

Intentional Nonadherence; How to identify and address it: (for pharmacists and other healthcare providers)

In a recent study at Richmond Hospital, intentional nonadherence was a root cause identified in 16 % of patients admitted with a preventable adverse drug event (pADE). Most (50%) of these patients were admitted with COPD exacerbations but pADE cases included aortic dissection, ischemic stroke, and myocardial infarction. Nonadherence (which may be intentional or unintentional) occurs in approximately 50% of patients with chronic diseases) and includes patients not filling prescriptions, not taking a treatment as prescribed (e.g. missing doses), or stopping taking it altogether.

Intentional nonadherence (INA) describes a patient's decision not to adhere to an "agreed upon" medication regimen. It is important to recognize that this is deliberate. The patient has made a decision not to take the medication based on its perceived value to them: their perceived **need** for or perceived **benefit** of the therapy does not outweigh their **concerns** about taking it, or the **effort** involved in taking it. The focus of this resource is on INA, but there is overlap with unintentional non-adherence (simply forgetting or reduced ability to take a complex regimen, or inability to access the therapy). Patients who have not understood the importance of the medication, may be more likely to forget to take it. Revealing the cause of the nonadherence will allow the provider to make the appropriate intervention. However, identifying and helping patients with INA require a specific approach.

This resource is intended to help healthcare providers identify INA, and provide an approach for them to have a good quality conversation with the patient (if the patient agrees) with a goal of ensuring that: 1) the patient has the necessary **information** to make an informed decision and 2) that any beliefs or concerns based on misperceptions are reframed in a way designed to **motivate the patient** towards deciding to adjust their daily routine and take the medicine. This approach reflects the spirit of motivational interviewing applied to the Patient's Beliefs about Medicines concept using the necessity-concerns framework and other relevant psychological models of health behaviour change.

The goal at the start of the conversation is for you to develop a trusting relationship, for you to show them that you are actively listening, and are empathetic. The approach is illustrated with a patient who has COPD. Ideally, have this conversation with the patient and any relevant family or support person who can help them or influences their decisions.

Part One: Identify INA and understand why (so you can help address it:

- Use **open ended** questions to try and learn if the patient has difficulty taking their medicine. In a non-judgmental way, phrased in a way that makes them comfortable to admit non-adherence, you may ask them "It can be difficult to get in the habit of taking meds twice a day, how do you manage with that? (if needed, you can ask giving a specific % of doses taken e.g. thinking back these past 2 weeks, what % of doses did you manage to take e.g. more than half?
- Because we know INA is related to perceived lack of need for medication or benefits of therapy [**compared to the concerns the patient has about them**], you will need to explore using open ended questions what their current understanding is of their medical condition (and hence need for therapy); you will also need to explore their understanding of how taking the medication could help them.
- **Try and be specific** by asking, them do you know what this inhaler does? How can it help you? (and listen to see how they describe the perceived benefit or purpose; e.g. are they expecting a LABA to provide immediate symptomatic benefit or can they correctly state that by taking it will reduce the likelihood of hospital admissions, visits to the doctor or improve overall wellbeing – importantly what are their symptoms of COPD? Reviewing the symptoms of COPD on a CATS score may identify symptoms important to the patient, that they had not attributed to COPD e.g. decreased energy, ability to do ADL, poor sleep etc.
- **Do not rush to correct any misunderstandings at this stage, here you are just learning their perspective. Listen to understand fully what their perceived needs or concerns may be.**
- Incorporate positive **affirmation** to acknowledge and credit any positive behaviours, that are relevant to the therapy such as smoking cessation, vaccination, (or weighing themselves daily for heart failure).
- **Reflect** back what the patient has said, to let them know you are listening actively. This may be simple reflection (reflect back what they have said) or complex (reflect back what you think they mean).
- **Summarize**, what you think the patient's perceived needs for the medication is or their perceived benefits or concerns (related to cost, side effects etc.). Now you are in a good place to think about how you can provide information tailored to their current knowledge and beliefs addressing their values or concerns.

Part 2: With their permission, offer information and advice:

- Seek permission to offer the patient information that would help them make an informed decision. Pause regularly and ask them to provide feedback; request permission before adding further information. Try to adopt a style that encourages the patient to ask you to provide advice.
- **“Mr XX, would it be OK with you, if we talk a bit more about how COPD affects people (or what it means to have heart failure)? I think there may be things that you could do that could help reduce your chances of coming to hospital again”** (The consequences of not taking the medication are identified, but in a positive way).
- Gently, provide information targeted at their misunderstandings (if any). But include a statement that attributes this to healthcare providers’ possible lack of clear explanation. When providing information, do so in chunks and check for feedback from the patient that they have heard and understood, see if they can explain it back to you (using a TeachBack process).
- **“Often we may not spend enough time to explain the various symptoms of COPD and the purpose of the inhalers. For the inhaler you have, it has two kinds of benefits. It will help prevent future COPD flare-ups (but it won’t make you breathe better immediately). Has someone mentioned that before? By reducing flare-ups, you can reduce your chances of coming back to hospital or needing to go to the doctor. But to reduce flare ups it does need to be taken regularly”**. Wait to listen to the patient’s feedback.
- “The second benefit is to do with the other symptoms of COPD you mentioned, they can be improved too, but to get this benefit out of it, it still needs to be used regularly and It may take a few months of continued use for you to notice a difference. What do you think about that? Do you think you could get into a routine of using it? “
- **“So, just for me to check that I’ve explained things clearly, if your family asked you why you need to use this inhaler, what would you tell them?”**
- **“Do you have any concerns or questions about taking this inhaler? Is there anything that you can think of that will make it difficult for you to use it?”** [Ask them to show you how they use their inhaler (assess their technique), consider cost issues].

Preventing INA: At the initial prescribing and dispensing stage.

INA may be prevented if, the goal of the prescriber and patient are shared. In that, the patient understands what the purpose of the medication is, why it is important to take, how to know if it is working or causing a side effect and potential barriers or concerns are addressed at the start. This would allow the patient to make more informed decisions about taking it and for any gaps in understanding of their medical condition to be revealed and addressed.

For example, for LABA therapy for COPD the patient would benefit from understanding the goal of therapy: that LABAs can reduce their risk of a COPD flare-ups causing further doctor visits or hospitalizations and can improve a spectrum of COPD symptoms not just SOB. Importantly, this can involve clarifying misperceptions about the benefits, which could include that the **COPD medication may not make their breathing feel better, but that doesn’t mean it isn’t working.**

- 1) **Provide the reason for needing the medication (how it can help them).** This may provide motivation to be adherent, rather than be simply asked to follow a task (i.e. take the medication).
- 2) **Let them know how to tell if the medication is working (especially if there is no immediate symptomatic benefit).** Otherwise the patient may falsely believe that the medication has no value and stop taking it.
- 3) **Let them know how to tell if the medication is causing a side effect.** By addressing side effects explicitly, including how to manage them if they occur, you can identify or pre-empt concerns over side effects or cost which may otherwise become a reason not to take the inhaler.

Addressing these 3 points will help ensure that a patient’s beliefs about their medicine and condition are shaped by correct information. If they have confidence that they have the ability to improve their health status (and value that specific goal) the patient should be more motivated to adjust their daily routine to take the medication.

Finally, some patients, once an accurate perception of the usefulness of the medication and their misconceptions about their concerns about the medication have been resolved, will decide not to take the medication. This is likely very common, but their care providers frequently don’t know about it. The approach described above can make it more possible for patients to honestly talk with their care providers about this, which opens up new possibilities for alternative treatments that the patient **WILL** accept and adhere to.