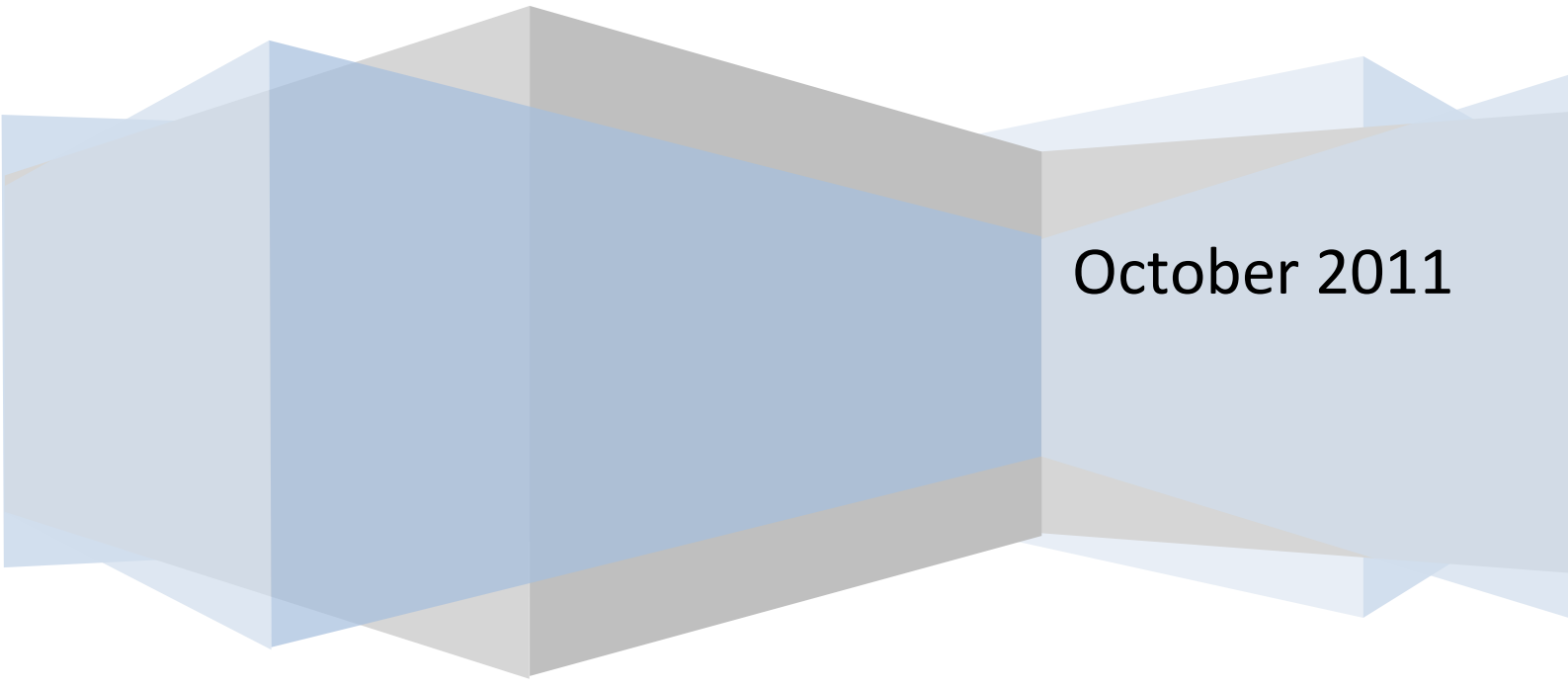
Medicines in Mental Health Ltd
164 City Quay
Ellerman Road
Liverpool L3 4FE
www.mentalmeds.co.uk

Adherence Report No.2
Improving Adherence in Severe Mental Illness

A call to action for the National Health Service



October 2011

BACKGROUND

Poor adherence to long-term treatments is a problem across the developed world. The World Health Organisation has described poor adherence as "A problem of striking magnitude."[1] Poor adherence is associated with poor outcomes and increased healthcare costs. It is a complex phenomenon that requires interventions among both health practitioners and patients. According to the World Health Organisation, "Increasing the effectiveness of adherence may have a far greater impact on health than any improvement in specific medical treatments."[1]

In severe mental illness, poor adherence is the greatest and most important cause of **preventable** psychiatric morbidity. However, particular problems exist, including the impairment of patients' insight and capacity and the possibility that compulsory treatments may be required.

This report offers a pragmatic approach to improving adherence with treatment.

THE BASICS

In the Medicines in Mental Health Report No.1, ***The Impact of Poor Adherence in Schizophrenia***, multiple factors known to influence adherence were identified. These factors may operate singly, or in complex combinations to impair adherence. It follows from this that single interventions to improve adherence are unlikely to be effective. What is required is a systematic approach that is applied across a service with elements to address all of the major influences on adherence. These elements must be capable of changing the patient's understanding and experience of treatment, the therapeutic relationship with clinicians, the complexity of treatment regimens, and cultural and institutional barriers to adherence that exist within services. Above all, improving adherence demands optimism and ambition for better outcomes on the part of health service commissioners and providers.

ADDRESSING INFLUENCES ON ADHERENCE

A pragmatic common-sense approach has been taken in framing interventions to improve adherence. The tables below summarise the influences that are known to influence adherence adversely, with suggested solutions.

1. **Influences that relate to the patient and their understanding and experience of treatment**

Factor influencing adherence	Potential solution
Negative attitudes among health professionals about improving adherence	• Training for health professionals to foster positive attitudes about adherence.
Doctors do not diagnose perfectly or prescribe carefully all of the time. Thus the patient is not always acting irrationally if they attempt to compensate for adverse effects or avoid stigma by adjusting doses or times of administration.	• Training for prescribers to individualise treatment using a systematic patient-centred approach. • Medicines management to rationalize prescribing and minimize side effects.
Adverse effects are problematic in at least half of those taking psychotropic medication and may be a rational reason for choosing to discontinue medication.[2]	• Training for clinical staff to improve knowledge of side effects, side effect profiles of drugs and how to avoid or manage side effects.
The impact of side-effects is often greatly underestimated by clinicians.[3]	• Training for clinical staff on the impact of side effects and how to demonstrate to patients that side effects are taken seriously.
Current and past experience of side-effects has a significant impact creating a negative general attitude toward antipsychotics.[4]	• Training for clinical staff on the minimization of side effects. • The development of intuitive patient-centred information about medicines and side effects.
Patients' understanding of their condition and its need for treatment is positively related to adherence, and in turn adherence, satisfaction and understanding are all related to the amount and type of information given.[5]	• Development of a systematic educational programme for patients and carers delivered by a dedicated team as a new service across a mental health trust. • The development of intuitive patient-centred information about medicines and side effects.
Patients who understand the purpose of the medication are twice as likely to collect it than those who do not.[6]	• Development of a systematic educational programme for patients and carers delivered by a dedicated team as a new service across a mental health trust. • The development of intuitive patient-centred information about medicines and side effects.
Most patients prescribed antipsychotics do not feel involved in treatment decisions and state that they take medication only because they are told to.[7]	• Training for clinical staff on how to involve patients (and carers) as active partners in treatment decisions. • The development of intuitive patient-centred information about medicines and side effects.

2. Influences that relate to the therapeutic relationship

Factor influencing adherence	Potential solution
Most patients prescribed antipsychotics do not feel involved in treatment decisions and state that they take medication only because they are told to.[7]	• Training for clinical staff on how to involve patients (and carers) as active partners in treatment decisions. • The development of intuitive patient-centred information about medicines and side effects.
Good communication between patients and health professionals and clear mutual agreement at the onset of treatment to support adherence is essential.[8]	• Training for clinical staff on how to involve patients (and carers) as active partners in treatment decisions. • The development of intuitive patient-centred information about medicines and side effects. • Training for clinical staff on how to explain medicines to patients.
Disagreement with or low trust in clinicians, and receipt of low levels of medical information predict poor adherence.[9]	• Training for clinical staff on how to involve patients (and carers) as active partners in treatment decisions. • The development of intuitive patient-centred information about medicines and side effects.
In practice, the process of making a joint therapeutic plan is often abbreviated. Doctors may overestimate the amount of information they have given to patients and patients often misunderstand medical terminology.	• Training for clinical staff on how to involve patients (and carers) as active partners in treatment decisions. • The development of intuitive patient-centred information about medicines and side effects. Development of a systematic educational programme for patients and carers delivered by a dedicated team as a new service across a mental health trust. • Training for clinical staff on how to explain medicines to patients.

3. Influences that relate to the treatment regimen

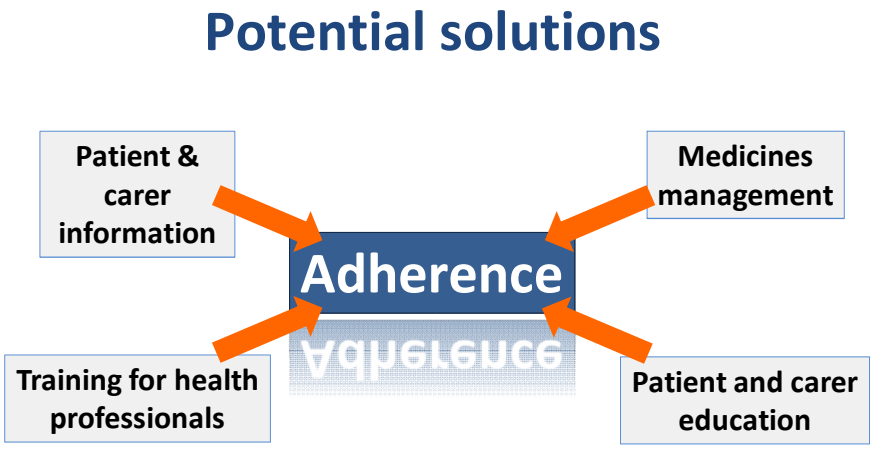
Factor influencing adherence	Potential solution
Complexity of the regimen. A systematic review of the impact of multiple dosing on adherence found that once-daily dosing was optimal.[10]	• Medicines management to rationalize prescribing and align it with the patient's daily routine.
Duration of the course of treatment. Generally, adherence reduces over time.	• Ongoing support and reminders for patients and carers.

4. **Influences that relate to the service or environment**

Factor influencing adherence	Potential solution
Inadequate care planning and follow-up contact.[7]	• Identify poor adherence in individual patients more effectively • Engage community pharmacies and GPs in removing barriers to access to medicines • Offer adherence aids when necessary • Develop feedback process when patients fail to collect medicines when they are due • Continually assess the need for more / less intensity of follow-up
Living arrangements. Patients who are homeless or who live alone show lower levels of adherence than those living with family or in supported accommodation.	• Provide targeted support for patients who live alone.

PROPOSED SOLUTIONS

Most of the interventions to improve adherence are low cost. One new service is required. The interventions can be categorized as follows:



1. The development of information about medicines and side effects
2. Training for health professionals
3. The development of a formal education programme for patients and carers
4. Medicines management

The development of information about medicines and side effects

Information is at the centre of improving adherence. It impacts on knowledge, treatment decisions and the therapeutic relationship. It should be used to achieve a number of related goals.

- To create consistency in therapeutic approaches
- To educate clinicians
- To educate patients and carers
- To involve patients and carers in treatment decisions
- To inform treatment selection
- To reinforce messages about the importance of adherence

Information must fulfil the following requirements:

- It must be easily understood and intuitive
- It must be evidence-based
- It must address issues that are important to patients
- Both patients and health professionals must feel they have ownership of it

Information should be developed jointly by clinicians and patients. It should be accessible and easily available during all patient-facing interactions.

Training for health professionals

An extensive training programme is required. This may seem burdensome, but it is essential to remember the impact of poor adherence and the benefits that may be obtained from intervening to improve it.

Training is required in the following areas:

1. To foster optimism and ambition about improving adherence.
    - Improve awareness of adherence
    - Foster positive attitudes in health professionals about adherence
    - How to identify poor adherence in individual patients more effectively
    - Pragmatic solutions to support adherence
2. To individualise treatment using a systematic patient-centred approach.
3. To improve knowledge of side effects.
    - Side effect profiles of drugs
    - How to avoid, minimize or manage side effects
    - The impact of side effects
    - How to demonstrate to patients that side effects are taken seriously
4. How to involve patients (and carers) as active partners in treatment decisions.
    - Explaining the role of medication in the context of the wider therapeutic programme
    - Identifying the patient's concerns
    - Taking into account the patient's preferences
    - Explaining the benefits and disadvantages of different treatment options

Education for patients and carers

There is evidence that educational interventions can improve adherence significantly. However, individual ad-hoc sessions are of little value. A systematic approach is needed, where the education is provided as a new service by a dedicated team and made available across the entire footprint of a service.

Sessions for patients and carers should be separate but should follow the same basic content:

- Psychoses are the result of a combination of biological factors and psychosocial stressors so that treatment involves long-term use of antipsychotics plus psychotherapeutic interventions
- Medication is usually a prerequisite for the success of psychotherapeutic interventions
- Pragmatic coping strategies i.e. for side effects or breakthrough psychoses

Medicines management

This term is used in its widest sense to bring together all the remaining interventions. These include:

- Rationalization of prescribing to minimize complexity of treatment regimens and align them with the patient's daily routine.
- Audit
- Provision of ongoing support and reminders for patients and carers.
- Identify poor adherence in individual patients more effectively.
- Engage community pharmacies and GPs in removing barriers to access to medicines.
    - Develop feedback process when patients fail to collect medicines when they are due.
- Offer adherence aids when necessary.
- Continually assess the need for more / less intensity of follow-up
- Provide targeted support for patients who live alone.

ROLE OF MEDICINES IN MENTAL HEALTH

Medicines in Mental Health Ltd is an independent health sector provider and has worked with many stakeholders in mental health including the NHS, professional organizations, academic institutions, the voluntary sector and the pharmaceutical industry. Without a systematic approach to support adherence, advances in treatment will fail to realize their potential to reduce the burden of chronic illness. We believe that developing interventions to support adherence may have a far greater impact on the health of a population than any improvement in specific medical treatments.

We will work with any stakeholder including commissioners and providers of services to deliver interventions to improve adherence.

Our approach is to offer analysis and synthesis of the best available clinical evidence to underpin the creation of patient-centred interventions.

We can help in two ways:

1. As a driver and a catalyst within a service to aid the promotion of the strategy to support adherence.
2. In a consultative and developmental capacity to develop interventions to improve adherence.

We envisage a process where the Trust would appoint a steering group. We would work with them to:

- Develop a cohesive strategy to support adherence, with interventions as outlined above
- Develop all the materials required to support the various interventions including patient information, materials to support patient and carer education, materials to support staff training, and materials to support care planning
- Develop a 'Train the Trainers' programme to cascade education throughout the trust
- Provide direct training for those professionals who will be involved in providing formal education for patients and carers

Standards of business

We believe that patients should be the focus of everything we do. Our mission is to work in partnership with stakeholders, including the NHS, the pharmaceutical industry and patient organisations to develop interventions that directly improve clinical outcomes.

Medicines in Mental Health Ltd will:

1. Always put the interests of patients and the duties and responsibilities of the NHS first.
2. Respect the independence and impartiality of NHS employees or organisations.
3. Respect and maintain confidentiality at all times.
4. Be transparent in disclosing sources of funding or sponsorship.

CONCLUSIONS

- In severe mental illness, poor adherence is the greatest and most important cause of **preventable** psychiatric morbidity. It is a problem that is more common than is acknowledged and realised by mental health services.
- Poor adherence is a major cause of poor outcome and impacts strongly on the mental wellbeing of patients and the people they live with.
- Poor adherence is extremely costly to the NHS.
- Poor adherence is a complex phenomenon that requires multiple interventions at a service level.
- There is an urgent need interventions to improve adherence to antipsychotic treatment. These include:
    - The development of information about medicines and side effects
    - Training for health professionals
    - The development of a formal education programme for patients and carers
    - Medicines management
- According to the World Health Organization: ***"Increasing the effectiveness of adherence may have a far greater impact on health than any improvement in specific medical treatments."***[1]

Part 1 of The MMH Adherence Report can be obtained from
www.mentalmeds.co.uk

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