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
References

• Rasmussen JN, Chong A, Alter DA. Relationship between adherence to evidence-based pharmacotherapy and long-term mortality after acute myocardial infarction. JAMA 2007; 297:177.
• ALISTER BROWNE, BRENT DICKSON, and RENA VAN DER WAL. The Ethical Management of the Noncompliant Patient.