Practitioner Interventions: Assessing, Documenting and Addressing Medication Non-Adherence

Dr. Joe Parks, MD, and Dr. Tony Salerno, Ph.D.
Today’s Presenters

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National Council for Behavioral Health

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*Consultant,*  
National Council for Behavioral Health;  
NYU Faculty
Today’s Agenda

• Review the importance of the focus on medication adherence
• Learn how to engage clients in the medication adherence conversation
• Discuss why adherence remains such a common challenge
• Receive strategies on how to improve adherence rates within your client population
Medication Adherence Review
Why Focus on Medication Adherence

• Non-adherence to anti-psychotic medications is prevalent and leads to poor outcomes
• For clients with a diagnosis of schizophrenia, non-adherence prevalence rate is: 50%-61%
• For clients diagnosed with bipolar disorders, the average rate of non-adherence is: 40%
• Poor client outcomes can include:
  • Relapse
  • Delays in achieving remission
  • Violence, such as reported aggression and arrests
  • Suicide
  • Premature death
Negative Outcomes Associated with Non-Adherence

Client Burden

Individuals diagnosed with psychotic disorders (schizophrenia, schizoaffective and bi-polar disorders) who are non-adherent to pharmacologic treatment experience:

• Higher rates of relapse
• More emergency department visits
• Higher rates of psychiatric hospitalization
• Longer hospital stays
• Higher rates of involuntary retention

Negative Outcomes Associated with Non-Adherence

Monetary Burden

Cost of care related to schizophrenia is high:

- 1-2% of adults will suffer with schizophrenia in their lifetime
- 1.5-3% of all healthcare costs
- 22% of mental healthcare costs
- U.S. annual costs for schizophrenia = $32.5 billion for 2 million persons
- U.S. annual costs for MDD = $30 billion for 19 million persons
- Up to ½ of relapses are due to non-adherence

Other Negative Outcomes Associated with Non-Adherence

- Lack of progress toward goals/recovery
- Polypharmacy
- Unnecessarily high doses
- Illness progression and relapse
Medication Adherence Assessment
Adherence Assessment

Getting Medication:

Questions to Ask Clients:

- Which pharmacies do you use?
- Why those? What do you like?
- How do you get to the pharmacies?
- What insurance do you have for medication?
- Are you able to afford the co-pays?
- Do you get all your meds filled once a month on the same day? (Med Synchronization)
Adherence Assessment

Handling Your Medication:

- How many different meds total?
- How many times a day do you take meds?
- Which time is hardest not to miss?
- Where do you keep your meds?
- How do you keep them – bottles, planner?
- Who helps you keep it straight and remember?
Adherence Follow-Up

The approach when talking with clients about psychiatric medication is exactly the same as when talking about their substance abuse decisions.

- Explore the triggers or cues that led to the undesired behavior (either taking drugs of abuse or not taking prescribed psychiatric medications)
- Review why the undesired behavior seemed like a good idea at the time
- Review the actual outcome resulting from their choice
- Ask if their choice got them what they were seeking
- Strategize with clients about what they could do differently in the future
Getting Started

Take 5-10 minutes every few sessions to go over these topics with your clients:

- Remind them that taking care of their mental health will help prevent relapse.
- Ask how their psychiatric medication is helpful.
- Acknowledge that taking a pill every day is a hassle.
- Acknowledge that everybody on medication misses taking it sometimes.
Getting Started

Do not ask if they have missed any doses, rather ask “How many doses have you missed?”

Ask if they felt or acted different on days when they missed their medication.

Was missing the medication related to any substance use relapse?

Without judgment, ask “Why did you miss the medication? Did you forget or did you choose not to take it at that time?”
For clients who forgot, ask them to consider the following strategies:

• Keep medication where it cannot be missed: with the TV remote control, near the refrigerator, on taped to the handle of a toothbrush. Everyone has 2 or 3 things they do everyday without fail. Put the medication in a place where it cannot be avoided when doing that activity, but always away from children.

• Suggest they use an alarm clock set for the time of day they should take their medication. Reset the alarm as needed.

• Suggest they use a Mediset®: a small plastic box with places to keep medications for each day of the week, available at any pharmacy. Mediset® acts as a reminder and helps track whether or not medications were taken.
For clients who admit to choosing NOT to take their medication:

• Acknowledge they have a right to choose NOT to use any medication
• Stress that they owe it to themselves to make sure their decision is well thought out. It is an important decision about their personal health and they need to discuss it with their prescribing physician.
• Ask their reason for choosing not to take the medication.
For clients who admit to choosing NOT to take their medication:

• Don’t accept “I just don’t like pills.” Tell them you are sure they wouldn’t make such an important decision without having a reason.

• Offer as examples reasons others might choose not to take medication. For instance they:
  1. Don’t believe they ever needed it; *never were mentally ill*
  2. Don’t believe they need it anymore, cured
  3. Don’t like the side effects
  4. Fear the medication will harm them
  5. Struggle with objections or ridicule of friends and family members
  6. Feel taking medication means they’re not personally in control
Unrealistic Expectations Cause Dissatisfaction

Unrealistically high expectations for medication encourages:

- Premature switching of medications
- Polypharmacy
- Non-adherence

Do not overstate benefits

- “70% of people get 70% better”
- “You are likely to feel better but will still have some remaining symptoms”
- “Most people have some side effects”
- “Medication will not fix everything”
- “If we keep adding meds to fix every last symptom you will end up on so many that you will get the staggers”
DO NOT...

Overemphasize the dangers of combining prescription medication with alcohol and drugs of abuse

• Most combinations are not dangerous except benzodiazepines.
• Most clients have used while on medication without ill effects. They will conclude you are either a liar or a fool.
• Most clients will stop prescription medication and continue to use alcohol and drugs of abuse.
• If they are going to be intoxicated, it’s better not to be psychotic, too.

Care Transitions Network
for People with Serious Mental Illness
Assume That All Patients Will Choose to Stop Taking a Medication Eventually

• “Everybody decides not to take their meds at some point, usually to see if they still really need them.”

• “I assume that you will too so please tell me so I can help you be successful with how you stop them”

• “I recommend only stopping one med at a time, not all at once”

• “I recommend tapering meds slowly to avoid withdrawal effects”

• “Write down your 3 early warning symptoms of relapse on 3 index cards: you keep one, give me one, give one to a friend you see a lot and let’s all watch out for relapse symptoms... i.e., treat it like an experiment!”
Transition to Topics Other Than Psychiatric Medications

Ask what supports or techniques they use to assist with emotions and behaviors when they choose not to take the medication.
Offer More than Meds – Encourage Self-Management and Recovery

• *When meds have done as much as they can for you:*
  - “*What can you do for yourself to get better?”*
    - Social interaction
    - Physical activity
    - A regular schedule
    - Changing habits that make you unsatisfied

  - “*How can you get on with having the kind of life you want in spite of your remaining symptoms?”*
    - “It’s better to go out and pursue your desires with symptom (x) than to sit at home waiting for symptom (x) to go away”
    - “You deserve better”
    - “Don’t let this disease define who you are & what you do”
    - “There is more to life than managing your illness”
DILBERT

I CAN'T STOP DREAMING ABOUT WORK.

AND I USUALLY SLEEP AT WORK, SO I'M DREAMING ABOUT SLEEPING AND IT'S FREAKING ME OUT.

HAVE YOU CONSIDERED DOING WORK?

I WANT PILLS, YOU QUACK.

www.dilbert.com
scottadams@sol.com
## Predictors of Poor Adherence

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Study</th>
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<tbody>
<tr>
<td>Presence of psychological problems, particularly depression</td>
<td>van Servellen et al.,\textsuperscript{51} Ammassari et al.,\textsuperscript{52} Stilley et al.,\textsuperscript{53}</td>
</tr>
<tr>
<td>Presence of cognitive impairment</td>
<td>Stilley et al.,\textsuperscript{53} Okuno et al.,\textsuperscript{54}</td>
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<tr>
<td>Treatment of asymptomatic disease</td>
<td>Sewitch et al.,\textsuperscript{55}</td>
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<tr>
<td>Inadequate follow-up or discharge planning</td>
<td>Sewitch et al.,\textsuperscript{55} Lacro et al.,\textsuperscript{56}</td>
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<tr>
<td>Side effects of medication</td>
<td>van Servellen et al.,\textsuperscript{51}</td>
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<tr>
<td>Patient's lack of belief in benefit of treatment</td>
<td>Okuno et al.,\textsuperscript{54} Lacro et al.,\textsuperscript{56}</td>
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<tr>
<td>Patient's lack of insight into the illness</td>
<td>Lacro et al.,\textsuperscript{56} Perkins\textsuperscript{57}</td>
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<tr>
<td>Poor provider–patient relationship</td>
<td>Okuno et al.,\textsuperscript{54} Lacro et al.,\textsuperscript{56}</td>
</tr>
<tr>
<td>Presence of barriers to care or medications</td>
<td>van Servellen et al.,\textsuperscript{51} Perkins\textsuperscript{57}</td>
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<td>Missed appointments</td>
<td>van Servellen et al.,\textsuperscript{51} Farley et al.,\textsuperscript{58}</td>
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<tr>
<td>Complexity of treatment</td>
<td>Ammassari et al.,\textsuperscript{52}</td>
</tr>
<tr>
<td>Cost of medication, copayment, or both</td>
<td>Balkrishnan,\textsuperscript{59} Ellis et al.,\textsuperscript{60}</td>
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Patient-Reported Barriers to Adherence With Antipsychotic Medications*

Percentage of Patients Reporting Barrier

- Stigma: 40%
- Adverse drug reactions: 30%
- Homelessness/substance...: 25%
- Memory problems: 20%
- Lack of social support: 15%
- Afraid of medication: 10%
- Denial of illness: 5%
- Lack of trust in provider: 2%
- Difficulty with regimen: 1%

*In patients with schizophrenia.
Adherence is Related to Dosing Frequency

Obesity as a Risk Factor for Antipsychotic Noncompliance

Noncompliant Respondents According to BMI Category

* $P = 0.01$ vs normal; Chi-square: $P = 0.03$.

Test for linearity: $P = 0.01$

Schizophrenia population.

Clinician Factors—Communication

• Clinician/patient relationship may impart the most value in improving adherence

• Key elements are trust and caring

• Promoting participation in decision-making

• Positive expectancy/hope

I believe the reason your medication tastes so bad every other time you take it is because the directions “take one pill twice daily” means two separate pills.
Treatment Planning and Interventions
Principles of Shared Decision-Making and Motivational Interviewing: Tips to strengthen the therapeutic relationship

• The first goal is to demonstrate an empathic **UNDERSTANDING OF THE PERSON’S PERSPECTIVE** regarding medication related concerns, needs, beliefs and practical challenges

• The second goal is to **SHARE YOUR PERSPECTIVE** about the purpose, benefits, risks and proper use of medication as well as recommendations designed to support the persons safe and effective use of medication.

• The third goal is to **MERGE PERSPECTIVES**. Identify common ground, areas of agreement and approaches to medication adherence that is acceptable to the person and reflects best practices in medication adherence.
Understanding the Client’s Perspective

• Many people have concerns and questions about the medication they are prescribed.

• The therapeutic relationship is strengthened when the practitioner inquirers and listen to the persons’ concerns without judgment, early problem solving or sharing of his/her perspective.

• Identifying common concerns may help to facilitate the conversation.
The decision to use medication is often influenced by:

- Personal beliefs, attitudes and values
- Previous experience with taking medications
- Perceived benefits and risks
- The degree of burden associated with the prescribed regimen
- The beliefs of family, friends and others
- The prevailing attitudes of one’s culture and/or spiritual community
Structured Assessments: Medication Adherence Scales*

- Neuroleptic Dysphoria Scale; NDS (Van Putten and May, 1978)
- Dysphoric Response Index; DRI (Singh and Kay, 1979)
- Medication Adherence Questionnaire; MAQ (Morisky et al, 1986)
- Rating of Medication Influences; ROMI (Weiden et al, 1994)
- Subjective Well-Being under Neuroleptic Treatment self-applied scale; SWN (Naber et al, 1995; 2001)
- Brief Adherence Rating Scale; BARS (Byerly et al, 2008)
- Clinician Rating Scale; CRS (Kemp et al, 1996, 1998)
- Attitudes towards Neuroleptic Treatment; ANT (Kampman et al, 2000)
- Personal Evaluations of Transitions in Treatment; PETiT (Voruganti and Awad, 2002)
- Brief Evaluation of Medication Influences; BEMIB (Dolder et al, 2004)
- Drug Attitude Inventory; DAI (Hogan et al, 1983; Awad, 1993)
- Medication Adherence Rating Scale; MARS (Thompson et al, 2000)

Drug Attitude Inventory (DAI) (Hogan et al 1983; Awad, 1993)

1. For me, the good things about medication outweigh the bad T / F
2. I feel strange, "doped up", on medication T / F
3. I take medications of my own free choice T / F
4. Medications make me feel more relaxed T / F
5. Medication makes me feel tired and sluggish T / F
6. I take medication only when I feel ill T / F
7. I feel more normal on medication T / F
8. It is unnatural for my mind and body to be controlled by medications T / F
9. My thoughts are clearer on medication T / F
10. Taking medication will prevent me from having a breakdown T / F

If you have any further comments about medication or this questionnaire, please write them below.

T = True, F = False

*Answers shown in bold are scored +1; answers in normal font are scored -1*
M.A.R.S. CALCULATOR
MEDICATION ADHERENCE RATING SCALE

1. Do you ever forget to take your medicine?  ○ Yes  ○ No
2. Are you careless at times about taking your medicine?  ○ Yes  ○ No
3. When you feel better, do you sometimes stop taking your medicine?  ○ Yes  ○ No
4. Sometimes if you feel worse when you take the medicine, do you stop taking it?  ○ Yes  ○ No
5. I take my medication only when I am sick.  ○ Yes  ○ No
6. It is unnatural for my mind and body to be controlled by medication.  ○ Yes  ○ No
7. My thoughts are clearer on medication.  ○ Yes  ○ No
8. By staying on medication, I can prevent getting sick.  ○ Yes  ○ No
9. I feel weird, like a 'zombie', on medication.  ○ Yes  ○ No
10. Medication makes me feel tired and sluggish.  ○ Yes  ○ No

Medication adherence score is: 6
Classification: adherent
Dr. Salerno’s not-so-famous brief Medication Adherence Questionnaire

As you read the common concerns people have about taking medications as prescribed, which ones apply to you?

☐ I don’t feel the medication is helping me
☐ The side effects are too uncomfortable
☐ I find it difficult to remember taking the medication as prescribed
☐ I have too many medications to keep in mind – I get confused and overwhelmed
☐ I don’t really think I need the medication
☐ I don’t think I should rely on medication to deal with life problems
☐ My family or friends don’t really want me to take medication for mental health problems
☐ I feel bad about taking medication for my mental health – it’s embarrassing
☐ I really can’t afford the medications
☐ I think I can make it without using medication
☐ I think the medication is doing more harm than good
☐ Other concerns you have
Sharing Your Perspective

What and how you share your perspective will either strengthen or impede the open and honest discussion about medication:

- Judgmental, frustrated and/or dismissive communication hurts
- Empathic regard for the clients concerns helps
- Normalizing concerns people have about medication as well as the barriers people encounter helps
- Emphasizing areas of agreement helps
- Scare tactics don’t help
- Closed Questioning (requiring yes or no responses) that feels like interrogation hurts
- Decisional balance (explore upside and downside of taking and not taking medication helps
- Sharing clear information about the purpose, benefits, risks and proper use of medication at the clients educational level and language helps
Educational materials that clients can review with the practitioner, with others or on their own

Be An Active Member of Your Health Care Team.

How to become involved in your health care, manage risks, and increase the safe and effective use of your medicines; with question guide.

(Printed size 3 1/2” x 8 1/2”; 8 panel; English - text and graphic; Spanish - text only)

- HTML
- PDF - 600KB

External Link

En Español

Sea Miembro Activo del Equipo de Cuidados de la Salud

- HTML

Tips for Talking with Your Pharmacist – to learn how to use medicines safely.

Tips to help you in the pharmacy to learn how to use medicine safely.

(Printed size 4” x 9”; 4 panel; English graphic and text)

- HTML
- PDF - 207MB

https://www.fda.gov/drugs/resources-you/educational-resources-ensuring-safe-use-medicine
The merging of perspectives strengthens the sense of partnership.

- The clients experience as having been heard, understood and taken seriously helps.
- Making a connection between the clients goals and the use of medication helps.
- Identifying and emphasizing common ground and areas of agreement helps.
- Once barriers and concerns are identified, merging perspectives means that solutions to medication adherence are explored in light of what is acceptable to the person, the practitioner and reflects best practices in medication adherence.
• Develop a shared decision about the specific interventions that will be used to address the barriers.

• The treatment plan will include:
  o The agreed upon interventions
  o Who will be involved in supporting the patients safe and effective use of medications
  o Where and when the plan will be implemented and
  o How to measure and monitor adherence to the medication

• Based on the patient’s needs, the participants in the plan may include one or more family members, residential staff in supervised settings, pharmacist, peer recovery coach, case manager or other support persons

• The timeframe and setting will be based on the level of risk posed by non-adherence

• The treatment plan also takes into account the patient’s living situation, availability of supports and level of risk

• A determination will be made as to when & where progress will be monitored
Researchers have used a number of direct and indirect methods including:

- Direct clinical observations
- Patient reports (verbal or written recordings)
- Manual and automated (MEMS caps) pill counts
- Measurement of drug (or metabolites) blood levels
- Prescription refills (claims data)
- Assessment of the patient’s clinical response and technological devices (biosensors, smartphone and virtual monitors)
- Structured survey (e.g., medication adherence scales)

Determining benefits and limitations of each approach involves patient inconvenience, accuracy of reporting and the cost of administration and measurement.
The Brief Adherence Rating Scale (BARS) is a 4-item, clinician-administered rating scale

1. How many pills of _______________ (name of antipsychotic) did the doctor tell you to take each day?
2. Over the month since last visit with me, on how many days did you NOT TAKE your _______________ (name of antipsychotic)?
   Few, if any (<7) ____
   7-13 ____
   14-20 ____
   Most (<20) ____
3. Over the month since your last visit with me, how many days did you TAKE LESS THAN the prescribed number of pills of your _______________ (name of antipsychotic)?
   4= Good Adherence  1= Poor Adherence
   Always/almost always = 4 _____ (76%-100% of the time)
   Usually = 3 ____ (51%-75% of the time)
   Sometimes = 2 ____ (26%-50% of the time)
   Never/almost never = 1 ____ (0%-25% of the time)

Please place a single vertical line on the dotted line below that you believe best describes, out of the prescribed antipsychotic medication (_________________________) doses, the proportion of doses taken by the patient in the past month.

Response struck on above line (%) = _________________________
Rater’s initials: _______________________
Medication event monitoring system (MEMS®) for People with Serious Mental Illness
Motivation to engage in mindful medication adherence is influenced by three key factors:

• Taking medication is **positive**: the benefits outweighs the burden or adverse experiences

• Taking medication as prescribed is **possible**: the person has the knowledge, skills and behaviors needed to adhere to the regimen

• There is **support** from others in the form of direct assistance with medication management and/or emotional encouragement and reinforcement of benefits.
Interventions to consider based on the assessment of strengths and challenges

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<tr>
<th>Selecting and Ordering Medications</th>
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<tr>
<td>• Choice of medication should be informed by individual patient needs in terms of target symptoms and side-effect sensitivities</td>
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<tr>
<td>• Prescribers may consider Long-Acting Medications (LAMs) for persistently non-adherent clients as well as Clozapine for poorly responding clients</td>
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<tr>
<th>Simplifying Medication Regimen</th>
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<tr>
<td>• Simplifying the medication regimen in a way that aligns with the client’s day to day activities and capabilities/preferences increases medication adherence (e.g., reduce the number of medications, time of administration and the number of times a day that medication must be taken).</td>
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<th>Involving a Member of the Person’s Social Network</th>
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<tr>
<td>• A family member or others identified by the client as helpful and trustworthy may be engaged to provide the emotional support and practical assistance to increase medication adherence.</td>
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Additional Interventions to Consider

• Management of Common Side Effects
• Maximizing the Use of Medication Organizing Tools or Pharmacy
• Engage the Support of the Pharmacist
• Expanding the use of Long Action Medication (LAMs)
• Educating patients and family members
Questions?
## Upcoming Events

<table>
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<tr>
<th>Event</th>
<th>Date and Time</th>
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<tr>
<td>Webinar #3: Organizational Practices and Policies to Support Medication Adherence</td>
<td>Tuesday, 6/11, 12:00-1:00pm</td>
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<tr>
<td>Round Table Discussion #3: Monitoring Patient Medication Adherence and Organizational Progress</td>
<td>Wednesday, 6/26, 12:00-1:00pm</td>
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<tr>
<td>Small Group Coaching Call</td>
<td>Wednesday, 7/10, 12:00-1:00pm</td>
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<tr>
<td>Wrap-Up Webinar: Participant Report-Out</td>
<td>Thursday, 7/25, 12:00-1:30pm</td>
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Upcoming In-Person Events

• **Payer Forums** hosted by MCTAC and the Care Transitions Network
  • New York City – Tuesday, June 4th
  • Buffalo – Wednesday, June 12th
  • Syracuse – Thursday, June 13th
  • Albany – Friday, June 14th

• **End of Project Celebration**
  • Tuesday, August 13th
Thank you!

www.CareTransitionsNetwork.org
CareTransitions@TheNationalCouncil.org

The project described was supported by Funding Opportunity Number CMS-1L1-15-003 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services.

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