

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

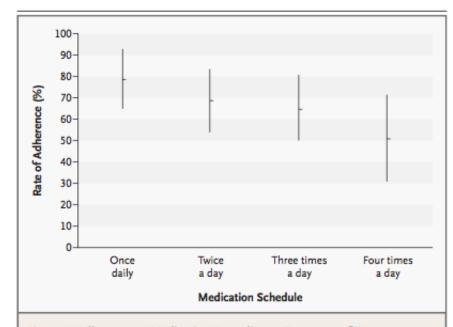


Figure 1. Adherence to Medication According to Frequency of Doses.

Vertical lines represent 1 SD on either side of the mean rate of adherence (horizontal bars). Data are from Claxton et al.⁷



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



Barriers to Adherence

Poor provider-patient communication Patient has a poor understanding of the disease Patient has a poor understanding of the benefits and risks of treatment Patient has a poor understanding of the proper use of the medication Physician prescribes overly complex regimen Patient Provider Health Care System Patient's interaction with the Physician's interaction with the health care system health care system Poor access or missed Poor knowledge of drug clinic appointments Poor treatment by clinic Poor knowledge of insurance coverage of Poor access to medications different formularies Switching to a different Low level of job satisfaction formulary Inability of patient to access pharmacy High medication costs

Figure 2. Barriers to Adherence.

The interactions among the patient, health care provider, and health care system depicted are those that can have a negative effect on the patient's ability to follow a medication regimen.

- 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

