

## **Communication Skills**

# **Helping Patients To Manage Therapeutic Regimens**

# **Compliance, adherence and recently concordance**

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

## **Causes of non-adherence:**

- 1. Patient related behavior.**
- 2. Health care provider.**
- 3. Health care delivery system.**

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

- 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.**

**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, clear instruction.**
- 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 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.**
- 4. Monitor medication use.**
- 5. Make proper referrals.**



# 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:

- 1. Precontemplation:** they may be uninformed about the benefits of change or minimize the risks to their health of continuing their current practices.
- 2. Contemplation:** in which patient describe the pros to making changes and to explore what might help them overcome barriers they perceive.

**3. Preparation:** the individual is ready to initiate a new regimen (within month).

**4. Action:** is the initial period in changing behavior.

**5. 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:**

- 1. Help patients understand the difference between a lapse and relapse.**
- 2. Helping patients to identify the high-risk situations in which they are most vulnerable to lapsing into old habits.**
- 3. Helping patients to identify what might help them to cope with a similar situation in the future.**



**4- Help patients have a plan in place ahead of time to go back to the new behavior without feeling guilty.**

**5- Help patients recommit to goals of change.**

**6- For patients who are hindered by chronic or severe emotional distress, refer to physicians or a mental health professional.**



**Thank you**

# **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.**