Helping Patients Manage Therapeutic Regimens

Dr. Qassim A. Zigam

4th Stage/ College of Pharmacy/ Al-Mistaqbal University

Compliance, Adherence, & Concordance

- The terms "**compliance**," "**adherence**," and more recently "**concordance**" have been used to **describe** the relationship between **patient** medication-taking behaviors and the regimens prescribed by **providers**.
- The term "**adherence**" has largely replaced "compliance" and was intended to **move away** from the **paternalistic** view of patients as individuals who simply **did as they were told**.
- More recently, the term "**concordance**" has been used to **acknowledge** that **patient medication use** takes place in the context of the **relationship** between **patients and providers**.

Compliance, Adherence, & Concordance

- **Concordance** obligates providers and patients to reach **mutual decisions**.
- This **requires** a **meaningful dialogue** between patients and providers on **medical options** and **patient preferences**.
- **Concordance** is **defined** as "an **agreement** reached after negotiation between a patient and health care professional that **respects** the **holds** and **wishes** of the patient in determining **whether**, **when**, and **how** medicines are to be taken."

Non-adherence

- **Lack** of patient **adherence** to medication therapy remains a **major health issue**.
- **Most** nonadherence has a **negative effect** on **patient health** which, in turn, can result in

1. **Increased** emergency room and physician **visits**
2. **Increased** hospitalizations
3. **Decreased** productivity in the work place
4. **Disability**, and premature death.

Non-adherence

- **Nonadherence** can be divided into **two broad categories**:

1. **Inadvertent nonadherence** (**unintentional**) typically involves **forgetting** to take medications at prescribed times.
2. **Intentional nonadherence** involves **decisions** a patient has made to **alter** a medication regimen or to **discontinue** drug therapy (**permanently** or **temporarily**).

- **For example**, a patient may decide to **stop** taking a medication due to an **uncomfortable side effect**.
- **Pharmacists** would use different approaches to **resolving problems** depending on the **underlying cause** of the nonadherence.

False Assumptions About Patient Adherence

- **Pharmacist** is in a **position** to help patients **avoid** medication-related problems.
- The following are some **common issues** that should be **kept in mind**: **Do not assume** that

1. **physicians** have already **discussed** with patients the medications they prescribe.
2. **patients understand** all information provided. **Even** seemingly **straightforward** label directions like "**take one tablet every six hours**" are misinterpreted by a large percentage of patients.
3. **if patients understand** what is required, they **will be able** to take the medication correctly.

False Assumptions About Patient Adherence

4. **when patients** do **not** take their medications **correctly** that they "**don't care**," or **"lack intelligence**,".
5. **once patients start** taking their medications **correctly**, they **will continue** to take them **correctly** in the future.
6. **physicians** routinely **monitor** patient medication use and will thus **intervene** if medication **problems** exist.
7. **if patients** are having problems, they **will ask direct questions** or **volunteer** information.

Techniques to Improve Patient Understanding

1. **Emphasize** key points.
2. **Give reasons** for key advice.
3. **Give definite, concrete, explicit instructions**.
4. **Provide key information** at the beginning and end of the interaction.
5. **End the encounter** by **giving patients the opportunity** to provide **feedback** about what they learned.

Techniques to Improve Patient Understanding

- **Supplementing oral** instructions with **written** information is an **essential** part of **patient counseling**.
- **Before** using written material, **assess the level of literacy required** to **read** and **understand** the information.
- **Low health literacy**, which includes **deficiencies** in **both** reading skill and ability to accurately interpret health advice, is associated with

1. **poor understanding** of instructions
2. **increased nonadherence**
3. **poorer health outcomes**.

Techniques to Establish New Behaviors

- These **strategies** can make it **easier** for **patients** to establish a **new routine of taking medications and enhance adherence**.

1. **Integrate** new behaviors into the patient's **lifestyle**.
2. **Provide** or **suggest** compliance or remainder **aids**.
3. **Suggest** patient **self-monitoring**.
4. **Monitor** use on an ongoing basis.
5. **Refer** patients when **necessary**.

Theoretical Foundations Supporting Behavior Change

- **Motivational interviewing** was developed conceptual foundation and intervention to **help people make changes** in the direction of better health.
- It **focuses** on the **process of communication** between patient and provider.

Theoretical Foundations Supporting Behavior Change

- **Three components** of motivation to change were identified:
- **A. Willingness**, which is indicated by the amount of **discrepancy** patients perceive **between** their current **health status and goals** they have for themselves.
- **B. Perceived ability or self-efficacy**, is the **amount of self-confidence** that patients **feel** in their ability to initiate and maintain behavioral change.
- **C. Readiness**, which is related to **how high a priority** is given to these behavioral changes.

Theoretical Foundations Supporting Behavior Change

- **Often** patients will want to **delay** a commitment to **initiate change** because other **stressors** in their lives.
- According to the social cognitive theory, behavior change **requires** that an individual **believe in two components**:
- **1. Outcome expectancy** "engaging in a particular behavior change will lead to an outcome I desire"
- **2. Self-efficacy expectancy** "I am capable of carrying out the behavior change"

Interviewing Principles and Strategies

- A. Express empathy
- B. Develop discrepancy
- C. Roll with resistance
- D. Support self-efficacy
- E. Elicit and reinforce “change talk”


THANK YOU FOR
YOUR ATTENTION