

## **Helping patients to manage therapeutic regimens**

### **Compliance, adherence and recently concordance**

They are relationship between patient medications taking behavior and the regimens prescribed by providers. Lack of patient adherence to medication therapy is a major health problem.

#### Causes of non-adherence:

- A. Patient related behavior (Perception severity of illness, value of treatment, and confidence in their own ability to adhere determine the likelihood of adherence).
- B. Health care provider.
- C. Health care delivery system (insurance status, access to medication and economic problems).

#### **False assumptions about patient understanding and medication adherence:**

Pharmacists must have a clear picture of what medications patient take, how they take them, and what their response to therapy included both positive and negative perceptions. The following are some common issues that should be kept in mind, do not assume:

1. Physicians have already discussed with patients the medications they prescribe.
2. Patients understand all information provided.
3. If patients understand what is required, they will be able to take the medication correctly.
4. When patients do not take their medication correctly that they "don't care" "aren't motivated", "lack intelligence" or "can't remember".

5. Once patients start taking their medications correctly, they will continue to take them correctly in future but required monitoring.
6. Physicians routinely monitor patient medication use and intervene if medication problem exist (because many patients visit multiple physicians.
7. If patients are having problems, they will ask direct questions or volunteer information.

**Techniques to improve patient understanding:**

1. Emphasize key points like tell patient "now this is very important".
2. Give reasons for key advice example if prescribe antibiotic, tell why it is necessary to continue medication use even though symptoms have disappeared.
3. Give definite, concrete, clear instruction like use visual aids, photographs, or demonstrations.
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.

**Note:** supplementing oral instructions with written information is essential part of patient counseling. Assessment of a patient's ability to read and understand key written instruction is required by asking patient to read the medication label instruction and describe how they intended to take the medications.

**Techniques to establish new behavior:**

1. Help patients identify ways to integrate new behaviors with current habits.
2. Provide appropriate compliance aids.

3. Suggest ways to self-monitor like use calendar on which to recorder their medication use to avoid forgetting medication take.
4. Monitor medication use: with chronic care medications, pharmacist should monitor adherence frequently and assess patient perception of effectiveness and problems encountered.
5. Make proper referrals like use websites to obtained information on source of financial help example [www.needymed.com](http://www.needymed.com) and [www.medicare.gov](http://www.medicare.gov).

### **Theoretical foundation supporting behavior change:**

Motivational interview is theory used to help people to make changes in the direction of better health. They identified three components of motivation to change:

1. Willingness, which is indicated by the amount of discrepancy patients perceive between current health status and goals they have for themselves
2. Self-efficacy: Perceive ability or the amount of self-confidence that patients feel in their ability to initiate and maintain behavioral change.
3. Readiness which is related to how high a priority is given to these behavior changes.

Social cognitive theory: behavior change required that individual believe that:

1. Outcome expectancy: Engaging in a particular behavior change will lead to an outcome I desire.
2. Self-efficacy expectancy: I am capable of carry out the behavior change.

The stages required for behavior change are:

- a. **Precontemplation:** they may be uninformed about the benefits of change or minimize the risks to their health of continuing their current practices.
- b. **Contemplation:** in which patient describe the pros to making changes and to explore what might help them overcome barriers they perceive.
- c. **Preparation:** the individual is ready to initiate a new regimen (within month).
- d. **Action:** is the initial period in changing behavior.
- e. **Maintenance:** the new behaviors have become more integrated into lifestyle and routines. Patient gain more confidence in their abilities to maintain changes.

Motivation patient to change:

1. **Express empathy:** it is especially helpful convey understanding of the ambivalence that is inevitable in the change process.
2. **Develop discrepancy:** help patients identify the discrepancy that exists between their current behavior and their stated value or goals.
3. **Roll with resistance:** patient resistance to suggested change is often exacerbated by the communication style of the pharmacist.
4. **Support self-efficacy:** reinforce patient statements that reflect positive attitudes and optimism about ability to change.
5. **Elicit and reinforce "change talk":** encourage patients to take action.

**Preventing and coping with relapses:**

- a. Help patients understand the difference between a lapse and relapse.

- b. Helping patients to identify the high-risk situations in which they are most vulnerable to lapsing into old habits.
- c. Helping patients to identify what might help them to cope with a similar situation in the future.
- d. Help patients have a plan in place ahead of time to go back to the new behavior without feeling guilty.
- e. Help patients recommit to goals of change.
- f. For patients who are hindered by chronic or severe emotional distress, refer to physicians or a mental health professional.

### **Suggested questions:**

- 1- What are the causes of non-adherence?**
- 2- What are the false assumptions about patient understanding and medication adherence?**
- 3- What are the techniques that are used to improve patient understanding?**
- 4- Enumerate the stages required for behavior change.**
- 5- Enumerate the motivations of patient to change.**