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engage·inspire·enable

Improving medicines adherence

A review of the NICE guidance and opportunities for pharmacy to influence adherence

introduction

Medicines are prescribed to patients to improve their health and well-being, but many are not taken as they should be. Between a third and a half of medicines that are prescribed for long-term conditions are not used as recommended[i]. This represents a health loss for patients and an economic loss for society.

There are many terms used to discuss how medicines are taken. Adherence is the extent to which the patient's behaviour matches agreed recommendations from the prescriber. Concordance is the process by which the patient and prescriber come to an agreement about medicines taking. Concordance is often referred to as 'informed adherence'.

Non-adherence often results from a lack of effective communication between prescriber and patient, inconsistent messages from different healthcare professionals and a lack of support for the patient once the medicine has been dispensed.

A NICE approach to improving medicines adherence

Medicine adherence – Involving patients in decisions about prescribed medicines and supporting adherence

In January 2009, NICE issued clinical guidelines[i] in which the importance of an integrated, multidisciplinary approach to improving medicines adherence in patients is highlighted. The key recommendations from the guidelines are:

- Involving patients
  - Improve communication with patients
  - Increase patient involvement in the decision making process about their medicines
  - Understand the patient's perspective on their condition and possible treatments
  - Provide information about their condition and possible treatments
- Supporting adherence
  - Assess adherence levels
  - Identify adherence issues
  - Address adherence issues
  - Review medication and its effective use
  - Improve communication between healthcare professionals in the care pathway

need

- Poor adherence to treatment is complex and can be:
  - unintentional
    - lack of understanding
    - forgetfulness
    - access - repeat prescriptions, supply, device, packaging and labelling

  - intentional
    - beliefs – specific and non-specific
    - side effects
    - ambivalence
- Non-adherence is a problem across all therapy areas including pain management, mental health, long-term conditions like asthma and cardiovascular disease and even life-threatening conditions such as cancer, HIV and organ transplantation
- Improving adherence is key to improving health outcomes, minimising admission into hospital and reducing waste
- Patients often misunderstand what their medicines are for, how to take them and have not been engaged in the pros and cons associated with their treatment
- People need help to change their behaviour.

solutions

To understand non-adherence we need to consider patients' beliefs and preferences that influence their motivation to start and continue treatment as well as practical factors. This requires:

- an open, non-judgemental approach that encourages patients to discuss any doubts or concerns about treatment
- a patient-centred approach that encourages informed adherence (concordance)
- identification of perceptual and practical barriers to adherence at the time of prescribing, dispensing and during regular review.

Pharmacists, and other healthcare professionals, should adapt their consultation style to the needs of individual patients. They must:

- establish the most effective way of communicating with each patient and, if necessary, consider ways of making information accessible and understandable (for example, using pictures, symbols, large print, different languages, an interpreter or a patient advocate)
- offer all patients the opportunity to be involved in making decisions about their medicines
- establish what level of involvement in decision-making the patient would like
- be aware that increasing patient involvement may mean that the patient decides not to take or to stop taking a medicine as long as the patient has the capacity to make an informed decision
- be aware that patients' concerns about medicines, and whether they believe they need them, affect how and whether they take their prescribed medicines
- offer patients information that is relevant to their condition, possible treatments and personal circumstances, that is easy to understand and free from jargon
- recognise that non-adherence is common and that most patients are non-adherent sometimes
- routinely assess adherence whenever they dispense and review medicines
- tailor any intervention to increase adherence to the specific difficulties the patient is experiencing
- review patient knowledge, understanding and concerns about medicines, and a patient's view of their need for medicine at intervals agreed with the patient, because these may change over time.

Most of these issues can be resolved in a pharmacy setting by providing factual information, making adjustments to services, challenging beliefs and developing strategies to minimise side effects. Alternatively, and where appropriate, patients may refer back to the prescriber with reasoned outcomes of the consultation.

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Perhaps the most difficult issue to combat is ambivalence. Patients will not take their medicines as prescribed unless they are sufficiently motivated to do so. Unless patients believe and understand the importance of taking their medicines properly and value what is achieved by doing so, adherence will remain poor.

For this to happen, we should provide information when necessary but in a neutral way. Don't lecture and don't force your views on the patient; ask permission to provide information and check how it is received. Ask them to reflect back what you have told them, do they now have a better understanding and has the information been helpful?).

"Although taking statins regularly doesn't make you feel any better at the moment, we know that doing so significantly reduces the risks of having a heart attack or stroke. What do you think of that information?"

We must:

- **listen** to the patient
- **understand** the **patient's motivations**, **empower** the patient to change and **resist jumping in** with your own imposed solutions
- **ask Open Questions** and allow the patient to elaborate; wait, give patient time to express themselves
- **affirm** positive aims, thoughts, actions already made
- **recognise** and be aware of clues to intrinsic motivation revealed through ***Change Talk***:
    - Desire – I want to do this
    - Ability – I can do this
    - Reason – I am doing this because
    - Need – I have to do this because
- **agree a plan.**

Examples of Open Questions to help elicit change talk on medicines use:

- "What do you want for yourself in the future?"
- "How important are your medicines in helping you to achieve that?"
- "If you decide not to take your medicines, what do you think might happen?"
- "What do you think gets in the way of taking your medicines in the best way you can?"
- "What would help you remember to take your medicines"?
- "What side effects/risks would you like to decrease?"
- "What are the most important benefits that you see in making this change?"
- "How important is this to you?"
- "How do you think you will do it?"
- "What do you think you will do first?"

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opportunities

The opportunities for pharmacy to influence adherence are many:

- **brief interventions** to address any minor concerns as part of every supply
- **good repeat prescription management** – reconciliation and synchronisation of quantities, effective implementation of formal repeat dispensing services to improve access to medicines
- **appropriate adjustments to services** to meet the needs of patients with some form of disability e.g. larger print or talking labels, reminder devices or charts, supervised consumption – this is not necessarily all about monitored dosage systems which often create more problems for the patient
- **adherence support** – this could be through Medicines Use Reviews (England and Wales), the Acute and Chronic Medicines Services in Scotland or integral to an Enhanced Service. There are an increasing number of examples of evaluated adherence projects around the country which demonstrate some excellent outcomes of pharmacy's impact on poor adherence

conclusion

Community pharmacists are the healthcare professional that patients most frequently interface with and as such are best placed to overcome many of the issues that influence medicines adherence. The relationship that a patient has with their pharmacist is a very different one to that which they may have with their consultant, GP or nurse. They are often much more open about their actual levels of adherence and the concerns they may have which affect how they take their medicines.

To really make a difference we must adopt a coaching approach to patient consultations. This requires new skills including awareness of motivational interviewing techniques to elicit behavioural change. It also requires a co-ordinated multi-disciplinary approach in line with NICE guidance with consistency of message to the patient.

No matter how good, cost-effective and evidence based prescribing is, if the current level of non-adherence continues then the patient benefits of pharmacological interventions will not be optimised, NHS resources will be wasted and healthcare professionals (including pharmacists) will be failing in the care of their patients.

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balance develop programmes that engage and inspire community pharmacists to enable tangible, positive health changes in their patients and improve adherence to treatment including motivational interviewing for behavioural change. Specifically:

- development of adherence support packs
- behavioural change skills development programmes including workshops and web-based learning
- pharmacist adherence programme

[i] NICE Clinical Guideline 76. Medicines Adherence January 2009

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