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Medication and Treatment Compliance

Compliance has been defined (Haynes, 1979) as “the extent to which a person’s behavior (in terms of taking medications, following diets, or executing lifestyle changes) coincides with medical advice.” Historically, health care providers have focused almost exclusively on the patient’s behavior, ignoring the poor quality of medical or health advice. Instructions to patients are frequently so vague as to be minimally useful. Although drug types and doses may be specified, other aspects of the treatment regimen are often described in general, nonspecific terms (e.g., “get some exercise” or “avoid high-fat foods”). Such sugges-

tions are too general to serve as a standard against which the patient’s behavior can be compared.

Patients often leave the clinical encounter without a clear understanding of what disease management behaviors are required. Several studies (Page, Verstraete, Robb, & Etwiler, 1981; Flavo & Tippy, 1988; Cline et al., 1999) highlight the extent of patient-provider miscommunication even in cases where both patients and providers are well-meaning and motivated. If a patient or parent does not have a clear understanding of the recommended treatment, adherence to the

treatment is not possible. Other types of knowledge or technical skill deficits may lead to inadvertent noncompliance. In several studies (Johnson, 1992; Perwien et al., 2000; Sergis-Deavenport & Varni, 1983; Winkelstein et al., 2000; Larson et al., 1994) patients or parents believed that they were following a recommended treatment protocol, but because of technical skill deficits, they were inadvertently noncompliant.

This is the fourth of our monthly CHP newsletters. Please feel free to email us with topic requests, questions, etc. for future issues.

Role of Psychology in Treatment Compliance

Psychologists have contributed to research and clinical efforts on psychological factors associated with a myriad of diseases and illnesses. The problems associated with these can be lifelong and, without strong medical and psychological intervention, can result in diminished quality of life.

Some of the treatment interventions psychologists utilize in addressing treatment compliance include:

- Conducting a comprehensive psychological

assessment

- Encouraging self-efficacy
- Assessing and managing motivation to engage and remain in treatment
- Assisting the patient in ac-

quiring coping skills necessary to adhere to treatment

- Assisting the patient with appropriate medical treatment compliance
- Treating anxiety/distress or other potential psychoso-

cial barriers

- Interventions to manage potential interpersonal issues or other barriers to treatment compliance

The reason behind poor treatment compliance may not be readily apparent to the patient or the healthcare provider. Through therapy, psychologists can often uncover the underlying reason behind a patient’s difficulty with treatment adherence and work with the patient to find a strategy that will work to improve compliance and thereby increase their physical health and quality of life.



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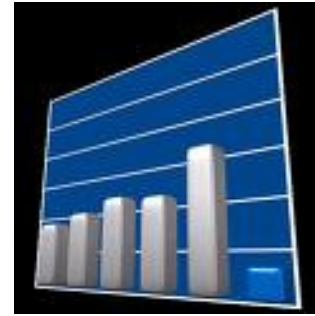
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Treatment Compliance Statistics

- Only around 50% of people typically follow their doctor's orders when it comes to taking prescription drugs (WHO, 2003)
- Only 43% of patients take their medications as prescribed to treat acute asthma (WHO, 2003)
- Between 40%-70% of patients follow doctor's orders for depression medication (WHO, 2003).
- Just 51% of patients take the prescribed doses of high blood pressure medication (WHO, 2003).
- Complexity, side effects, and cost in addition to social support from family and friends are related to treatment compliance (Doherty et al., 1983)
- Educational level and income are related to treatment adherence (Strain, 1978)
- Physician's level of job satisfaction, the number of patients seen per week, and the physician's tendency to answer questions all impact treatment compliance (DiMatteo et al., 1993)
- Patient satisfaction with the health care provider is a factor related to compliance and adherence (Francis, Korsch, & Morris, 1969; DiMatteo, Hays, & Prince, 1986; Morris & Schulz, 1993)
- Understanding of the medical regimen being prescribed influence treatment compliance (Brickman et al, 1996)
- Stress, which may interfere with adherence by increasing memory problems, decreasing satisfaction, or making it harder to adjust to treatment requirements (Brickman, Yount, Blaney, Rothberg, & De-Nour, 1996)
- Supervision, or external monitoring, whereby patients regularly report to someone their adherence has proved useful—increasing adherence in some cases up to 60%—but it is expensive (Taylor, Sackett, & Haynes, 1978)



How to Increase Treatment Compliance

Various approaches can be taken to improve patients' adherence to medical regimens.

Educate your patients. Educational interventions in which health care providers offer information to patients about their treatment have met with some success (Dunbar-Jacob, 1993), although this approach is not sufficient. If patients have an understanding of what the treatment does and why it is important to comply (including the consequences of poor compliance), they are more likely and willing to follow the instructions of their health-care provider.

Be specific. Many patients do not understand information given to them about taking prescribed

medication (Ley, Bradshaw, Kinsey, & Atherton, 1976). If the patient does not understand the information, it will be much more difficult for them to follow the instructions. Providing clear information and giving patients the opportunity to ask questions can allow for clarification and thereby increased adherence.

Customize treatment plans. Tailoring regimens to fit into a person's lifestyle has had some positive results (Haynes, Taylor, & Sackett, 1979; Schneider & Cable, 1978), as has requiring patients to make verbal

and written commitments to follow regimens (Putnam, 1994). If a patient is unable to take medication

multiple times a day, consider (if available) a medication that only needs to be taken once a day (or less).

Utilize support systems. Encouraging family and social support through home visits or assigning family members a role in implementing health care can be helpful (Dickenson et al., 1981). Social support has also been positively associated with adherence to self-examinations for breast and testicular cancer (Finney et al., 1993). Bringing the patient's support network into the treatment plan can increase accountability and, as a result, their compliance.

Establishing and maintaining clear and open communication with the patient can serve to uncover the underlying issue of poor treatment compliance.

