MEDICATION ADHERENCE

“Keep watch also on the fault of patients, which often make them lie about the taking of things prescribed.”

-Hippocrates
“Drugs don’t work in patients who don’t take them.”

-C. Everett Koop, MD
Objectives

• Define medication non-adherence
• Understand the impact of medication non-adherence
• Identify patient specific risk factors for medication non-adherence
• Apply multiple strategies to aid in the improvement of adherence
A Few Numbers

• 51% of insured Americans take at least one medication
  – 50% of those do not take medications as prescribed
• Medication non-adherence costs around $290 billion in healthcare costs
• Literature on non-adherence
  – 24% post-MI did not fill medications within 7 days
  – 21% prescribed aspirin, beta-blocker, and statin after CAD diagnosis adherent to all 3 after 12 months
  – 10% of prescribed doses of any medication are missed daily

Matsui D. Clinical Audit. 2013:5 33-42.
What is Adherence?

Active, Voluntary, and COLLABORATIVE Involvement

• Mutually acceptable plan to produce therapeutic results
• Provider and patient make decisions together
• Studies define as taking medications at least 80% of the time

Non-adherence is when *two parties* are working toward different goals

Types of Non-Adherence

Primary non-adherence
- Not filling initial prescription

Non-conforming
- Not taking medication correctly

Non-persistence
- Discontinuing medication early
Why is Adherence Important?

Non-adherence = Poor Outcomes

• Medications for CAD
  – 10-40% increase in CV hospitalizations
  – 50-80% increase risk of mortality

• Medications for Heart Failure
  – Increase risk of ED visits

• Clopidogrel post-MI with drug eluting stent
  – Increase risk of re-hospitalization and mortality within 1 year

Adherence is a Balance

Health system/HCT–factors
Social/economic factors
Condition–related factors
Therapy–related factors
Patient–related factors
## Reasons for Non-Adherence

| Health System                  | • Lack of communication  
|                               | • Access issues          
|                               | • Lack of healthcare continuity  
|                               | • Poor provider-patient relationship  
| Condition                     | • Asymptomatic disease states  
|                               | • Mental health issues     
| Patient                       | • Unable to open bottles  
|                               | • Unable to read directions  
|                               | • Young age               
|                               | • Cognitive issues        
|                               | • Nonwhite race           
| Therapy                       | • Side effects            
|                               | • Complex regimens        
| Socioeconomic                 | • Cost                    
|                               | • Low literacy rates      

World Health Organization
Other Reasons for Medication Non-Adherence

• Acknowledgement
• Lack of knowledge
  – Why taking
  – Benefits of adherence
  – Consequences of non-adherence

http://bjcardio.co.uk/2014/10/support-for-prescribers-to-help-improve-patient-adherence-to-medication/
Cost Related Non-Adherence?

- Lack of *prescription* drug insurance
- Low income
- Mental health issues
- Poor physical health
Terms like *adherence* and *compliance* can sound “too authoritarian”
Assessment- Every Encounter

• Create a comfortable, non-judgmental environment
• Identify “trouble zones”
  – Example: often forgets medications at night
• Get to know the “whole team”
  – Family, caregivers, friends, pharmacy
Assessment- Every Encounter

- Never ask simple yes/no or leading questions
  - Example: “Are you taking this as prescribed?”
- Ask open ended questions
  - “What time of day do you take your heart medicine?”
  - “How many times in the last month have you missed a medication?”
Tips for Improving Adherence

- Motivational interviewing
- Cost control
- Simplify regimen
- Provide incentives
- Reminders
- Education
Motivational Interviewing

- Direct patient-centered counseling
  - Designed to *enhance* motivation to change
- Principles
  - Collaboration
    - Share the decision
  - Evocation
    - Evoke patient’s own desires
  - Autonomy
    - Patient is in charge
  - Empathy
    - Understand their perspective

Cost Control

Ask them *how* they pay for medications

- Low cost alternatives
- Aid in navigating insurance coverage
- Charity drug services

Simplify Regimen

• Reduce daily doses of medications
  – Utilize combination therapies
  – Adjust timing, frequency, amount, or dosage
• Match regimen to patient’s schedule
• Specialized containers
  – Medication boxes, blister packs, etc.

http://www.containerstore.com/s/travel/bottles-medication/clear-7-day-pill-organizer/12d?productId=10013110
Provide Incentives

- Insurance Incentives
  - Reduced premiums or copayments

- Customize to the individual patient’s incentive
  - Create a plan with patient to reward for adherence
Reminders

- Smart Phone Reminders
- Text Messages
- Phone Calls

Health Literacy

• Use “lay man” language
• Limit discussion to 3-4 major points
• Clearly describe
  – Benefits of good adherence
  – Consequences of not taking medications
Discussion

• What have you seen work?
• Questions for the group?
Active Learning Activity

Divide into groups:

- Review the scenario
- List 2 potential barriers to adherence
- Provide 3 to 4 strategies to overcome non-adherence
- Elect a spokesperson to present plan
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-Hippocrates
References

• Matsui D. Medication adherence issues in patients: focus on costs. Clinical Audit. 2013:5 33-42.