Non-Adherence: How to Improve the Therapeutic Relationship with Difficult Patients

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Disclosures

- None

Objectives

- Explain the barriers patients face leading to non-adherence
- Provide tools for healthcare providers to improve adherence

Adherence

- Degree to which a patient correctly follows medical advice.
  - Medication or drug compliance
  - Device use
  - Self care, self-directed exercises, or therapy sessions.

Background

- Adherence to pharmacotherapy involves taking medication as prescribed with regard to dose, frequency, and timing
  - can be quantified on a continuum as a percentage of doses taken as prescribed during a specific interval, or expressed categorically

Background

- Non-adherence to one part of medical care may increase non-adherence in other parts of care

Background

- Psychosocial factors significantly affect mortality, independent of the presence of other comorbid conditions in treatment of medical conditions
  - Increased levels of social support, enhanced behavioral compliance, and positive perceptions of the effects of illness are all associated with a decreased risk of dying
- Their effect on mortality appears to be equivalent to those of medical risk factors

Background

- Noncompliance in nephrology, defined in part by regularly skipping dialysis and poor adherence to dietary restrictions, is associated with increased mortality
- Missing >3% of treatments, increased mortality was associated with skipping (HR 1.69, 95% CI 1.23-2.3)

Non-Adherence

- Non-adherence takes many forms
- Important to distinguish cause
  - Psychological problems
  - Forget, misunderstand instructions, or are misinformed

Challenges to Adherence

Patient Characteristics

Asymptomatic, early

Chronic condition

Condition suppressed, not cured

No immediate consequences of stopping therapy

Social isolation/Disrupted home situation/Social threat

Motivation/Denial

Psychopathology/Cognitive Impairment/Illiteracy

Treatment

Long duration of therapy

Complicated regimens

Expensive medications

Side effects of medications

Multiple behavioral modifications

Interaction with HCP/Lack of specific appointment times/Wait times

Inconvenience

Factors Affecting Adherence

- Health Beliefs
  - Risk perception
  - Benefits
  - Barriers

Psychological Factors

- Regression
- Anxiety
- Depression
- Denial
- Anger

Psychological Factors

- Stigma, shame, or humiliation regarding the general medical illness
- Helplessness (depression) regarding the illness
- Mistrusting clinicians
- Anger with clinicians or illness

Psychological Factors

- Minimize challenging or interfering with a patient's defensive style unless it has an adverse impact on the medical illness or its management

Adherence to Treatment Plan

- Acceptable
- Understandable
- Mangeable

Strategies for Adherence

- Patient education
- Contracts
- Self-monitoring
- Tailoring interventions to individual
- Telephone f/u
- Social support

Strategies for Adherence

- Ask about prior use of pharmacotherapy.
- Discuss with patients their expectations of
  - benefits and adverse effects
  - monitor use and benefit of medications and plans for dose titrations.
- Emphasize benefits that are important to patient
- Address irrational or erroneous beliefs about medications, negative attitudes
- Incorporate patient preferences
- Involve family
- Reinforce need to continue treatment even when feeling better
- **Trying to improve adherence by frightening patients is rarely successful**

Breaking Down Strategies for Adherence

- Reduce non-adherence
- Identify and address non-adherence
- Ongoing non-adherence

1. Reducing Non-Adherence

- Provide rationale in simple language
- Encourage personal motivation
- Address general barriers to adherence
- Address specific barriers to adherence
- Collaborative treatment plan
- Social support
- Frequent f/u

2. Identify and Address Non-Adherence

- Assess adherence at each visit
- Ask about side effects/problems with treatment
- Distinguish between non-adherence and ineffective treatment
- Address adherence from patient’s perspective

3. Ongoing Non-Adherence

- Can effect short and long term therapeutic relationship
- Open to ongoing discussion on adherence
- Encourage social supports
- Conditions/Contracts
- Harm Reduction

Case

- 34M ESRD since 2006 secondary to MPGN from HCV in setting of history of IDU
- PD 2006-2010.
  - Frequently skipped exchanges
  - 2 episodes of peritonitis due to technique breach
  - Switched to HD due to chronic underdialysis
- HD 2010-present
  - Refuses AVF/AVG
  - Misses runs, misses binders
- Family interested in donating a kidney to patient
- How do you proceed?

Ethical Treatment of Non-Adherent Patient

- Harm to patient
- Harm to others
- Cost
- Personal accountability (internal or external constraints)

Ethical Treatment of Non-Adherent Patient

- Patient/family-centered care the leading healthcare philosophy presently.
- Puts patients and families at center in decisionmaking
  - encourages them to think that they have the right to demand treatment.

Ethical Treatment of Non-Adherent Patient

- From HCP perspective
  - Is treatment futile only if it is impossible for it to achieve its therapeutic objective, or is it enough that it is merely unlikely to do so or has a problematic objective, an objective not worthy of being pursued

Options

- We presume that the person is responsible (and thus withhold treatment), and the person is responsible. (1)
- We presume that the person is responsible (and thus withhold treatment), and the person is not responsible. (2)
- We presume that the person is not responsible (and thus deliver treatment), and the person is responsible. (3)
- We presume that the person is not responsible (and thus deliver treatment), and the person is not responsible. (4)

Rationale

- Skepticism about responsibility has implications not only for how noncompliant patients ought to be treated but also for the appropriate attitudes one can have toward them.
- If they are to be treated as if their behavior were not under their control, the common attitudes of anger and resentment toward them should disappear.
- The emotional attitudes one has depend on one's beliefs; one's attitude.
- If there is a real chance that the noncompliant are not responsible for what they do
  - it should be morally inappropriate to hold negative attitudes.

Rationale

- Understanding the basis for the care of the noncompliant should alter attitude toward them
- They will not be treated as standing in the way of “real” patients
- INSTEAD VIEWED as patients who are deserving of full care and the respect

Rationale

- Care of non-adherent patients often involves contracts
- May think this requires the patient be able to be held responsible.
- Do not need to be responsible when contracts are used to establish communication

Rationale

- Could be considered identical in point of responsibility to patients such as children, the mental incapable (inc. psychosis), infectious, and the chronically ill who pose similar risks and costs
- care can be refused in few and rare circumstances in which harm to others and cost justifies refusing treatment to these

Summary

- We offer to move forward with transplant
  - We presume that the person is responsible (and thus withhold treatment), and the person is responsible. (1)
  - We presume that the person is responsible (and thus withhold treatment), and the person is not responsible. (2)
  - We presume that the person is not responsible (and thus deliver treatment), and the person is responsible. (3)
  - We presume that the person is not responsible (and thus deliver treatment), and the person is not responsible. (4)

Summary

- Non-adherence to evidence based therapy is associated with excess morbidity & mortality
- Decreases utilization of medical services
- Increase QOL
- Reduced social costs

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