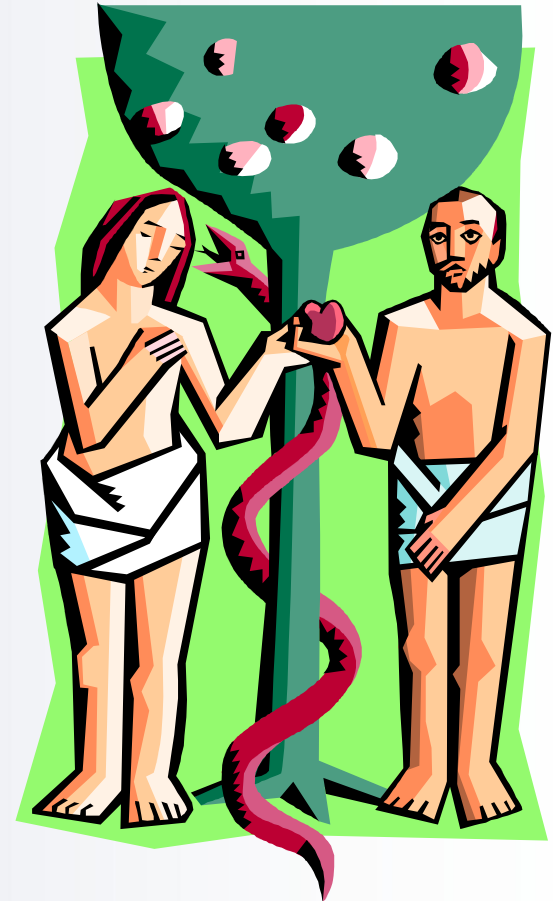


Non Compliance and Adherence

What does it mean for Dermatology Nurses?

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AGENDA

1. Definition: Non Compliance & Adherence
2. Types of Non Compliance
3. Adherence Models
4. Measuring Adherence
5. Factors Affecting Adherence
6. Strategies to Improve Adherence
7. Conclusion

1. Definitions:

Non Compliance & Adherence

- Controversy & disagreement over use of terms.
- Are the terms “interchangeable” ?

NON COMPLIANCE – implies:

- Deviant behaviour
- Patient to blame
- Lack of willingness for “doctors orders”
- Doctor has power for decision making
- Responsibility rests with patient
- Patient placed in subservient role

Non Compliance & Adherence (Continued)

ADHERENCE – implies:

- Active involvement of patient & doctor
- Responsibility EQUAL patient & doctor
- Collaborative partnership
- Decisions NEGOTIATED v DICTATED

3. Types of Non Compliance

Non compliance has historically been
Categorised as:

- A. ERRATIC**
- B. UNWITTING**
- C. INTENTIONAL**

A. Erratic Non Compliance

“Most common”

- Requirement of treatment is understood & agreed by the patient, yet not followed.

- Reasons offered:
 - Too busy
 - Too Complex
 - Forgetfulness
 - Schedule changes
 - Psychological distress
 - Running out of medication

B. Unwitting Non Compliance

- Doctor/Nurse & Patient believe patient is complying appropriately
- Commonly resulting from:
 - Poor understanding of regime
 - Incorrect admin technique
 - Language barriers
 - Cognitive impairment

C. Intentional Non Compliance

- Clear decision made to Alter/Cease treatment due to:-
 - Feeling better
 - Believe medicine not required
 - Believe regime ineffective
 - Regime too complex
 - Fear of addiction, side effects, toxicity
 - Medication too expensive \$\$\$\$\$\$\$\$

Types of Non Compliance

**** Key Messages ****

- Nurses need to be able to identify which category type a patient may fit into, so underlying REASONS for non compliance can be ADDRESSED

2. Adherence Models

- Models underpin strategy management
- The 3 models identified are:
 - A. TRANSTHEORETICAL**
 - B. HEALTH BELIEF**
 - C. THEORY OF PLANNED BEHAVIOUR**

A. Transtheoretical Model

This Model focuses on the adoption & maintenance of health behaviours

- 2 major dimensions of the Model are
 - **Stages of Change**
 - **Processes of Change**

Transtheoretical Model

(Continued)

Stages Of Change

- ❑ Pre-contemplation
- ❑ Contemplation
- ❑ Preparation
- ❑ Action
- ❑ Maintenance

Processes of Change

- ❑ Consciousness raising
- ❑ Dramatic relief
- ❑ Self re-evaluation
- ❑ Environmental re-evaluation
- ❑ Self liberation
- ❑ Social liberation
- ❑ Counter conditioning
- ❑ Stimulus control
- ❑ Contingency Planning
- ❑ Helping relationships

B. Health Belief Model

This model focuses on threat perception & behaviour evaluation.

- **Threat perception** = susceptibility & severity of illness
- **Behaviour evaluation** = beliefs about the benefits of health behaviour including costs & barriers

Health Belief Model

(Continued)

It Also:

- Relates to **health motivation**
- Outlines **consequences**
- Emphasises **susceptibility to illness** through interventions promoting CHANGE e.g. skin cancer & melanoma awareness

Cues that motivate health behaviour are:

- social pressure
- education/media campaigns
- perception of symptoms

B. Indirect Measurement

- **Clinician Judgement** - impression/observation
- **Self Report** - interviews, diaries, questionnaires
- **Medication measurement** - counting pills / dosage units used each visit
- **Pharmacy Database** – Amount of meds dispensed
- **Microelectronic Measurement** - MEMS “bottle cap” applied to packaging records time/date each use

Adherence Models

**** Key Messages ****

- Nurses should understand adherence models to aid development of strategies
- Behavioural change is a process, not a one off event & “takes time” to achieve
- Attitudes & health beliefs can be influenced by medical staff

AGENDA REVIEW

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4. Measuring Adherence

Methods of measuring adherence
Are divided into 2 groups:

A. DIRECT

B. INDIRECT

A. Direct Measurement

- **Biochemical** - confirms drug ingestion levels
- **Direct Observation** - Monitoring / observation of drug ingestion

B. Indirect Measurement

- **Clinician Judgement** - impression/observation
- **Self Report** - interviews, diaries, questionnaires
- **Medication measurement** - counting pills / dosage units used each visit
- **Pharmacy Database** – Amount of meds dispensed
- **Microelectronic Measurement** - MEMS “bottle cap” applied to packaging records time/date each use

Adherence Measurement

**** Key Messages ****

- Measuring adherence is a tool to help aid the Nurse/Doctor in assessing a patients level of adherence
- There are some **SHORTCOMINGS** associated with Direct & Indirect measures
- It is **ESSENTIAL** to have an honest & flexible working relationship with our patients

5. Factors Affecting Adherence

Factors affecting adherence can be identified under 3 categories:

- A. External**
- B. Physical**
- C. Psychological**

A. External Factors (Affecting Adherence)

- Mistrust of medical staff
- Treatment complexity set by doctor
- Cost/socioeconomics
- Misinformation
- Lack of transport
- Social isolation
- Type of treatment can burden disease
e.g. Topicals are laborious, messy, malodorous,
can sting / burn, stain clothing & cause irritant
reactions

B. Physical Factors (Affecting Adherence)

- Pregnancy
- Physical disability
- Obesity
- Side effects of medication

C. Psychological Factors (Affecting Adherence)

- Cognitive impairment
- Depression/Anxiety disorders
- Unrealistic expectations
- Denial
- Rebellion
- Poor motivation
- Desire to maintain "sick role"
- Doubt "sceptical" about effectiveness of regime

Factors Affecting Adherence

**** Key messages ****

- Recognition of barriers to adherence increases nurses/doctors awareness
- Enables development of problem solving strategies that can be planned in collaboration with the patient
- Identifies EXACTLY what is preventing improvement

6. Strategies to Improve Adherence

A. EDUCATIONAL

B. COMMUNICATION

C. BEHAVIOURAL

A. Educational Strategies (to Improve Adherence)

- KNOWLEDGE = EMPOWERMENT
- Patients WANT clear information/explanation
- Chronic illness education is ONGOING
- Use verbal & written tools****
- Offer patient support group networks
- Education aids motivation

B. Communication Strategies (to Improve Adherence)

- Poor communication=malpractice suits
- Provide information in an interactive manner – “BUILD RAPPORT”
- Speak slowly
- No medical jargon
- Non verbal important-smile/eye contact
- REPEAT important information

Communication Strategies (to Improve Adherence)

Continued ...

- CLARIFY Patient's understanding by asking them to repeat back key discussion points
- Use interpreter service PRN
- Encourage questions
- LISTEN
- Demonstrate

C. Behavioural Strategies (to Improve Adherence)

- Written Plan
- Contracting
- Cueing/reminders
- Positive re-enforcement
- Self monitoring-diaries
- Therapy tailoring-explore patient beliefs, simplify regime, alter drug type/route
- Adherence measures?

Behavioural Strategies (to Improve Adherence)

Continued ...

- Appointment reminder: phone call
- Counselling/social work intervention to increase coping skills
- Realistic Attitude...chronic disease will fluctuate "*LEARN* to take the good with the bad".
- Connection to support network

Strategies to Improve Adherence

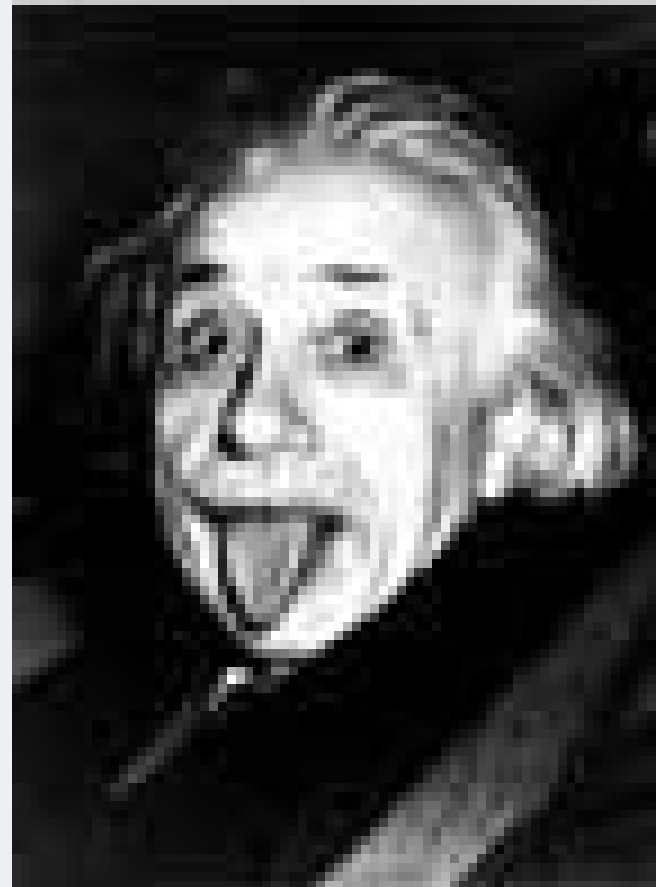
**** Key messages ****

- Education, communication & behavioural strategies are highly effective tools to promote adherence.
- Health Professionals need to be trained & skilled in Adherence strategies
- PATIENT SATISFACTION=ADHERENCE

THE END !

“In the middle of
difficulty lies
opportunity”

(Albert Einstein)



Non-Compliance & Adherence Reference List

1. Balkrishnan R, Carroll C.L, Camacho F.T & Feldman S.R 2003, 'Electronic Monitoring of medication adherence in skin disease: Results of a pilot study', *Journal of the American Academy of Dermatology*, vol 49, no.4, pp. 651-4.
2. Basak, P.Y, Ozturk M, Baysal,V, 2003, 'Assessment of information and education about topical corticosteroids Turkey', in *dermatology outpatient departments: Experience from Journal of the European Academy of Dermatology & Venereology*, vol 17, no.6, pp. 652-58.
3. Blackwell, B & University Wisconsin School of Medicine Milwaukee, 1995 (eds.), 'Treatment Compliance and the Therapeutic Alliance', in R Kemp & A David, *Insight and Compliance*, Harwood Academic Publishers, USA, pp. 61-84.
4. Brazzini, B 2002, 'New and established Topical Corticosteroids in Dermatology: Clinical Pharmacology and Therapeutic Use', *American Journal of Clinical Dermatology*, vol 3, no.1, pp. 47-58.
5. Burgoon M, Parrott R, Burgoon J.K, Coker, R et al 1990, 'Patient's Severity of Illness, Non Compliance, and Locus of Control and Physicians' Compliance Gaining Messages', *Health Communication*, vol 2, no. 1, pp. 29-46.
6. Burgoon M., Parrott R., Burgoon J.K., Birk T. et al 1990, 'Primary Care Physicians Selection of Verbal Compliance- Gaining Strategies', *Health Communication*, vol 2, no. 1, pp. 13-27.
7. Burke L.E & Ockene I.S (eds.), 2001 'Compliance in Healthcare & Research' in JK Ockene, *Strategies to Increase Adherence to Treatment*, Futura Publishing, New York, pp. 43-55.
8. Burke L.E & Ockene I.S (eds.), 2001 'Compliance in Healthcare & Research' in E.A Schlenk, L.E Burke & C Rand, *Behavioural Strategies to Improve Medication Taking Compliance*, Futura Publishing, New York, pp. 57-70.
9. Burkhart C.G., 2001, 'Improving the Rate of Kept Appointments of Dermatology Clinics', *Journal of the American Academy of Dermatology*, vol 44, no. 2, pp. 313-14.
10. Chren M.M., 2002, 'Doctor's Orders: Rethinking Compliance in Dermatology', *Archives of Dermatology*, vol. 27, no. 9, pp 608-11.
11. Coombs T., Deane F.P., Lambert G. & Griffiths, R., 2003, 'What Influences patient's Medication Adherence? Mental Health Nurse Perspectives and a Need for Education and Training', *International Journal of Mental Health Nursing*, vol 12, no. 2, pp. 148-52.
12. Cox, N.H. & Macoll, A.F., 1993, ' Once Daily Topical Corticosteroids: An Assessment of Acceptability', *Journal of Dermatological Treatment*, vol 4, no. 3, pp. 164.
13. Cramer, J.A., 1995 'Optimizing Long Term Patient Compliance', *Neurology*, vol 45, 2 suppl 1, S25-S28.
14. Cramer, J.A. & Spilker, B.(eds.) 1991, 'Patient Compliance in Medical Practice and Clinical Trials', in MA Rapoff, MU Barnard, *Compliance With Pediatric Medical Regimes*, Raven Press, New York pp 73-98.
15. Cramer, J.A. & Spilker, B.(eds.) 1991, 'Patient Compliance in Medical Practice and Clinical Trials' in BA Cromer, *Behavioural Strategies to Increase Compliance in Adolescents*, Raven Press, New York pp 99-105.

16. Cramer, J.A & Spilker, B.(eds.) 1991, 'Patient Compliance in Medical Practice and clinical trials' in NJ Owens, E.P Larrat, & D. Fretwell, *Improving Compliance in the Older Patient: The Role of Comprehensive Functional Assessment*, Raven Press, New York, pp 107-119.
17. Cramer, J.A. & Spilker, B.(eds.) 1991, 'Patient Compliance in Medical Practice and Clinical Trials' in EW Engstrom, *Clinical Correlates of Anti-depressant Compliance*, Raven Press, New York, pp 187-194.
18. Cramer, J.A & Spilker, B.(eds.) 1991, 'Patient Compliance in Medical Practice and Clinical Trials' in L.W Green, P.D Mullen & R.B Friedman, *Epidemiological and Community Approaches to patient Compliance*, Raven Press, New York pp 373-385.
19. Cramer, J.A. & Spilker, B.(eds.) 1991, 'Patient Compliance in Medical Practice and Clinical Trials', in J.A Cramer, *Identifying and Improving Compliance Patterns*, Raven Press, New York, pp. 387-392.
20. Cramer, J.A. & Spilker, B.(eds.) 1991, ' Patient Compliance in Medical Practice and Clinical Trials', in L. Lasagna & P.B Hutt, *Health Care, Research, and Regulatory Impact of Non Compliance*, Raven press, New York, pp 393-403.
21. Cramer, J.A.,& Spilker, B.(eds.) 1991, ' Patient Compliance in Medical Practice and Clinical Trials' in J.A. Cramer, *Overview of Methods to Measure and Enhance Patient Compliance*, Raven Press, New York, pp 3-10.
22. Cramer J.A., & Spilker, B.(eds.) 1991, 'Patient Compliance in Medical Practice and Clinical Trials' in R.L Krall, *Interaction of Compliance and Patient Safety*, Raven Press, New York, pp 19-25.
23. Cramer J.A., & Spilker, B.(eds.), 1991, 'Patient Compliance in Medical Practice and Clinical Trials', in B. Spilker, *Methods of Assessing and Improving Patient Compliance in Clinical Trials*, Raven press, New York pp. 37-56.
24. Delago, P.L., 2000, 'Approaches to the Enhancement of Patient Adherence to Anti-Depressant Medication Treatment', *Journal of Clinical Psychiatry*, vol 61, suppl 2, pp 6-9.
25. Finlay, A.Y., 2000, 'Dowling Oration 2000 Dermatology Patients: What do they really need?', *Clinical & Experimental Dermatology*, vol 25, no. 5, pp 444-50.
26. Fisk, A.D., Rogers, W.A. (eds.) 1997, 'Handbook of Human Factors and the Older Adult', in D.C Park & T.R Jones, *Medication Adherence and Aging*, Academic press, USA, pp 257-86.
27. Gould O.N., McDonald-Miszczak L. & King B., 1997 'Metacognition & Medication Adherence: How do older adults remember?', *Experiential Aging Research*, vol 23, no 4, pp 315-42.
28. Haynes B.R., McDonald H.P. & Garg A.X., 2002, 'Helping Patients Follow Prescribed Treatment: Clinical Applications', *Journal of the American Medical Association*, vol 288, no 22, pp 2880-83.
29. Ho W-S., Chan N.H., Ying S.Y., Cheng H.S & Wong C.S., 2001, 'Skin Care in Burns Patients: A team Approach', *Burns*, vol 27, no.5, pp 489-91.
30. Katz L.G., 1991, 'The Use of Printed Instruction Sheets to Enhance Patient Compliance', *Seminars in Dermatology*, vol 10, no. 2, pp 91-95.
31. Klinge R.S., 1993, 'Bringing Time into Physician Compliance Gaining Research: Toward a re-inforcement expectancy theory of strategy effectiveness', *Health Communication*, vol 5, no. 4, pp 283-308.

32. Koehler A.M. & Maibach H.I., 2001, 'Electronic Monitoring in Medication Adherence Measurement Implications for Dermatology', *Journal of Clinical Dermatology*, vol 2, no. 1, pp 7-12.
33. McCarthy J.T., 1991, 'Patient Non Compliance', *Cutis*, vol 48, no.5, pp 358.
34. Nicassio P.M. & Smith T.W. (eds.), 1995, 'Managing Chronic Illness' in J .Dunbar-Jacob, L.E. Burke & S. Puczynski, *Clinical Assessment and Management of Adherence to Medical Regimes*, American Psychological Association, Washington DC pp 313-49.
35. O'Hair D., O'Hair M., Southward G.M. & Kraye K.J., 1987 'Physician Communication and patient Compliance', *Journal of Compliance in Health Care*, vol 2, no. 2, pp 125-29.
36. Rankin S.H. & Stallings K.D., 1990, 'Patient Education'(2nd ed.), JB Lippincott, Philadelphia.
37. Renzi C., Picardi A., Abeni D. & Agostini E. et al 2002 'Association of Dissatisfaction with Care and sychiatric Morbidity with Poor Treatment Compliance', *Archives of Dermatology*, vol 138, no. 3, pp 337-42.
38. Rollnick S., Mason P. & Butler C., 1999, 'Health Behaviour Change: A Guide for Practitioners', Churchill Livingstone: China.
39. Rolstad T. & Zimmerman G., 2000, 'Patient Advocacy Groups: A Key Prescription for Dermatology Clinics', *Dermatology Clinics*, vol 18, no. 2, pp 277-85.
40. Shearer H.M. & Evans D.R., 2001, 'Adherence to Health Care' in S. Kazarian & D.R. Evans (eds.), *Handbook of Cultural Health Psychology*, Academic Press, USA, pp 113-38.
41. Sterry W., 1992, 'Therapy with Topical Steroids', *Archives of Dermatological Research*, vol 284, Suppl 1, pp s27-s28.
42. Stewart M., Brown J.B., Weston W.W. & McWhinney I.R et al, 1995, 'Patient-Centred Medicine' Sage Publications, USA.
43. Tucker R.P., 2003, 'Involve Patients in the Choice of Emollient', *Pharmaceutical Journal*, vol 271(7280), pp 840.
44. Weitz R., 1996, 'The Sociology of Health, Illness and Health Care: A Critical Approach', Wadsworth Publishing Company, USA.
45. Witkowski J.A., 1988, 'Compliance: the Dermatologic Patient', *International Journal of Dermatology*, vol. 27, no. 9, pp 608-11.