ENHANCING ADHERENCE TO TREATMENT
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Week 2

"A desire to take medicine is perhaps the greatest feature which distinguishes man from animals."
- Sir William Osler

“Drugs don’t work in people who don’t take them.”
- Former US Surgeon General C. Everett Koop

Educational Objectives:

1. Define adherence
2. Describe the scope of the problem of non-adherence
3. Practice steps to improve adherence
4. Recognize the importance of eliciting patients’ explanatory models and goals to help them achieve their goals
5. Apply specific strategies that may improve patient adherence to medications

CASE ONE:

Mr. A, a 54-year-old security guard with essential hypertension and Type 2 diabetes for 18 years comes to see you as a new patient. He has a sedentary lifestyle. His glucose and blood pressure have been difficult to control over the years, despite several different regimens. Current medications are:

Chlorthalidone 25 mg qd
Amlodipine 10mg qd
Lisinopril 40mg qd
Exenatide 5mcg pen injector SQ BID
Glipizide 5mg BID
Metformin 1000mg BID
Sitagliptin 100mg qd
Atorvastatin 40mg qd
Omeprazole 40mg qd
Aspirin 81mg qd

Vital signs in clinic today: BMI: 35, BP: 164/98, pulse: 78. Exam: A-V nicking on fundoscopy, lungs clear, PMI laterally displaced, S4 present, no murmurs or bruits, trace leg edema, normal monofilament testing. A recent basic metabolic panel is normal except for glucose 268 and creatinine of 1.3 mg/dl.
Questions:

1. How is adherence defined, and what impact does it have on health?

2. How common is non-adherence?

3. What are some patient factors associated with poor adherence to medication?

4. What communication strategies can you use to assess Mr. A’s adherence?

CASE ONE CONTINUED:

Mr. A states that he often doesn’t take his evening medications because he forgets. When asked, “What do you think is getting in the way of you taking your medications?” he tells you that he thinks he takes too many pills and admits that he has trouble keeping track of all of them. He also notes that the metformin causes him to have diarrhea.

Regarding his blood pressure medications, he states that the medicines give him erectile dysfunction, and so he knows that they can’t be good for him to take all the time. When he gets a “fullness” in his head he knows his pressure is up, so he takes his medications for a few days until the fullness resolves.

He is also very worried that his atorvastatin will cause long-term muscle damage because of an ad he saw on TV.
5. What communication strategies can you use to help increase his adherence?

6. As a group, discuss ways to improve and simplify his medications.

7. What other practical strategies might help Mr. A. to improve his medication adherence?

8. As discussed in the Brunton article, motivational interviewing is helpful for behavior change counseling, including improving adherence. The Brief Action Plan (BAP) is a time-efficient modification of motivational interviewing designed for primary care providers.

Think of a health behavior that you have been thinking about starting or changing for yourself. Pair up, decide who will be the physician and patient first. Use the BAP guide and/or flowchart (available for free download at https://centrecmi.ca/brief-action-planning –click on “Guide & Flowchart” near the bottom of the page) and ask the three questions (below); this should take less than four minutes. Switch roles and repeat. After this exercise, as a group, discuss how it was to be in both roles and experience this technique. Could you imagine yourself trying this with a patient?

- “Is there anything you would like to do for your health in the next week or two?”
- “On a scale of 0 to 10, where 0 means you are not at all confident (sure) and 10 means you are very confident (sure), how confident (sure) do you feel that you can carry out your plan?”
- “Would it be useful to set up a check on how it is going with your plan?”

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Primary References:


Additional References:


Auguste Fortin graduated from Tufts University School of Medicine. He completed his residency in Primary Care Internal Medicine at NYU/Bellevue Hospital, and his general medicine fellowship at Johns Hopkins Hospital. He obtained his MPH at Johns Hopkins University School of Hygiene and Public Health. His academic interests include the biopsychosocial model, doctor-patient communication, psychosocial medical education, and spirituality in medicine.
Knowledge Questions:

1. Which question is most likely to result in accurately assessing a patient’s adherence?
   a. You’re taking your meds daily, right?
   b. You’re not missing any doses of your medication, are you?
   c. Most people have trouble taking medicines every day; how often do you forget to take your medicine?
   d. Adequate medication adherence is essential to avoid diabetic complications, such as retinopathy and nephropathy. How adherent are you?
   e. a and d

2. When educating a patient about adherence it is best to:
   a. Ask permission before providing information
   b. Emphasize the serious consequences of non-adherence
   c. Ask about and respond to the patient’s perspective before telling yours
   d. a and b
   e. a and c