

# Pearls For Medication Adherence

## Professional Form

<b>I Determine potential barriers to medication non-adherence.</b>	
<b>A</b>	Presence of psychological or cognitive impairment
<b>B</b>	Side effects of certain medications
<b>C</b>	Patient has a poor understanding of his/her illness
<b>D</b>	Loss of healthcare insurance, the cost of medication, co-payment or both
<b>E</b>	Financial struggles at home
<b>F</b>	Complexity of treatment
<b>G</b>	Lack of family or social support
<b>II Clinical methods to improve adherence</b>	
<b>A</b>	Educate the patient and family about the disease and the reason for the treatment.
<b>B</b>	Supply patient information pamphlets/booklets to take home so they can read about the illness and be better prepared to ask questions at the next visit. Obtain from AHA, NHLBI, Krames, etc.
<b>C</b>	Offer written guidelines on the purpose of the medication, how it will benefit the patient, potential side effects, and how to take the medication. (see <a href="http://www.PCNA.net">www.PCNA.net</a> )
<b>D</b>	Explain the benefits of treatment versus non-treatment. Involve the patient in the decision making of the medication.
<b>E</b>	Encourage the spouse, other family member or friend to be present during the teaching to support the goals at home.
<b>F</b>	Simplify the medication regimen when possible. Use combination pills to aid in a reduction of the volume of pills. Consider transdermal medications, extended release once-daily preparations, and well-tolerated medications if possible.
<b>G</b>	To decrease cost, order a larger dose of the medication and have the patient cut the pill in half if that is possible. Also use generics when possible.
<b>H</b>	Be specific in directions, eg, "Take this medication one hour before or two hours after meals." Avoid making a statement, eg, "Don't take with meals."
<b>I</b>	If there are specific foods or drink to avoid while taking the medication, be specific on which food and explain why.
<b>J</b>	Develop a contract where the patient agrees to take the medications. Examples can be found on the PCNA Forms web site.
<b>K</b>	Follow up with telephone calls to the patient and ask about side effects and how they are managing their medication.

table continues ➡

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## Professional Form (cont)

<b>L</b>	Encourage the patients to bring all of their medications to the office with them when they have an appointment. Include over-the-counter types, herbs, and vitamins.
<b>M</b>	Reminders in the home are helpful; charts, pill organizers, calendars, patient diaries, etc. Include as many supports as the patient needs.
<b>N</b>	Include self-management education such as dietary salt restriction. Explain the effect of salt in blocking the efficacy of some medications as well as the effect on the vasculature and blood pressure. Explain the effect with heart failure. Other self management includes exercise, calorie restriction, weight loss, heart rate, and blood pressure monitoring.
<b>O</b>	Schedule routine follow-ups. If the patient does not keep the appointment, have a system in place where the secretary contacts the patient to reschedule.
<b>III Elderly population – in addition to above:</b>	
<b>A</b>	Begin with low doses and increase as tolerated.
<b>B</b>	Be aware of the physiologic changes that occur in the elderly that change the pharmacokinetics. Oral absorption may be slowed due to decreased gastric motility. Lean body mass decreases and this may result in a longer half-life of some medications including lipophilic drugs. Hydrophilic drugs may also have an increased half-life due to a reduction in total fluid volume. Albumin production decreases, which may result in decreased protein binding and increased free drug. Often the glomerular filtration rate is decreased and some medications must be adjusted based on GFR and renal clearance. As the body ages, there is an increased risk of side effects and toxicity.
<b>C</b>	Is the patient able to swallow the pill or is there another method of administration that would be easier and better absorbed?
<b>D</b>	Does the patient have any psychological problems that would prevent him/her from taking the medication?
<b>E</b>	Is there cognitive impairment? Can the patient read and follow directions?

### References

1. Osterberg L, Blaschke T. Adherence to medication. *NEJM* 2005;353:487-497.
2. Pearson T, Kopin L. Bridging the treatment gap: improving compliance with lipid-modifying agents and therapeutic lifestyle changes. *Prev Cardio* 2003;6(4):204-213.
3. Schroeder K, Fahey T, Ebrahim S. How can we improve adherence to blood pressure-lowering medication in ambulatory care? *Arch Intern Med* 2004;164:722-732.
4. Becker DM, Allen JK. Improving compliance in your dyslipidemic patient: an evidence-based approach. *J Am Acad Nurse Pract* 2001;Vol.13;(5):200-207.
5. Norby SM, Stroebel RJ, Canzanello VJ. Physician-nurse team approaches to improve blood pressure control. *J Clin Hypertens* 2003;5(6):386-392.