Review medicines
• Improve communication between healthcare professionals
• Healthcare professionals need to consider perceptual and practical factors that influence the patient’s motivation and ability to adhere to agreed treatment.

• Applying this in practice requires:
  – recognition that non-adherence is common
  – a patient-centred approach
  – a no-blame approach
  – identification of specific perceptual and practical barriers for each patient
  – a frank and open discussion
**Improve communication**

- Adapt your consultation style to each patient’s needs

- Establish:
  - the best way to communicate with each patient and consider using communication aids
  - the level of involvement the patient wants

- Ask open-ended questions

- Encourage patients to ask questions
Increase patient involvement

Increase patient involvement by:
• clearly explaining the condition and the pros and cons of treatment
• clarifying what the patient hopes the treatment will achieve
• talking and listening to the patient (note any non verbal cues) rather than making assumptions about patients’ preferences about treatment
Increase patient involvement

• Help patients make decisions based on likely benefits and risks rather than misconceptions

• Accept that patients:
  • may have different views from healthcare professionals about risks, benefits and side effects
  • have the right to decide not to take a medicine if they have the capacity to, and have the information to make an informed decision
Understand the patient’s perspective

• Patients sometimes make decisions about medicines based on their understanding of their condition and possible treatments, their view of their need for the medicine and their concerns.

• You can improve your understanding by asking patients:

  - what they know, believe and understand about their medicines and their need for a particular treatment

  - about any general or specific concerns whenever you prescribe, dispense or review medicines
Provide information

• Before prescribing, offer patients clear, relevant information on their condition and the possible treatments

• Discuss information rather than just presenting it

• Check patients have any information they wish when medicines are dispensed

• Do not assume that PILs will meet each patient’s needs

• Offer individualised information that is easy to understand and free from jargon
Assess adherence

- Routinely assess adherence in a non-judgemental way whenever you prescribe, dispense and review medicines
- Make it easier for patients to report non-adherence
- Consider using records to identify potential non-adherence and patients needing support
Interventions to increase adherence

- Discuss whether non-adherence is because of a patient’s beliefs and concerns or practical problems
- Together consider options for support
- Only use interventions to overcome practical problems if there is a specific need
- If side effects are a problem:
  - discuss the benefits of treatment
  - suggest ways of managing side effects
  - consider adjusting the dosage or other strategies
Review medicines

• At agreed intervals, review patients’ knowledge, understanding and concerns about medicines and whether they think they still need the medicine

• Offer repeat information and review, especially when treating long-term conditions with multiple medicines

• Ask about adherence when reviewing medicines
Improve communication between healthcare professionals

• Those involved in prescribing, dispensing or reviewing medicines should ensure robust processes are in place for communicating with other healthcare professionals involved in the patient’s care

• When reviewing medicines inform the prescriber of the review and its outcome
Improve communication between healthcare professionals

Provide a written report for patients and subsequent care providers containing:

• the patient's diagnosis
• medicines the patient should be taking
• new medicines that were started
• medicines that were stopped, with reasons
• which medicines should be continued after transfer and for how long
• adverse reactions and allergies
• potential difficulties with adherence and actions taken
What can community pharmacy do?

- Targeted Medicines Use Reviews
- Repeat dispensing
- Use of appropriate compliance aids
- ‘First Prescription Service’
- What about the patients already taking a medicine for a LTC?
My new medicine service

• Proof of concept research has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of a long term condition (Barber et al)

• At 4 week follow-up:
  – non-adherence: 9% vs. 16% control
  – patients reporting meds-related problems: 23% vs. 34% control
  – more positive beliefs about new med (necessity-concerns differential) 5.0 vs. 3.5
Service description

• The service will provide support to people newly prescribed a medicine to manage a long term condition through helping them to appropriately improve their medication adherence

• The service is split into three stages:
  – patient engagement
  – intervention (semi-structured interview)
  – follow up
Questions and Comments
References/further reading

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