



Adherence Strategies

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Patient Dropout



Compliance




Adherence



Adherence

“The extent to which a person’s behavior (e.g. taking medication, nutrition, lifestyle changes) coincides with medical or health advice.”

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Impact on Non-Adherence

50% of out patients
23% of inpatients

not follow
medication as
prescribed

A diagram consisting of two lines that originate from the right side of the text '50% of out patients' and '23% of inpatients' and converge towards the right side of the text 'not follow medication as prescribed'. The lines are thin and white, set against a blue background.

Results in:

1 out of every 10 hospitalizations

1 out of every 4 nursing home admissions

Significant dollars due to non-adherence

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Adherence Impacts All Patients in Primary Care

- Fill prescriptions
- Attends appointments
- Follows treatment recommendations
- Follows medication schedules
- Follows exercise regimen
- Lifestyle changes

Who's Responsible?

“Blame the patient?”



Not Useful Strategy

Ignores Providers role



“You can’t throw a habit out of the window; you have to coax it down the stairs, one step at a time.”

Mark Twain

Adherence is an
interaction between the
patient and health care
provider.



Motivational Interviewing (MI)



MI cont.

Common Approaches

Information (Lecture)



Non-adherence



Lecture



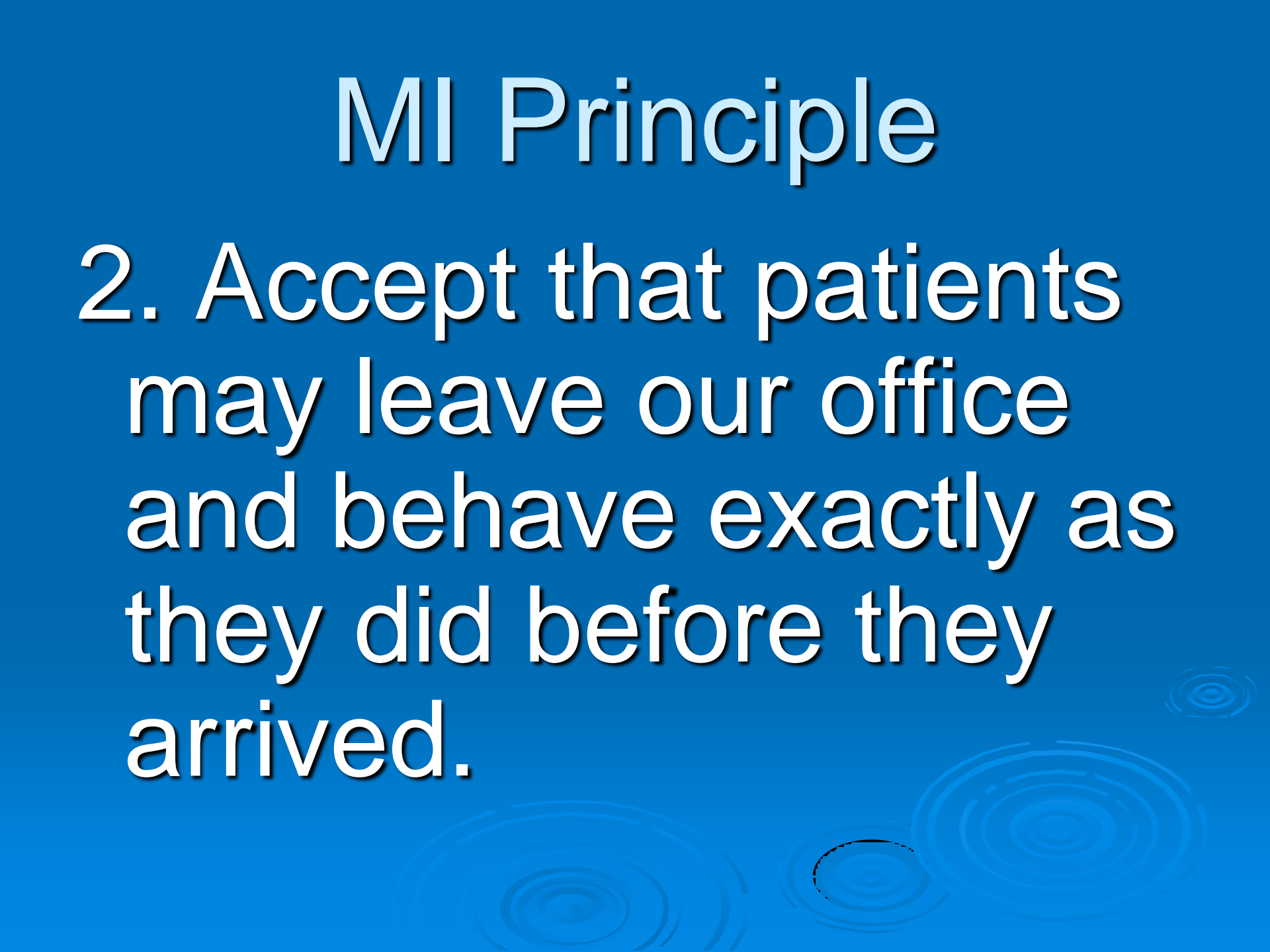
Increase Patients Resistance

MI Principle

1. Motivation is elicited from the client and not imposed from another.

MI Principle

2. Accept that patients may leave our office and behave exactly as they did before they arrived.



MI Principle

Ambivalence is part of
that patient's struggle.




MI Conversation

- Collaborative
- Conversation about change
- Empathy about change
- Reinforce statements about change
- Patient's permission/clarification about change

Adherence Intervention

Be Creative

Adherence is tied to
prescription, behavior,
cognitions, patient, family,
system


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Adherence Strategies

1. Education
 - Diagrams
 - Behavioral prescription pad
 - Written instructions
 - Model behavior followed by the patient demonstrating behavior
 - Questions to check understanding
 - Audio recorded instructions

Adherence Strategies (cont.)

2. Techniques

- Asking patient to track their target behavior
 - Phone follow-up
 - Behavioral contracts
 - Realistic prescription
- 

Adherence Strategies (cont.)

- Involvement of significant other
- Understanding patients expectations and barriers
- Useful questions?
 - a) What will help you do _____ when you go home?
 - b) What may get in the way?
 - c) What can you do when that happens?

Adherence Strategies

- Defuse All or Nothing thinking
- BHC as a reinforcer
- Treatment team involvement

Exercise Adherence



Exercise Adherence Referral

- Behavioral analysis of current/past exercise? Intrinsic/extrinsic motivation
- Where exercise? Home, gym, park, (financial consideration.)
- Realistic time/frequency short/long term goals
- Self-reinforcing exercise: sport, gym, hiking

Exercise Adherence Referral (cont.)

- Partner with friend/group/family member
- Behavioral Contract: Commitment with planning (BHC fam member)
- Information/expertise to get started; individual differences on information interest

Exercise Adherence Referral (cont.)

- Anticipate/plan for challenges/Back-up plan
 - Late start
 - Illness
 - Working late
 - Family responsibilities
 - Low energy day

Exercise Adherence Referral (cont.)

- Share your goals with significant/family members
- Self-monitoring: track your exercising
- Anticipate lapses and relapses and work on cognitive and behavioral strategies (exercise vacation)

Exercise Adherence Referral (cont.)

- Add new/different exercises to maintain interest
- Review progress with BHC and revise plan/strategy as needed
- Self-reinforcement: Reward yourself for goal achievements: cognitive, tangible

Exercise Adherence Referral (cont.)

- BHC discuss with PCP biological measures and prompt to reinforce patients effort
- Social reinforcement: BHC reward effort and small changes; phone checks.

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