

Minimising patient non-adherence

In a short series of articles on medication adherence, David Pruce, director of PruceConsulting, starts by looking at why non-adherence happens and explains how pharmacists are in an ideal position to help minimise it

In its 2009 clinical guideline “Medicines adherence — involving patients in decisions about prescribed medicines and supporting adherence”, the National Institute for Health and Clinical Excellence concluded that “between a third and a half of all medicines prescribed for long-term conditions are not taken as recommended”. The effect of this on patient care is potentially massive and the financial costs of poor adherence are staggering. NICE estimated that £4bn of medicines are not used correctly, which could result in between £36m and £196m worth of preventable hospital admissions.

Patient adherence is a complex issue with a range of causes and there is no “magic bullet” to address it. For some people the cause of poor adherence will be unintentional due to forgetfulness, not fully understanding the dose regimen or physical difficulties accessing their medicines. For others, it involves a conscious decision not to take their medicines. The reasons for this are often complex and include whether people believe they need a medicine, concerns about side effects or dependence, an unwillingness to accept that they are ill, etc.

Pharmacists can help to minimise the risk of poor adherence, both intentional and unintentional. One of the most important times is when a new medicine has been prescribed.

Information about the medicine

Often a patient will know little about a new medicine — how it works, why it has been prescribed, side effects, etc. Even when a doctor has explained about the new medicine, patients may recall little of the information

PANEL 1: WHAT A PATIENT NEEDS TO KNOW

Information that should be provided at the first dispensing of a new medicine includes:

- What the medicine is
- How the medicine is likely to affect the patient's condition (that is, its benefits)
- Likely or significant adverse effects and what to do if the patient thinks he or she is experiencing them
- How to use the medicine
- What to do if a dose is missed
- Whether further courses of the medicine will be needed after the first prescription
- How to get further supplies of medicines



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they have been given, particularly if they are anxious. Pharmacists are in a good position to provide information about a newly prescribed medicine, including its risks and benefits, and to help a patient with the practical aspects of taking it. The patients can then make a decision about whether he or she want to take the medicine. There is evidence that explaining about the relative risks and benefits encourages adherence.

Panel 1 outlines the information a patient needs about a new medicine. This may seem like a lot of information to convey and it is all too easy to fall into the trap of trying to pass on too much detail, rather than entering into a discussion so that we can address patients' concerns. Faced with a stream of information, a patient will recall little of what he or she has been told, and little will have been achieved. Asking patients what they know about their medicines allows us to correct any misunderstandings and fill in gaps in their knowledge. The most important part of the discussion can be giving patients the opportunity to raise any concerns that they have about their medicine. Addressing these concerns will have the most impact on a patient's likelihood to adhere to a medicines regimen.

It is helpful to support verbal information with written information or sources of further information about the medicine (eg, www.nhs.uk/medicine-guides). This allows patients to reinforce or clarify any information that they have been given.

Practical support

Some patients will need practical support to help them to take their medicines. Part of the discussion about their medicines should be assessing whether patients has any practical

problems — confusion, poor dexterity, forgetfulness, a hectic or chaotic lifestyle — that might affect how they take medicines, and to offer practical solutions.

In a busy pharmacy, it may be important to target those patients at particular risk of poor adherence (see Panel 2). This will help pharmacists make the best use of their time, although there will inevitably be some patients who will fall through the net.

Supporting patient adherence has the potential to both save money and to reduce preventable hospital admissions resulting from poor adherence. Some pharmacists already provide such a service to some patients but providing this level of support to all patients with long-term conditions is challenging. It requires a shift in professional priorities and a funding mechanism to incentivise such a shift. The current negotiations about the “first prescription service” could provide such an incentive in England. However, any such shift must also address the practicalities of pharmacists' current workload and provide pharmacists with the time and support to enable them to conduct such a service.

PANEL 2: RISK FACTORS

Risk factors associated with poor adherence include:

Medicine-related factors

- Complex regimens involving multiple doses and medicines
- Unwanted side effects
- Medicines used for prevention or for symptomless illnesses/conditions (eg, hypertension, high cholesterol)

Emotional/physical factors

- Concerns about the value or appropriateness of taking medicines
- Denial of illness, especially among younger people
- Confusion or physical difficulties associated with medicine taking (mostly affects older people)

Clinical/social factors

- Co-morbidities, especially mental health problems, illicit drug use
- Lack of social stability (homelessness, lack of family or social support)
- Busy or chaotic lifestyle
- Negative relationship with healthcare providers