



### **Why is this guidance important to you?**

Medicines non-adherence is a major obstacle to the effective delivery of health care. It is estimated that between a third and half of patients on long term treatment do not take their medicines correctly, contributing in turn to, the human and economic burden of chronic, long-term illness.<sup>1</sup>

Pharmacists should bear in mind that a variety of factors may impact on a patient's decision on how they take their medicines. By identifying barriers to medicines adherence and providing information on medicines prescribed, pharmacists can support and encourage their patients to take their medicines safely and effectively.

### **Who needs to read this?**

All pharmacists who interact with patients about medicines, whether it be in the context of prescribing, dispensing, counselling or conducting medication reviews.

### **What this guidance will tell you**

The purpose of this guidance is to help pharmacists to support patients to get involved in decision making regarding the medicines they take, improve adherence and contribute to strengthening lines of communication between healthcare professionals.

It covers:

- An explanation of adherence
- How to identify adherence issues
- What you can do to improve adherence
- How to review adherence
- Other points for consideration regarding adherence

### **What is a medicines adherence?**

The World Health Organisation (WHO) defines adherence as; 'the extent to which a person's behaviour - taking medication, following a diet and/or executing lifestyle changes - corresponds with agreed recommendations from a healthcare provider'.

Lack of compliance should not be viewed as the patient's problem but perhaps, a short-falling in terms of information provided about the medicine at time of supply, a failure to fully agree the prescription with the patient at first dispensing, or to support that patient once the medicine has been supplied.

Non-adherence falls into two categories:

- **Intentional** - where that patient decides not to follow the treatment recommendations.
- **Unintentional** - where the patient wants to follow the treatment recommendations but faces practical problems.

It is important to recognise that a patient's motivation to start and/or continue with a treatment may be linked to their beliefs and/or preferences. Changes in a patient's circumstances and practical factors may also influence how they feel about taking a medicine over time. Perceptual barriers should be identified at time of

prescribing and as a factor to be considered at time of review.

### **How does medicines adherence differ to concordance?**

Medicines adherence focuses on the patient's behaviour in taking their medicines whereas concordance describes the process whereby the clinician and patient collaboratively design a treatment regimen.

Despite their differences, these concepts could be considered together to achieve successful medicines use, i.e. greater concordance may lead to greater adherence and optimal use of medicines.

### **How can I support patients with adherence?**

You can support patients by:

- Improving communication to match patient need
- Encouraging patients to question and discuss their medicine regime
- Providing patients with the clinical and practical information they need so that their decision on how they take their medicines is based on fact rather than misconceptions
- Being supportive and understanding of patients'

individual circumstances and perspectives in terms of non-adherence, offering them advice and alternative ways forward to improve how they take their medicines

## How do I identify whether adherence is an issue?

It may not always be apparent that a particular patient is not adhering to their medicine regime. The following situations may prompt you to investigate adherence:

- Patient may tell you that they are having difficulties with their medicines
- Patient not ordering medicines as often as they should
- Patient medication record indicate non-adherence
- Large volume or frequent returns of unused medicines

The following pointers can help you get an accurate picture of how the patient is using their medication and issues relating to non-adherence. It may be useful to:

- Ask the patient how they are getting on with their medicines
- Ask patients if they have missed any doses recently in a way that does not apportion blame, e.g. have you been able to take your medicines regularly as directed?
- Explain why you are asking about their medicines, e.g. a substantial break in their treatment may result in adverse effects, a deterioration of their condition
- Ask about their medicine-taking habits

You can use the opportunity to ask about adherence when:

- Dispensing regular medicines
- Conducting a medication review (see *Medicines Review Quick Reference Guide* for further information about medication reviews)
- Offering other pharmacy services, e.g. New Medicine Service (England), Chronic Medication Service (Scotland)

## How can I improve medicines adherence?

### Explore reasons for non-adherence

It is important to ascertain and understand why patients may not be taking their medicines as prescribed. Patients often make decisions about their medication based on what they understand about their condition

and on information they have learned about the treatments available.

- To get a better gauge of the patient's general understanding of the condition and their willingness to follow the treatment suggested, it may be useful to ask patients what they know and believe about medicines and their need for a medicine
- Before prescribing and when reviewing medicines, ask about general or specific concerns (such as adverse effects or dependence)

If a patient is non-adherent, discuss with them possible reasons why this may be so – perhaps it conflicts with their beliefs or their reluctance to take charge of their medication regime is compounded by ill-informed concerns (intentional non-adherence).

Practical problems too may lead to unintentional non-adherence. It is important to remember that intentional and unintentional reasons for non-adherence may overlap. For example, a person who does not think their medication is necessary may be more likely to forget it. In this instance, simply providing reminders might not be as effective as providing a clear rationale for treatment in addition to reminders.

### Involve patients in decisions about their medicines

It is important to offer all patients the opportunity to be involved in decision making about their medicines and to identify what level of involvement the patient is comfortable with.

To increase patient involvement:

- Talk and listen to the patient to clearly identify what they hope the treatment will achieve
- Do not make assumptions about the patient's preferences about treatment if they appear non-committal about their options
- Support patients to make decisions based on likely benefits and risks rather than misconceptions
- Bear in mind that patients have the right to decide not to take a medicine as long as they have capacity and have been given the information to make an informed decision. If the patient decides not to take or to stop taking a medicine and in your view this could be harmful, you may want to make a record of the decision and the information you provided on risks and benefits
- Encourage patients and where appropriate, support patients' families and carers to keep

an up-to-date list of prescription and non-prescription medicines, allergies or adverse reactions

### **Provide support and information**

Patients may need more support to help them use their medicines more effectively. This may mean providing further information or making changes to their medication regime.

Address any specific concerns bearing in mind that patients may wish to minimise their medicines and discuss:

- the aims of treatment
- what will happen if they don't take the medicine
- non-pharmacological alternatives
- reducing or stopping long-term medicines
- fitting medicines into their routine
- choosing between medicines

When prescribing, provide patients (including inpatients) with clear, relevant information. This would probably include but should not be limited to:

- what the medicine is, how to use it and likely benefits
- likely adverse effects and what to do if they think they are experiencing them
- what to do if they miss a dose
- whether another prescription is needed and how to get further supplies

When dispensing, check that patients have the information they need and check their understanding. Patient information leaflets (PILs) might not meet all patients' needs. If on assessment you feel the patient might find an alternative information resource that is more user-friendly, signpost them to it (for example NHS Choices, [www.nhs.uk](http://www.nhs.uk))

### **How can I ensure I'm doing this effectively?**

Patients need information about their condition and possible treatments for involvement in decision-making. The format and content should meet the needs of individual patients.

Good communication between yourself and the patient is imperative if patients are to be involved in decision making about their treatment regime.

Communication can be improved by:

- Adapting your consultation style to patients' needs considering any disabilities which may affect patient communication

- Avoid jargon – keep it simple, establishing the best way to communicate with each, individual patient. Consider using communication aids such as pictures, large print, information in different languages, or an interpreter or advocate
- Asking open-ended questions can help to elucidate patient concerns or lack of understanding
- Explore vague responses
- Encourage patients to ask questions

It might be useful to supplement verbal advice with written information.

### **Offer practical solutions**

Interventions should only be used to overcome practical problems if there is a specific need.

Interventions may include:

- suggesting patients record their medicine-taking
- encouraging patients to monitor their condition
- simplifying the dosing regimen
- using alternative packaging
- using compliance aids

**Side effects** - Where a patient raises concerns about possible side effects or has already experienced side effects with their medication, it may be worth discussing how best these side effects could be managed in practical terms, particularly if there is a possibility that these could develop into long-term effects.

Where side effects cannot be managed practically, consider options such as adjusting the dosage, switching to another medicine, or changing the timing of medicines. These options should be discussed with the patient's prescriber where appropriate. Liaising with other healthcare professionals involved in the patient's care requires patient consent (see *GPhC Guidance on Consent*).

**Complex medicines regimes** - Discuss the use of reminder devices, e.g. personal alarm systems or health monitoring devices and applications may provide the patient and their relatives with further assurance that the patient is safe, in turn boosting patient confidence to engage in controlling their own condition. Available to all patients through the NHS and privately under the Telehealth and Telecare services, such aids can support patient independence and wellbeing, allowing better

management of long-term conditions.

### **Lack of understanding of their condition -**

Suggesting peer support groups or national organisations whose focus relates directly to the patient's condition may be worthwhile where the patient is keen to learn more from individuals affected by the same illness and/or who follow a similar medication regime.

### **How do I review adherence?**

Patients' experience of using their medicines and the patient's need for adherence support may change over time and should be reviewed regularly. It may be useful to consider the following points:

- Review at agreed intervals patients' knowledge, understanding and concerns about medicines and whether they think they still need the medicine
- Ask about adherence when reviewing medicines and clarify possible causes of non-adherence agreeing action with the patient, including a date for follow-up
- Record all relevant details of the review that will build an accurate medication history of your patient and will support further medication reviews (See *Medication Review Quick Reference Guide* for further details.)

Patients should be offered repeat reviews to help them optimise their medicines use, especially where their condition requires long-term treatment or they are taking multiple medicines. You should continue to consider interventions to increase adherence as appropriate.

### **Is there anything else I need to consider?**

#### **Involve other healthcare professionals**

Patients may be under the care of more than one healthcare professional at a time. To ensure consistency of care, strong lines of communication need to be in place between health care professionals involved. Information that arises during the prescribing, dispensing or reviewing of a patient's medicines should be communicated to the patient and any other healthcare providers involved in the patient's care while ensuring no breach in patient confidentiality.

#### **Transfer between services**

On transfer between services (for example, discharge from hospital) give all patients and subsequent healthcare or other providers a written

report containing:

- the patient's diagnosis
- a list of all medicines the patient should be taking
- clear identification of any new medicines that were started
- clear identification of any medicines that were stopped with reasons
- clear information on which medicines should be continued after transfer and for how long
- any known adverse reactions and allergies
- any potential difficulties with adherence and any actions taken (for example, provision of a multi-compartment medicines system)

For further information, please see our current *Transfer of Care* guidance.

#### **Keeping records**

You may want to keep records of discussions and advice you've provided patients for audit purposes. This could be captured in the patient's medication records, hospital medical notes, and care plans where relevant.

In community pharmacy, there may be contractual requirements to record details of interventions and outcomes from medicines reviews. For further information see the Pharmaceutical Services Negotiating Committee, Community Pharmacy Scotland or Community Pharmacy Wales websites as appropriate.

#### **Standard operating procedures (SOPs)**

You can consider adding assessment of adherence to existing pharmacy SOPs, e.g. dispensing process, delivery of pharmacy services, medication taking, etc.

#### **References**

1. Horne R, Weinman J, Barber N, Elliott R, Morgan M; Concordance, adherence and compliance in medicine-taking. Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation (2005)

## Where to go for more information

### RPS Support

Online: [www.rpharms.com/enquiry](http://www.rpharms.com/enquiry)

Email: [support@rpharms.com](mailto:support@rpharms.com)

Phone: 0845 257 2570

### RPS Resources

- Transfer of Care guidance section
- Keeping patients safe when they transfer between care providers – getting the medicines right
- Support resources A-Z

### Additional resources:

NICE: Medicines Adherence: Involving patients in decisions about prescribed medicines and supporting adherence

<http://publications.nice.org.uk/medicines-adherence-cg76>

NPC Adherence to treatment and developing concordance skills e-learning

[www.npc.nhs.uk/patients\\_medicines/assessing/](http://www.npc.nhs.uk/patients_medicines/assessing/)

CPPE Patient-centred care open learning programme

[www.cppe.ac.uk/learning/Details.asp?TemplateID=PtCentred-D-01&Format=D&ID=0&EventID=39433](http://www.cppe.ac.uk/learning/Details.asp?TemplateID=PtCentred-D-01&Format=D&ID=0&EventID=39433)

GPhC guidance on consent

[www.pharmacyregulation.org/sites/default/files/GPhC%20Guidance%20on%20consent.pdf](http://www.pharmacyregulation.org/sites/default/files/GPhC%20Guidance%20on%20consent.pdf)

Telecare and telehealth technology

[www.nhs.uk/Planners/Yourhealth/Pages/Telecare.aspx](http://www.nhs.uk/Planners/Yourhealth/Pages/Telecare.aspx)

### Patient resources

NHS Choices

[www.nhs.uk](http://www.nhs.uk)

Patient.co.uk

[www.patient.co.uk](http://www.patient.co.uk)

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