

A stylized landscape illustration featuring rolling green hills in the foreground and background. On the left, there are two trees: one with green foliage and one with purple foliage. A small red bird is flying in the upper left. The sky is composed of horizontal bands of blue and white. The title text is positioned in the upper right area of the slide.

Helping Patients Manage Therapeutic Regimens

Lecture: 9

Course Name: Pharmaceutical Communication Skills

Course Code: 0520515

Lecturer: Dr Balakumar

Faculty Of Pharmacy,
Philadelphia University-Jordan

CONTENTS

- Introduction
- False Assumptions About Patient Understanding and Medication Adherence
- Techniques to Improve Patient Understanding
- Techniques to Establish New Behaviors
- Techniques to Facilitate Behavior Change
- Theoretical Foundations Supporting Behavior Change
- Applying Motivational Interviewing Principles and Strategies

Overview

This chapter presents techniques to help patients manage drug therapy by building better patient understanding about their medication therapy and facilitating patient adherence to treatment regimens.

Some of these techniques utilize specific skills discussed in previous chapters.

Additional skills are described which help patients motivate themselves to make behavioral changes in the direction of improved health.



Introduction (TERMS)

- The terms “**compliance**,” “**adherence**,” and more recently “**concordance**” have been used to describe the relationship between patient medication taking behaviors and the regimens prescribed by providers.
- **Compliance** as the extent to which a person’s behavior coincides with the medical advice given. This definition is in line with a more traditional patient–provider relationship in which providers told patients what to do and patients presumably did it (complied).
- The term “**adherence**” has largely replaced “compliance” and was intended to move away from the paternalistic view of patients as individuals who simply did as they were told.

Concordance !!

- More recently, the term “concordance” has been used to acknowledge that patient medication use takes place in the context of the **relationship** between patients and providers.
- Concordance obligates providers and patients to reach **mutual decisions**.
- This joint decision making requires a **meaningful dialogue** between patients and providers on medical options and patient preferences.
- The Royal Pharmaceutical Society of Great Britain (1997) **defined concordance as** “an agreement reached after negotiation between a patient and health care professional that respects the beliefs and wishes of the patient in determining whether, when and how medicines are to be taken.”

Lack of patient adherence

- Lack of patient adherence to medication therapy remains a **major health issue** according to an Institute of Medicine report (IOM, 2001).
- The World Health Organization (2003) issued a report on adherence to long-term therapies summarizing what is known about rates of nonadherence for treatment of chronic conditions.
- However, regardless of definition and measurement, adherence rates are well below 100%.
- **The consensus is that adherence rates for long-term therapies tend to be about 50%.**

Cost on Non-Adherence

- The exact cost of nonadherence is also unclear and vary depending on the **medical condition** and **type of therapy**.
- In some conditions, costs are extremely high.
- Most nonadherence has a negative effect on patient health which, in turn, can result in.....
 - Increased emergency room and physician visits,
 - Increased hospitalizations,
 - Decreased productivity in the work place,
 - Disability,
 - Premature death.

REASONS FOR NON-ADHERENCE

- Some reasons are **related to patients**, some are **related to health care providers**, and others evolve from the **health care delivery system**.
- **The system issues** include insurance status, access to medications, and other economic concerns.
- Reasons for nonadherence to regimens include:
 - **Patient perception** of medications and the perceived value of following treatment plans as prescribed.
- **Patient perceptions** of the severity of the illness, the value of treatment, and confidence in their own ability to adhere determines the likelihood of adherence

HOW TO RESOLVE THE PROBLEM?

- Patient **beliefs** in the **positive outcomes** of therapy as well as their confidence in their **own ability** to adhere are crucial.
- Many patients are afraid of taking medications, while some may rely too heavily on medications and take more than prescribed.
- **Simplified dosing regimens, particularly once a day dosing, has been found to be associated with higher rates of adherence**

HOW TO RESOLVE THE PROBLEM? (continued)

- A recent review of research found **higher levels of social support** to consistently have a positive relationship to adherence.
- A **positive patient–provider relationship** with a collaborative communication style has been found to be related to adherence to therapy and to improved outcomes of treatment
- **Negative patient mood**, including depression and anxiety, has been found to be associated with nonadherence in a number of disease states
- While certain variables have been found to be related to adherence, it is important to keep in mind that **adherence is multidimensional** with variability across different people as well as variability for an individual person in different situations, for different therapies, and for a specific therapy over time.

HOW TO RESOLVE THE PROBLEM? (continued-2)

- Before pharmacists are able to help a patient improve adherence to a treatment regimen, they **must understand the underlying causes** of the nonadherence in this particular patient.
- Nonadherence can be divided into two broad categories:
 1. **Inadvertent nonadherence** typically involves forgetting to take medications at prescribed times.
 2. **Intentional nonadherence** involves decisions a patient has made to alter a medication regimen or to discontinue drug therapy (permanently or temporarily).

False Assumptions About Patient Understanding and Medication Adherence

- As a pharmacist, you will be in a position to help patients avoid medication-related problems.
- In order to do this you **must have a clear picture** of what medications patients take, how they take them, and what their response to therapy has been, including both positive and negative perceptions.
- You should not make generalized assumptions nor take for granted that patients understand all aspects of their drug therapy before they get to the pharmacy.

Some common issues that should be kept in mind

1. Do not assume that physicians have already **discussed** with patients the medications they prescribe
2. Do not assume that patients understand all information provided.
3. Do not assume that if patients **understand what is required**, they will be able to take the medication correctly.
4. Do not assume that **when patients do not take their medications correctly** that they “don’t care,” “aren’t motivated,” “lack intelligence,” or “can’t remember.”
5. Do not assume that once patients start taking their medications correctly, **they will continue** to take them correctly in the future.
6. Do not assume that **physicians routinely monitor patient medication** use and will thus intervene if medication problems exist.
7. Do not assume that 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, explicit instructions.**
- 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 Behaviors

- Integrate new behaviors into patient life style
- Provide or suggest compliance or reminder aids
- Suggest patient self-monitoring
- Monitor use on an ongoing basis
- Refer patients when necessary

Techniques to Facilitate Behavior Change

- It is difficult to establish a new habit such as beginning a medication regimen, to change old habits.
- The more complex and multifaceted the behavior change required, the more difficult the change will be.
- In addition to the distress of discovering that you have a chronic disease, the sheer number of changes you are asked to make can seem overwhelming.
- **Ambivalence** is a state of contradictory emotions at the same time related to the same situation.
- The specific contradictory emotions involved can be quite varied.

Techniques to Facilitate Behavior Change (continued)

- Persons can be **defiant and angry** about pressures to change but at the same time feel remorse about the costs and consequences of not changing the person vacillates between indulging in and resisting the old behavior.
- In the most extreme situations, patients can vacillate between being **hopeful** about the future and feeling **hopeless**, with accompanying feelings of depression and despair.
- The **ambivalence** does not mean that patients are unwilling to change but that they feel conflicted between **wanting to change and wanting to stay the same**.
- The goal of the pharmacist is to help patients move from being ambivalent to being willing to begin the process of change.

Theoretical Foundations Supporting Behavior Change

- **STAGE 1: PRECONTEMPLATION**
- **STAGE 2: CONTEMPLATION**
- **STAGE 3: PREPARATION**
- **STAGE 4: ACTION**
- **STAGE 5: MAINTENANCE**

Stages of Change

Stage	Defining Characteristics	Communication Approach
Precontemplation	<ul style="list-style-type: none">• Unwillingness to change• Lack recognition of problem• Deny seriousness of risk	<ul style="list-style-type: none">• Raise awareness of problem• Provide information• Convey empathy• Encourage “thinking about”• Express willingness to help• Avoid arguing
Contemplation	<ul style="list-style-type: none">• “Thinking about” change• Aware of consequences of inaction• Willing to change within 6 months	<ul style="list-style-type: none">• Encourage patient to list pros and cons• Elicit reasons in favor of change• Reinforce positive statements• Acknowledge ambivalence• Show empathy• Identify discrepancy between goals and behavior• Encourage small steps

Stages of Change (continued)

Stage	Defining Characteristics	Communication Approach
Preparation	<ul style="list-style-type: none">• Commitment to change (<1 month)• Benefits seen to outweigh costs	<ul style="list-style-type: none">• Help patient formulate specific plan• Tailor plan to patient needs• Ask about barriers to change• Discuss ways to overcome barriers• Provide information and referrals as needed
Action	<ul style="list-style-type: none">• Change is initiated• Challenges experienced• Effort to maintain resolve	<ul style="list-style-type: none">• Provide positive reinforcement• Focus on benefits of change• Discuss strategies to prevent relapse• Discuss “slips” vs. “relapse”

Stages of Change (continued-2)

Stage	Defining Characteristics	Communication Approach
Maintenance	<ul style="list-style-type: none">• Change established (>6 months)• Change incorporated into lifestyle• Focus is on avoiding relapse	<ul style="list-style-type: none">• Continue reinforcement for success• Assist in problem solving in case of a lapse

Motivating Patients to Change

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy
- Elicit and reinforce “change talk”
- IMPLEMENT “RELAPSE PREVENTION” PROGRAM

Preventing and Coping with Relapses

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

Summary

- Adherence to medication regimens can be improved by enhancing patient understanding about the medication and by facilitating the patient's motivation to take the medication appropriately.
- You must assess patient knowledge about medications, educate patients regarding essential information, assess patient medication-taking behaviors, and provide strategies to change those behaviors that are at variance with desired health outcomes.
- Communication to achieve better outcomes is complex. Expecting patients to easily change their behaviors because providers tell them to do so is naïve.

Summary (Continued)

- Behavior change is difficult, and relapse to old, unhealthy habits is common.
- Assessing patient motivation to adhere to health advice can identify perceived barriers to taking prescribed medication.
- Helping patients to maintain changes they have made to improve their health requires ongoing attention and reinforcement from the pharmacist.



THANK YOU