



## NORTHWEST AIDS EDUCATION AND TRAINING CENTER

### Adherence:

### Improving Outcomes and Long-term Success

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# Disclosures

- No relationships or financial ties to disclose

# Objectives

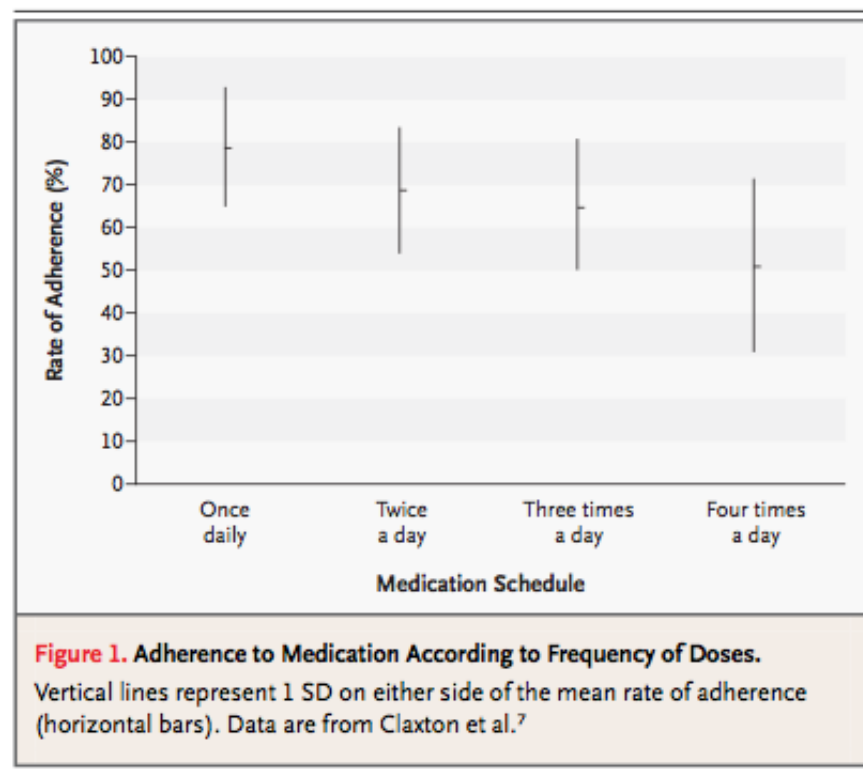
- Differentiate between ‘adherence’ and ‘compliance’ when discussing HAART
- Identify common **barriers** in practice that prevent optimal adherence
- Develop clinical skills that help **assess adherence** in patient care settings
- Provide strategies, supportive measures, and guidance to patients on HAART to **improve adherence**

# Adherence and Compliance

- Compliance
  - Suggests that patient is passively following orders
  - Does not indicate an established contract between patient and provider
  - Synonymous with submissive and obedient
- Adherence
  - Made popular in HIV literature
  - Preferred term by many providers as it suggests “loyalty” and “devotion”

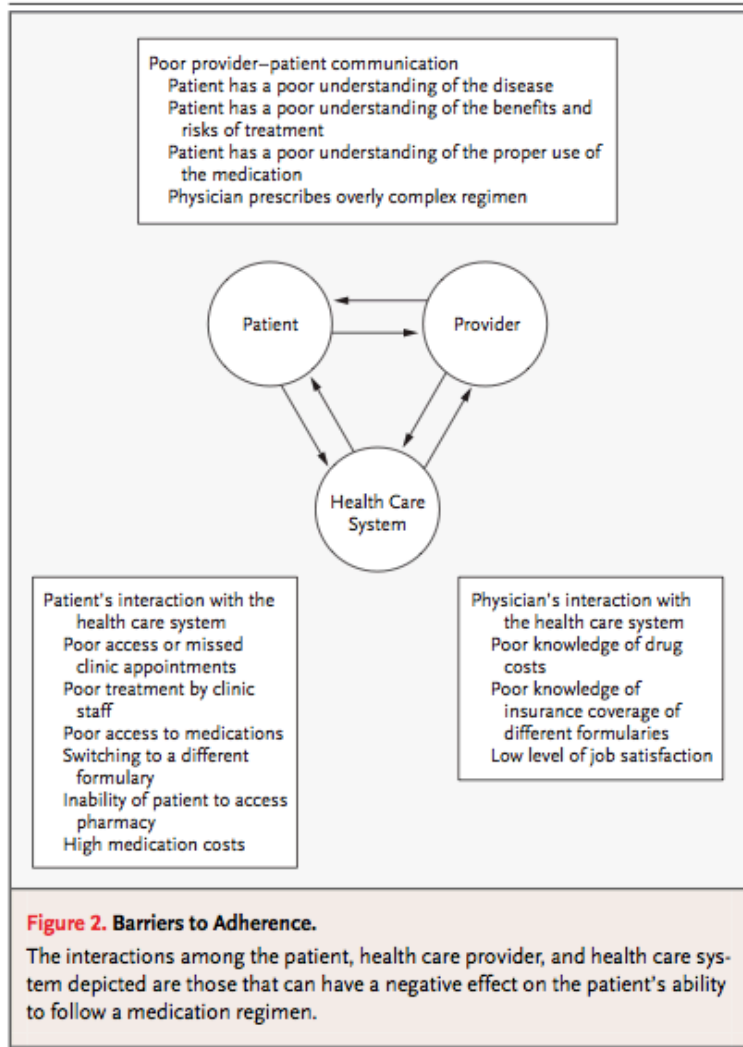
# Adherence and Compliance

- Patients on HAART need to take 95% of doses in order to maximally suppress viral replication
- As regimen complexity and dosing frequency increases, adherence rates drop



*Drugs don't work in patients who don't take them.*  
*C. Everett Koop, MD*

# Barriers to Adherence



- Predictors of poor adherence
  - Presence of psychological problems
  - Presence of cognitive impairment
  - Treatment of asymptomatic disease
  - Inadequate follow-up or discharge planning
  - Side effects
  - Poor relationships
  - Missed appointments
  - Patient's lack of belief in therapy
  - Cost of medication or copayment

# Barriers to Adherence

- Patient barriers
  - Psychosocial issues
  - Active substance abuse
  - Literacy level
  - Daily schedule / travel
    - Swing shifts, early mornings, late evenings
  - Lack of disclosure to family or friends
  - Skepticism about HAART
  - Diet restrictions / complications
  - Affordability of medications
    - ADAP, private insurance, patient assistance, etc...

# Barriers to Adherence

- Provider barriers
  - Prescribing an overly complex regimen
  - Poor understanding of how to assess for adherence
  - Inadequate knowledge of drug resistance
  - Misperception of drug cost and insurance coverage
    - Cash price for standard regimens are approximately \$2,000 / month
- Other barriers
  - Poor work flow for identifying and processing refills in a timely manner
  - Storage of medication
  - Neurocognitive deficits

# Assessing Adherence

- Direct measurement
  - Direct observed therapy
  - Blood levels (TDM)
  - Biological markers
    - Disease outcomes of viral loads and CD4 cells
    - Side effect monitoring such as bilirubin level (atazanavir)
- Indirect measurement
  - Self-reports / open-ended questions
    - How many doses have you missed in the last \_\_\_\_\_
    - Avoid non-judgmental language
    - Ask the same question differently and having multiple persons asking
  - Pill counts or pharmacy refill history

# Improving Adherence

- Involve patient in the decision selection
  - Allow patient to take as much ownership in their disease as possible
- Engage in a multidisciplinary approach
  - Nurses, social workers, pharmacists, etc...
- Readiness to start
  - Is patient committed to therapy and are all potential barriers identified
- Provide resources
  - Proactive side effect management strategies
  - Pill boxes
- Simplify regimen
- Anticipate cost difficulties
  - Annual re-enrollment in patient assistance, insurance deductibles, high co-pays, etc...

# Summary

- Before prescribing medications for patients, a full 'adherence' evaluation will help identify potential barriers
- Use simple and practical tools in your clinical setting to assess adherence
  - Ask open ended questions, evaluate labs, talk to their pharmacy and family members
- Provide supportive measures to enhance adherence by assessing readiness to start, simplifying regimen, controlling costs, and providing resources