

■ health systems

Are Your Patients Taking What You Prescribe?

A Major Determinant: Clinician-Patient Communication

By Lee Jacobs, MD

Making the Case

Chances are that many patients you saw today will not do what you suggested or take what you prescribed!

It is well established that adherence of patients to prescribed therapy for a variety of diseases is rarely more than 60%.¹ This includes studies in HIV,² child and adult asthma,³ diabetes,⁴ hypertension,⁵ and post myocardial infarction (MI) care.⁶

Taking medications exactly as prescribed is especially critical in HIV care, in which patients must take their antiretrovirals 95% of the time to get complete viral suppression.⁷ What is considered acceptable adherence (60%-80%) for other chronic illnesses is certainly not good enough for HIV.

The Reasons for Poor Adherence

Why your patients do what they do ... or why your patients don't do what you want them to do!

The many studies of adherence to therapy consistently list various combinations of the following explanations:⁸

- Logistic issues—access to care; transportation.⁹
- Perceptions of health benefits from the therapy; concern about side effects.¹⁰
- Social and cultural—including practical and emotional support.¹¹ Beliefs.
- Complexity of treatment regimens¹²—eg, number of daily doses; dietary requirements.
- Patient's condition: Depression;¹³ patients over 75 years.¹⁴
- Communication and relationship with health care provider.^{15,16}

... the adherence of patients to prescribed therapy for a variety of diseases is rarely over 60%.

It is probably important to stress that clinicians cannot predict who will adhere, because there is no definitive characteristic of an adherent individual. Gender, ethnicity, marital status, personality traits, and educational level fail to predict adherence.¹⁷

It is also well established that clinician-patient relationship and communication is the major determinant as to whether the patient will follow the advice or take the medication prescribed. Examples of study conclusions on the pivotal role of communication include:

- The most important factor in predicting adherence is the level of clinician-patient relationship.¹⁸
- The principal determinant of best health outcomes of asthmatics was a partnership relationship with a doctor.¹⁹
- Patients only follow recommendations that they really believe in and those they actually have the ability to carry out.²⁰
- Clinical therapies do not exist in vitro; they exist in a contextual environment that includes the patient-clinician relationship; and this relationship modifies therapeutic effectiveness.²¹
- Women who perceived that their physician had some enthusiasm for mammography were more than 4.5 times more likely to have the procedure done.²²
- Over 50% of the patients forgot what the doctor had said five minutes after the conversation.²³

Improving Patient Adherence

It's not the power of the pen, but rather the power of the ear!

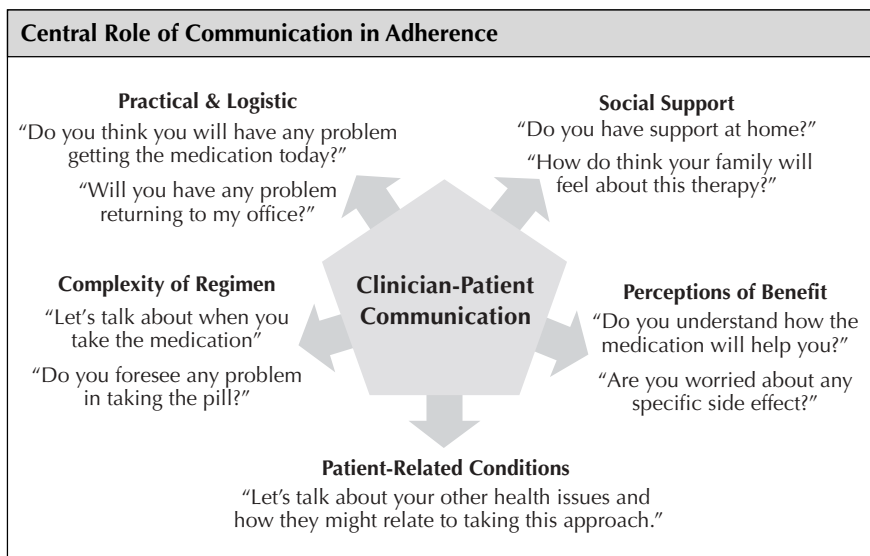
So what can be done to improve the likelihood that your patient will take the medicine that you write on the prescription pad? Listen to the patient. You can use your communication skills to probe each of

*"...to be alert to the faults of the patients which make them lie about their taking of the medicines prescribed and when things go wrong, refuse to confess that they have not been taking their medicine."
—Hippocrates, On Decorum²⁷*

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the variables implicated as causes for poor adherence. This central role of clinician-patient communication is demonstrated in the following schematic:



Contrasting Terms²⁶

Compliance: Implies patient follows doctor's orders, is less informed, and has little or no input.

Adherence: Focuses more on patient commitment to the regimen. Is based on reasonable negotiations and more patient empowerment than compliance.

Concordance: Is based on notion of patient equality and respect for patient autonomy, the desired relationship in a therapeutic alliance between the care team and the patient.

Conclusion

Finding solutions to address the alarming high rate of poor adherence has to become a priority for the health care community. However, very few trials have been undertaken to study interventions to improve adherence.²⁴ As suggested in this model, it is recommended that future research focus primarily on team member and clinician communication skills with the patient that would reveal possible barriers to adherence and result in a much more effective and truly shared decision. ♦

Adherence Defined

Adherence is the extent to which a person's behavior (medications, diets, lifestyle changes) coincides with medical or health advice.²⁵

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Interregional Clinician-Patient Communication Leadership Group (IRPCP) Mission:

The Mission of the IRPCP is to ensure that excellence in clinician-patient communication is a distinguishing feature of our members' care experience throughout Kaiser Permanente, is accepted as a critical aspect of clinical practice, and is recognized as a major contributor to our organizational success.

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