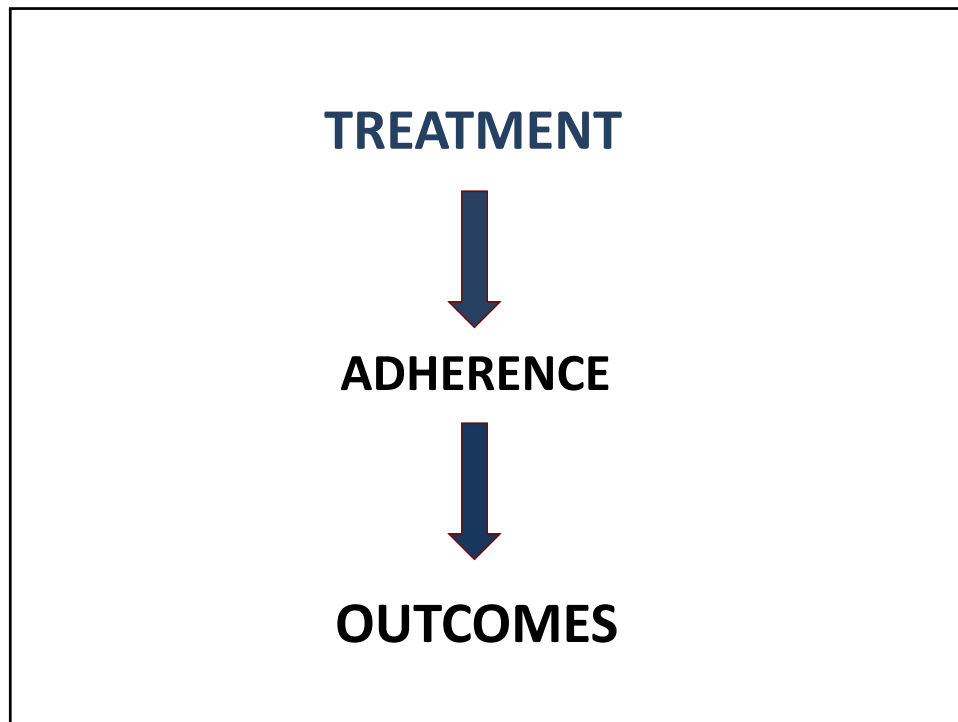


Medication Adherence: We Didn't Ask and They Didn't Tell

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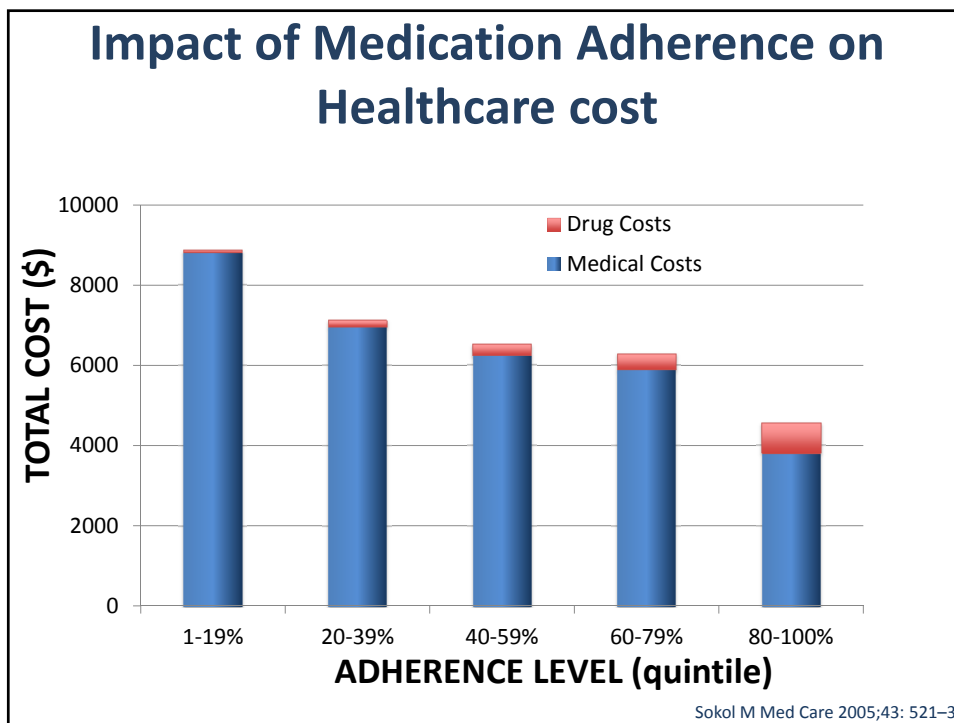
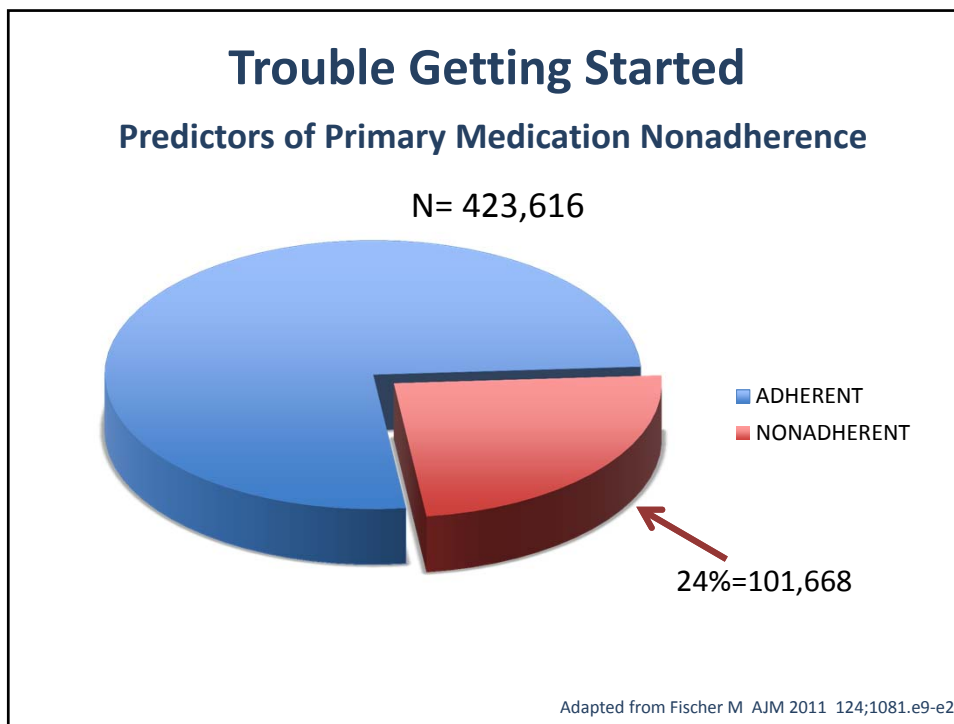
Increasing adherence may have a
far greater impact
on the health of the population than any
improvement in specific medical
treatments.

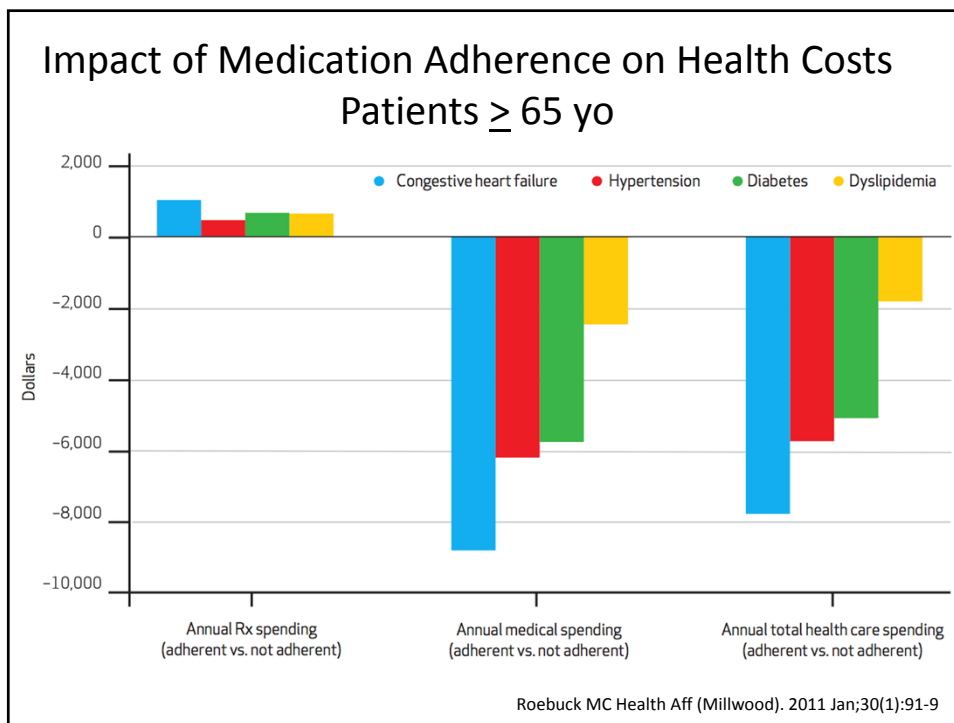
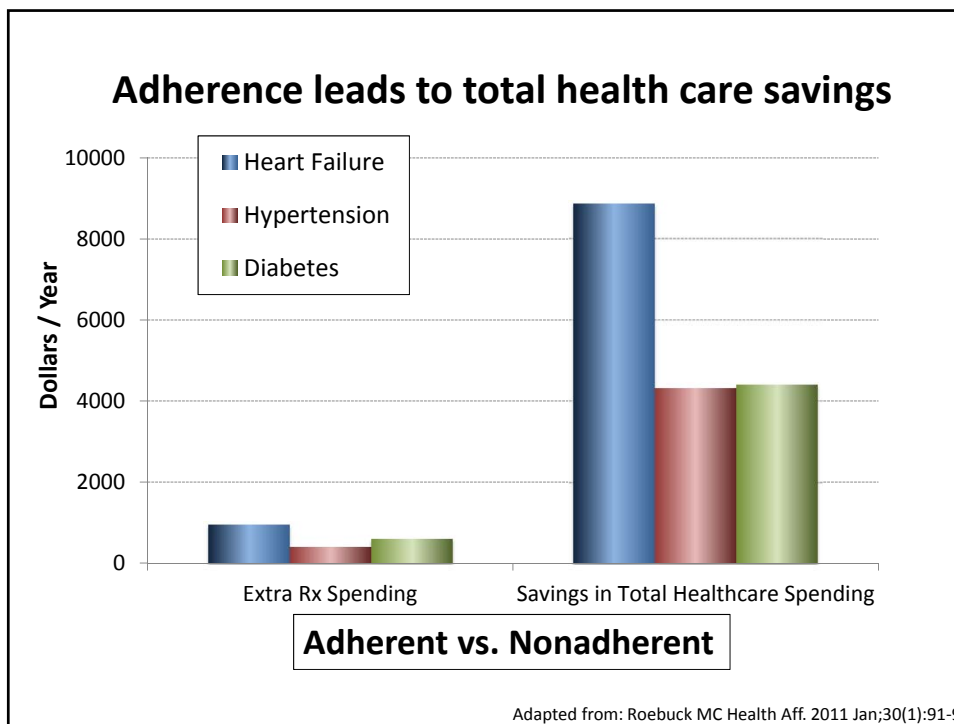


**PATIENTS DON'T TAKE THEIR MEDICINE
AS PRESCRIBED
50% OF THE TIME**

**25% OF INITIAL PRESCRIPTIONS
ARE NEVER FILLED**

Osterberg L *N Engl J Med.* 2005;353(5):487-497
Fischer MA, Choudhry NK. *Am J Med.* 2011;124(11):1081.e9-22.
Fischer MA, *J Gen Intern Med.* 2010;25(4):284-290.





85% OF PHYSICIANS BELIEVE THE MAJORITY OF THEIR PATIENTS ARE ADHERENT

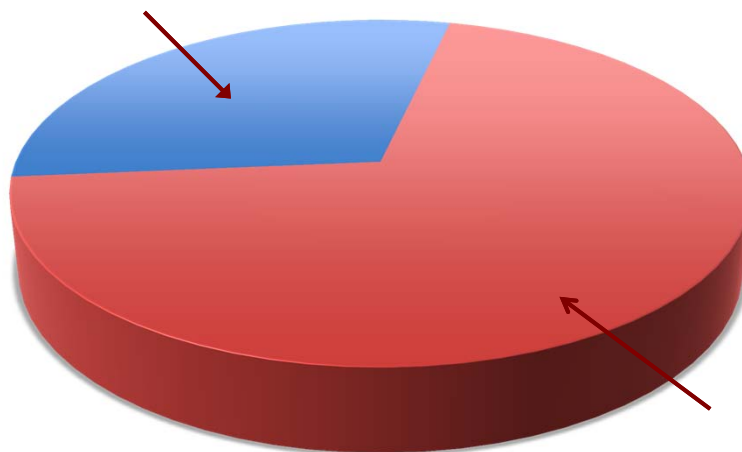
85% OF PATIENTS SURVEYED STATE THAT THEY WOULD NOT TELL THEIR DOCTOR THAT THEY WERE NOT PLANNING ON BUYING A MEDICINE



*Brown MT Family Practice Mgt; March/April 2013
McHorney,C Current Medical Research and Opinion 2009 25:1; 215-238*

30%
UNINTENTIONAL
(Forgetfulness)

NONADHERENCE
CAUSES



70%
OTHER
CAUSES

Osterberg L NEJM. 2005;353(5):487-497

WE DIDN'T ASK AND THEY DIDN'T TELL
video

Rationale for Hiding Nonadherence

- ◆ Social desirability bias
- ◆ Fear of being punished or admonished/dismissed
- ◆ Fear of embarrassment

INTERVIEWING IN A BLAME FREE ENVIRONMENT

- ◆ These are difficult to take every day. How often do you skip one?
- ◆ There are quite a few-how many of these do you take?
- ◆ Most people don't take all their meds everyday. How about you?
- ◆ When was the last time you took drug A? B?

OBSTACLES

UNINTENTIONAL vs INTENTIONAL

- | | |
|--|--|
| <ul style="list-style-type: none"> ◆ FORGETTING ◆ SHIFT WORK ◆ COST ◆ CONFUSION ◆ WORK RESTRICTIONS | <ul style="list-style-type: none"> ◆ MISTRUST ◆ FEAR OF SIDE EFFECTS ◆ MENTAL ILLNESS ◆ LACK OF BELIEF IN BENEFIT ◆ FEAR OF DEPENDENCY ◆ FEAR IT IS DANGEROUS ◆ LACK OF DESIRE ◆ NO APPARENT BENEFIT ◆ ALTRUISM |
|--|--|

Variations in pill appearance and the risk of Nonadherence¹

CHANGES IN PILL COLOR INCREASED RISK OF NONADHERENCE

A PATIENT TAKING 5 MEDICINES, EACH PRODUCED BY 5 GENERIC MANUFACTURERS THEORETICALLY FACES OVER **3000** POSSIBLE ARRAYS OF PILL APPEARANCES (5⁵)

IF TAKING 9 MEDS, PATIENTS EXPERIENCE 36 OPPORTUNITIES/YR TO CHANGE APPEARANCE

80% OF ALL MEDS IN U.S. ARE NOW GENERIC²

UK MANDATED INHALER COLORS BE COORDINATED



1. KESSELHEIM, CHOUDHRY JAMA INTERN MEDICINE 2013;173(3):202-208
2. DRESSED FOR SUCCESS YU 208-209

OBSTACLES

◆ PATIENT

- Cost/Health literacy/Access
- Rational nonadherence
- Mental illness

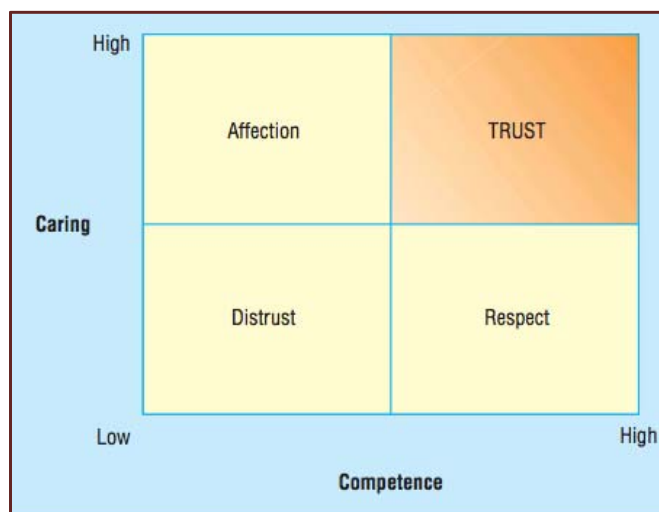
◆ PROVIDER

- Failure to recognize/complicated regimens
- Inadequate communication/relationship
- Accusatory approach 'shamed'
- Negative attitude toward the patient

◆ PROCESS

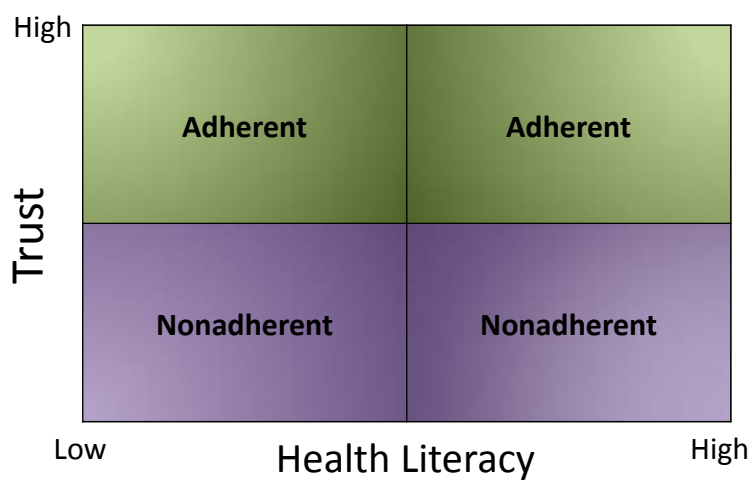
- Fumbled hand-offs
- Insufficient time to develop trust ←
- Lack of educational resources
- Low refill consolidation

Competence and caring in relation to building trust



Paling, J BMJ 327: 9/27/2003

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ADHERENCE IS DRIVEN BY PATIENTS' BELIEFS

A 'non-adherent personality' does not exist.

Adherence to medications is unrelated to adherence to self-care and lifestyle recommendations.

There is no consistent relationship between demographic characteristics and adherence.

Non-adherence is rational behavior—it is driven by patient beliefs about their treatment, disease, and prognosis as well as their objective experiences.

McHorney,C Current Medical Research and Opinion 2009 25:1; 215-238

SUMMARY

- ◆ 50% OF PATIENTS ARE NONADHERENT
- ◆ MOST NONADHERENCE IS INTENTIONAL
- ◆ MEDICATION TAKING BEHAVIOUR IS COMPLEX
- ◆ ASSESS ADHERENCE IN BLAME-FREE WAY
- ◆ USE GENERICS BUT COLOR/SIZE CHANGE OFTEN
- ◆ USE DAILY DOSING
- ◆ MEDICATION SYNCHRONIZATION
- ◆ ENGAGE THE ENTIRE TEAM
- ◆ PROVIDE TIME TO DEVELOP TRUST