



Common Threads: Session 3
Do As I Say! Facilitating Treatment ADHERENCE IN PAIN MEDICINE

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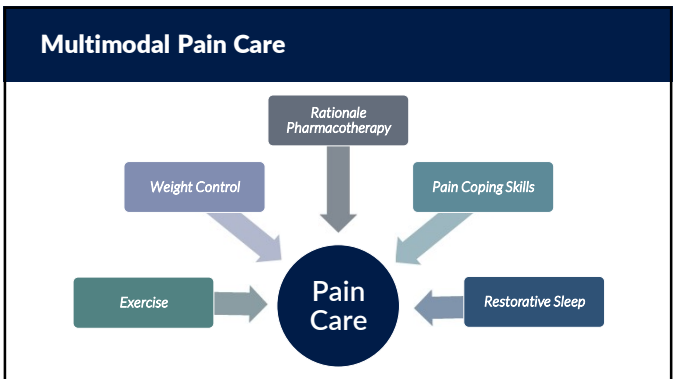


Disclosures

MDC has no conflict of interest related to this presentation

Session Learning Objectives

- 01 | Understand the difference between compliance and adherence.
- 02 | Identify factors affecting adherence in patients with chronic non-cancer pain.
- 03 | Explain strategies to improve adherence and patient outcomes.
- 04 | Describe two approaches to facilitate behavior change.





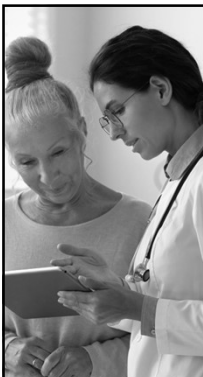
Introduction

- Ever since Hippocrates noted that patients often lie when they say they have taken their medication, HCPs have been concerned with issues of patient compliance and non-adherence to treatment.
- Surveys of HCPs indicate one of the most distressing features of their practice is that of patient non-adherence.

“In an area where efficacious therapies exist or are being developed at a rapid rate, it is truly discouraging that one half of patients for whom appropriate therapy is prescribed fail to receive full benefit through inadequate adherence to treatment.”

—Haynes, RB.

SOURCE: Haynes RB. Interventions for helping patients to follow prescriptions for medications. Cochrane Database Syst Rev, 2003



What is the difference between compliance and adherence?

Compliance

Implies a more *active, voluntary,* and *collaborative* involvement of the patient in a mutually acceptable course of behavior to produce a desired preventative or therapeutic result.





Adherence

Refers to the extent that patients are *obedient* to the instructions, proscription, and prescriptions of healthcare providers.



Patient Perspective



"We might not be surprised that people do not believe all we say, and often fail to take us seriously.

If their memories were better, they would trust us even less."

—Chapin, 1915, commenting on the state of medical care



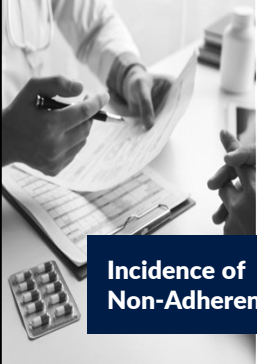
Patient Perspective

- In the early history of medicine, non-adherence may have been a means to survive.
- The incidence of iatrogenic effects and the frequency of adverse drug effects are of considerable magnitude.
- Increasing awareness that HCPs are sometimes wrong, and their instructions best ignored.
- Adherence must be balanced with the patients' objectives of quality of life, adjustment, and the patient's own efforts to cope with illness.



Adherence Behaviors

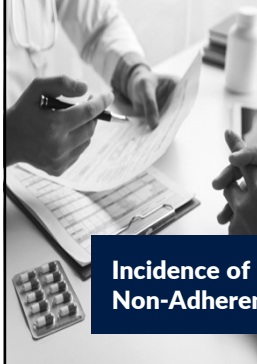
- Entering and continuing a treatment program.
- Keeping referral and follow-up appointments.
- Correct consumption of prescribed medication.
- Following appropriate lifestyle changes.
- Correct performance of home-based therapeutic regimens.
- Avoidance of risky health behaviors.



"The desire to take medicine is perhaps the greatest feature that distinguishes man from animals."

— Sir William Osler

Incidence of Non-Adherence



The general rule of thumb on taking medication

- 1/3 of all patients always seem to
- 1/3 sometimes adhere
- the remaining 1/3 almost never follow the treatment regimen (Podell).

The level of treatment non-adherence varies depending on the form of treatment, with highest rates of adherence occurring for


- treatment with direct medication,
- high levels of supervision and monitoring (ex. 92% adherence rate for chemotherapy).

Incidence of Non-Adherence

SOURCE: Zeltouny S, Cheng L, Wong ST, Tadrous M, McGill K, Law MR. Prevalence and predictors of primary nonadherence to medications prescribed in primary care.


Incidence of Non-Adherence
in patients with CNCP

Prescribed exercise programs



51% to 58%
of patients are non-adherent


Psychopharmacological treatment




32% to 78%
of patients are non-adherent

SOURCE: Alexandre NM, Nonin M, Hiebert B, Caspello M. Predictors of compliance with short-term treatment among patients with back pain. Rev Panam Salud Publica.

Forms of Non-Adherence



Drug Errors



Behavioral

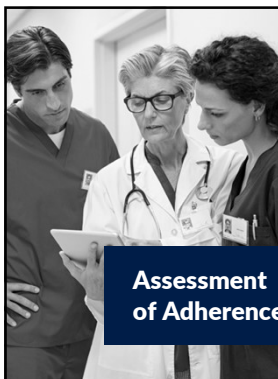
Forms of Treatment Non-Adherence: *Drug Errors*

- Failure to fill the Rx
- Filling the Rx but failing to take the medication or taking only a portion of it
- Not following the frequency or dose instructions
- Taking medication not prescribed



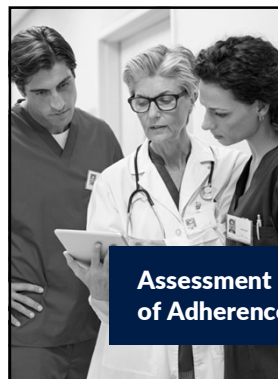
Forms of Treatment Non-Adherence: *Behavioral*

- Not taking recommended preventive measures
- Incomplete implementation of instructions
- Sabotaging of treatment regimen
- Creating one's own treatment regimens to fill the gaps of what one believes one's HCP is overlooking
- Substituting one's own program for the recommended treatment regimens



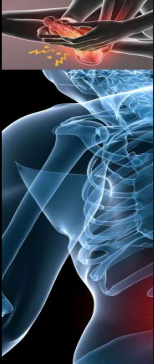
Assessment of Adherence

- Interview
- Self-report
- Self-monitoring
- Pill counts of unused tablets
- Tallies of refill of medications
- Behavioral measures



Assessment of Adherence


- Clinical rating
- Biochemical indicators (example: UDS)
- Record of broken appointments
- Clinical outcome improvement or stability in medical condition or symptoms (response to medications)



Pain 101: Response to Medication

PAIN 101

- Opioids are never first-line therapy for Chronic Non-Cancer Pain (CNCP)
- Neuropathically mediated pain condition should improve with AEDs, SNRIs, TCA
- Musculoskeletal pain (eg, LBP) should improve with NSAIDs, Acetaminophen, Lidocaine patches, topicals



Factors Affecting Adherence

- ✓ Patient characteristics
- ✓ Treatment regimen characteristics
- ✓ Features of the disease
- ✓ Relationship between HCP and patient
- ✓ Clinical setting

Patient Variables : Reasons Patients May Decide Not To Adhere

- ✓ Uncertainty about the efficacy of the treatment
- ✓ Prior experience with illness
- ✓ Expectations about symptoms, illness, HCPs and treatment
- ✓ Past experiences with HCPs
- ✓ Concerns about side effects
- ✓ Inconvenience outweighs potential benefits
- ✓ Embarrassment about being in treatment (ex. Referral to Behavioral Health)
- ✓ Pessimism
- ✓ Impatience with level of progress
- ✓ Fatalism
- ✓ Competing environmental demands deemed more salient
- ✓ Role of the patient's beliefs

Treatment Variables

- Complexity of the therapeutic regimen**
The more complex the demands of the treatment, the poorer the rates of adherence.
- Intrusiveness**
- Duration of treatment**
Adherence rates deteriorate over time unless behaviors become automatic and habitual.
- Knowledge of illness**
Minimal association between the amount of information patients possess about their illness and adherence.

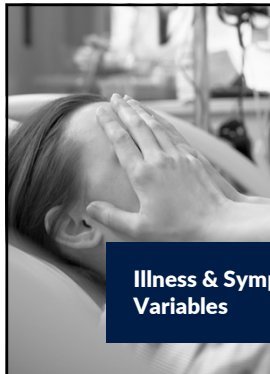
Treatment Variables

- **Complexity of the therapeutic regimen:**
 - The more complex the demands of the treatment, the poorer the rates of adherence
- **Intrusiveness**
- **Duration of treatment:**
 - Adherence rates deteriorate over time unless behaviors become automatic and habitual
- **Knowledge of illness:**
 - Minimal association between the amount of information patients possess about their illness and adherence



Illness & Symptom Variables

- If an illness is easily recognizable and has unpleasant symptoms that are relieved by following the HCP's advice, adherence is more likely.
- Adherence is lowest when the treatment recommendations are prophylactic



Relationship Variables

- Perceived approachability and friendliness of HCP
- The degree to which patient participates and understands treatment regimen
- The amount of HCP supervision
- The patients' feelings that she or he is held in esteem and treated with respect
- The degree to which the HCP establishes trust



Organizational/ Structural Variables

- Nature of the referral process
- Continuity of care
- Personalized care
- Scheduling of appointments
- Length of referral time
 - < 1 week enhances adherence
- Length of waiting time
 - < 1 hour enhances adherence
- On-site treatment
- Increased patient supervision
- Good links between IP and OP services
- Staff's positive attitude and enthusiasm toward treatment and adherence to it



Most Important Variables Leading to Non-Adherence

- ☑ Patient does not know what to do
- ☑ Patient does not have the skills or resources to carry out the treatment regimen
- ☑ Patient does not believe that he/she has the ability to carry out the treatment regimen
- ☑ Patient does not believe that carrying out the treatment regimen will make a difference
- ☑ Treatment regimen is too demanding, and the patient does not believe the potential benefits of adhering will outweigh the cost

Most Important Variables Leading to Non-Adherence

- ☑ Adherence is associated with adverse or non-reinforcing events or sensations
- ☑ Quality of relationship between patient and HCP is poor
- ☑ No continuity of care
- ☑ Clinic is not mobilized toward facilitating adherence



Enhancing the Patient & HCP Relationship

"The patient, though conscious that his condition is perilous, may recover his health simply through his contentment with the goodness of the physician."

— Hippocrates

Enhancing the Patient & HCP Relationship

- The relationship between the patient and the HCP is critical in facilitating adherence.
- Few medical schools or residency programs pay much attention to the importance of communications
- How the HCP relate to their patients is critical in affecting the adherence process



HCP Behaviors That Interfere With Patient Communication

- ✗ Act unfriendly, distant, be unapproachable
- ✗ Look and act busy
- ✗ See patients in a chaotic setting
- ✗ Ask patients specific, closed-ended questions
- ✗ Cut off or interrupt patient statements

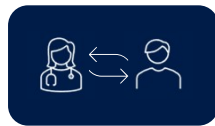
TREATING THE DISEASE INSTEAD OF THE PATIENT



Types of HCP-Patient Relationships



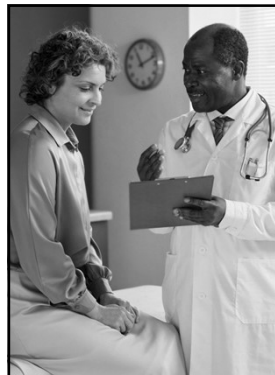
Active physician—Passive patient



Mutual participation

Cultivating Communication Skills

- Patient's explanatory model of their illness
- Patient's worries and concerns about illness
- Patient expectations about treatment



Patient Understanding of Treatment Plan

67%

Patients who forget their diagnosis and treatment explanations immediately after the office visit.

35-92%

Patients who do not understand general information given to them.

60%

Patients who misunderstand what their physicians said about taking medications.

50%

Patients who also forget instructional statements immediately after the office visit.

21-51%

Patients who do not read the written materials provided to them.

(Zelousny, 2023, Nieuwlaet 2014)

Simplifying and Customizing the Treatment Regimen

- Reduce the number of daily medications prescribed
- Where applicable, use long-acting pharmaceuticals
- Avoid divided doses when once daily administration would be equally effective
- Use calendar dispensers when complicated regimens are used



Reducing Patient Forgetfulness

Direct Cue



Medicine left next to coffee cup

Indirect Cue



A reminder placed in/on a frequently used article

Built-in Cue



Medicine placed on dinner table or by alarm clock/smartphone

Behavior Modification Approaches





Behavior Modification Approaches

- Self-monitoring
- Goal setting
- Corrective feedback
- Behavioral contracting




Mobile Technologies to Assist with Behavioral Modification


- CHRONIC PAIN ASSESSMENT**
 - Smartphone tracking
- MEDICAL MANAGEMENT**
- PSYCHOLOGICAL APPROACHES**
 - Remote CBT
- REHABILITATION**
 - Activity monitoring
 - Sleep and exercise monitoring

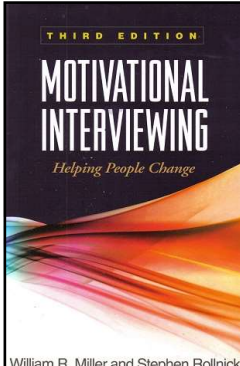
Enhancing Behavior Change

MINDFULNESS



MOTIVATIONAL INTERVIEWING






Definition

“Motivational interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.”


– Miller & Rollnick, 2013

What is Motivational Interviewing?


THREE CONCEPTUALIZATIONS




A treatment intervention based on principles from humanistic psychology that is patient-centered, but directive, seeking to increase internal motivation for change.



A style of interacting with patients that is respectful, listening, and which helps to elicit behavior change by helping patients understand their own ambivalence about the "costs" of change and to resolve it.



Motivational Interactions: (MINT) Responses to patients, even single statements, that are thought-provoking and/or positive.




Being a Mindful Clinician

- Mindful practitioners attend in a nonjudgmental way to their own physical and mental processes during ordinary, everyday tasks.
- This critical self-reflection enables physicians to listen attentively to patients' distress, recognize their own errors, refine their technical skills, make evidence-based decisions, and clarify their values so they can act with compassion, technical competence, presence, and insight.

SOURCE: Epstein, RM. JAMA. 1999; 282:833-839.

Clinicians receiving mindfulness training experienced reduced incidence of "burnout."
(Epstein, 1999)

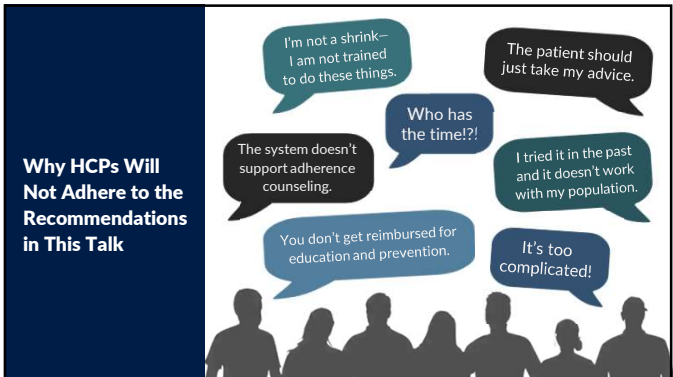
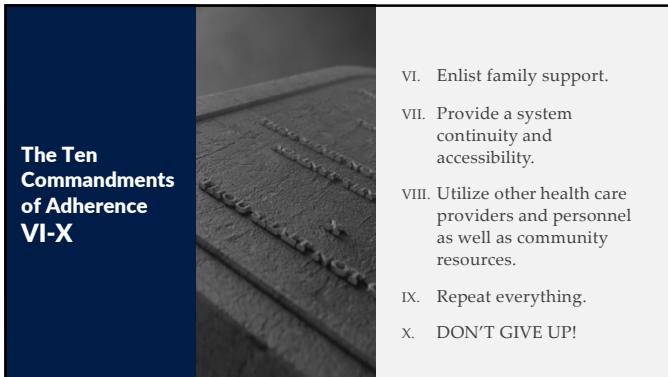
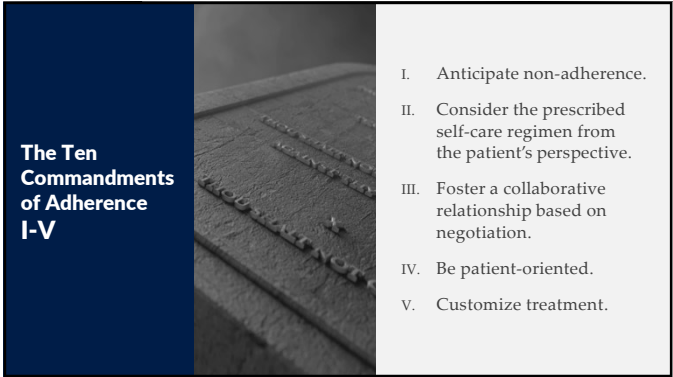


Mindfulness, Clinician Burnout, and Patient Satisfaction

Clinicians employing a mindful approach to clinical care reported increased patient satisfaction.
(Epstein, 1999)



Mindfulness, Clinician Burnout, and Patient Satisfaction



Conclusion

- ☞ As long as healthcare professionals treat patients and not diseases,
- ☞ As long as they appreciate that they are bound in a reciprocal relationship with their patients,
- ☞ As long as they think of collaboration, negotiation, and flexibility in their dealings with their patients in order to achieve mutually desired outcomes



TREATMENT ADHERENCE
WILL IMPROVE

**“There is no truth.
There is only perception.”**

—Gustave Flaubert

Knowledge Check

Which of the following is an example of a behavioral modification approach to improve adherence in patients with chronic non cancer pain?

- A Using a calendar pill dispenser
- B Employing motivational interviewing
- C Contracting
- D Effective communication

Knowledge Check

Which of the following is an example of a behavioral modification approach to improve adherence in patients with chronic non cancer pain?

- A Using a calendar pill dispenser X
- B Employing motivational interviewing X
- C Contracting ✓
- D Effective communication X

Thank You!



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References

SESSION THREE

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