Working with the noncompliant patient

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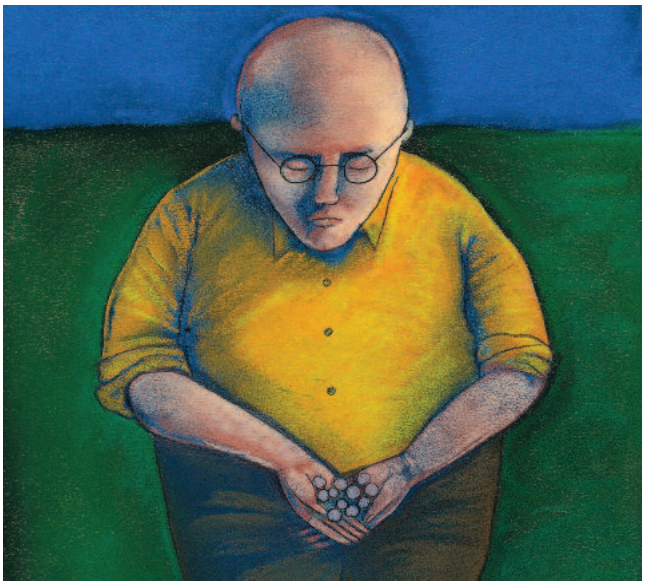

There are many reasons why a patient may not comply with a medication or treatment. Usually these can be managed by thorough assessment of the situation and the patient's concerns, discussion of the issues and careful negotiation with the patient.

Remember

- Noncompliance with medical advice or treatment is common, with at least half of all patients being noncompliant at some stage of treatment.[1]
- Compliance tends to be lower in conditions that require longer-term prophylactic treatment and where the consequences of treatment discontinuation are delayed.
- Medication noncompliance is an important factor in treatment outcomes for many medical conditions, and the increased morbidity and mortality rates are a significant public health problem in terms of human and economic costs.
- The rate of noncompliance with treatment for psychiatric disorders is probably no worse than in treatment for physical disorders.
- Medication compliance is affected by a number of different factors, including:
  - patient sociodemographic features (e.g. male gender, youth, elderly age)
  - family and social support (e.g. living alone, unstable accommodation)
  - the strength of the patient–doctor alliance
  - illness features (e.g. cognitive deficits, depression, absence of immediate negative consequences of noncompliance)
  - patient beliefs about the nature of the illness and the need for treatment (e.g. lack of knowledge, denial, risk–benefit analysis)
  - practical barriers (e.g. lack of finances or access to public amenities)
  - medication-related issues (e.g. efficacy, route and frequency of administration, side effects).
- The aim is to assist the patient to make an informed decision based on information about the illness and treatment and giving due consideration to the benefits and risks of treatment options. Rather than being the patient's problem, noncompliance or lack of adherence with treatment needs to be understood as a challenge to be addressed via collaboration between the doctor and patient to achieve treatment goals.
- 'Normalise' difficulties that patients may have in continuing to adhere to medication regimens. Encourage patients to be actively involved in treatment decisions, planning and monitoring, including the identification of factors that may impinge on treatment compliance.

Assessment

- Expect that all your patients will have at least some misgivings about taking medication.
- In an open, nonjudgemental and collaborative manner, ask the patient questions about his or her understanding of the condition and attitudes to treatment – for example, 'A lot of other patients who I see tell me that there are times that they don't take the medication as prescribed. I wonder if that happens to you?'.
- Ask the patient about any problems he or she may have had in the past with treating practitioners and prescribed medications. Seek to understand what difficulties the patient may have experienced with past treatment, how the patient responded to those difficulties and what consequences resulted, particularly in terms of adverse attitudes or health outcomes.

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• If possible, seek corroborative information from other treatment centres to obtain a medical history of past treatment efforts.
• Adherence to taking medication can be difficult to assess. There can be low concordance between different measures of compliance (e.g. direct observation, patient's or others' report, serum levels, pill counts). Of course, a patient admitting to not taking medication is usually fairly accurate. In other circumstances, multiple means of assessment are probably worth considering.
• Ask about the patient's living circumstances, and the type and degree of support from others. Ask about the carers' attitude to treatment, because this can have a significant impact on the patient's own views and behaviour regarding taking medication.
• Try to determine the most likely contributing factors to noncompliance.

Management

• A thorough assessment should form the basis of an informed management plan.
• Listen and be attentive to the patient's concerns.
• Discuss with the patient:
– the nature of the condition to be treated
– the aims of treatment
– the types of medications that are available for the condition
– the expected effect of the medication over a certain period of time
– the prophylactic value of maintenance treatment if indicated
– the consequences of noncompliance
– the potential side effects of medication, what to expect and what action to take if side effects do occur.
• Provide the patient with written information about prescribed medications. Information leaflets should be designed for patients and use simple language with an appropriate format and print size. Check that the patient has understood all the information discussed.
• Ensure an ongoing plan of management and continuity of care. Maintaining improvement in adherence to treatment requires a continuing commitment rather than a 'one-off' intervention.
• Negotiate with the patient how monitoring of compliance will occur, while seeking to avoid the patient feeling that he or she can not be trusted or is under scrutiny. It can be a useful strategy to frame the monitoring methods as one part of the plan to address an agreed compliance problem.
• If appropriate, it may be an option to inform the patient that other treatment options are available if the current medication is not effective or suitable.
• Try to keep medication regimens as simple as possible, both in terms of the number of different types of medication and the number of times they need to be taken per day.
• Minimise the risks of side effects by prescribing medication types and dosage levels that are known to be better tolerated.
• Common concerns that patients have about medications include:
– concerns regarding the efficacy of the medication
– taking 'unnatural' substances
– the risk of becoming addicted to the medication
– being reminded of the illness
– a perception that the risks of the cure may outweigh the risks of the disease.

Anticipate these concerns by asking the patient if he or she has similar concerns, and seek to alleviate these by listening to the patient, providing information to correct misperceptions and offering regular reviews of progress in the short term.
• Assist patients in their deliberations, by acknowledging the disadvantages while highlighting the advantages of the proposed treatment.
• Prompts and reminders may be useful for some patients who have difficulty remembering to take their medication. Simple interventions include the use of diaries or a prompt card in a prominent place that will act as a mnemonic device at certain times of the day (e.g. for nighttime medications, a card placed on top of the television that will be seen when the patient watches the evening news), or asking carers to provide reminders.
• A dosette box or Webster-pak – a specially designed container that enables a week of medication to be packaged at relevant dosage times – may assist some patients with cognitive deficits who become confused with more complex medication regimens.
• For patients who are clearly ambivalent about a particular medication, a useful strategy is to propose a trial period of taking the medication as prescribed, followed by a review of its efficacy and any side effects. Patient diaries are useful in this situation.
• For individuals who have trouble swallowing tablets, training in strategies to remedy this problem can be offered.
• It is helpful to provide details of a local pharmacy that can dispense the medication, and to discuss the costs of the medication with the patient.
• Referral of the patient to community agencies (e.g. case-management, counselling, accommodation, financial) to address psychosocial difficulties may provide greater stability and reduce levels of personal stress and thereby maximise adherence with medication.
• A second opinion from another practitioner could be considered if specialist advice is needed or if the patient has ongoing concerns about the medication regimen. MT

Reference

1. Marinker M, Blenkinsopp A, Bond C, et al, eds. From compliance to concordance: achieving shared goals in medicine taking. A joint report by the Royal Pharmaceutical Society of Great Britain and Merck Sharp & Dohme. London: RPSGB, 1997.