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A:CARE CONGRESS 2024

“Don’t remind me to take my medication”: Exploring behaviors behind medication non-adherence

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Financial disclosure

The opinions and arguments presented in this presentation are solely my own and do not represent the views or positions of my current or any previous employers. Any conclusions drawn or statements made are based on my independent analysis and should not be interpreted as being endorsed by any organization with which I am or have been affiliated.

I have presented talks for Abbvie, Abbott, Bayer, Chiesi, Boehringer Ingelheim, Roche, Sandoz and Merck.

I have received a PhD research grant from Merck, and currently serve on the Behavioral Science Advisory Board for Sanofi.

Outline

Is non-adherence primarily due to forgetting?

Causes of non-adherence:
What is the evidence?

Barriers to effective adherence support in clinical practice.

How to manage non-adherence in clinical practice.



Early explanations of non-adherence



Early theories based on idea that non-adherence was result of poor communication & subsequent effects on patient understanding and memory



Early interventions mainly based on information provision, and/or reminders and these are still used.

Most adherence apps – still based on reminders



Do these work? – only in those who are motivated

Choudhry NK, et al. Effect of reminder devices on medication adherence: The remind randomized clinical trial. JAMA intern med. 2017;177(5): 624-631.

Speaker input.



Do reminders work?

JAMA Internal Medicine | [Original investigation](#)

Effect of reminder devices on medication adherence

The REMIND randomized clinical trial

Niteesh K. Choudhry, MD, PhD; Alexis A. Krumme, MS; Patrick M. Ercole, PhD, MPH; Chairman Girdish, MPH; Angela Y. Tong, MS; Nazleen F. Khan, BS; Troyen A. Brennan, MD, JD, MPH; Olga S. Matlin, PhD; William H. Shrank, MD, MSHS; Jessica M. Franklin, PhD

Importance

Forgetfulness is a major contributor to nonadherence to chronic disease medications and could be addressed with medication devices.

Objective

To compare the effect of 3 low-cost reminder devices on medication adherence.

Design, setting and participants

This 4-arm, block-randomized clinical trial involved 53 480 enrollees of CVS Caremark, a pharmacy benefit manager, across the United States.

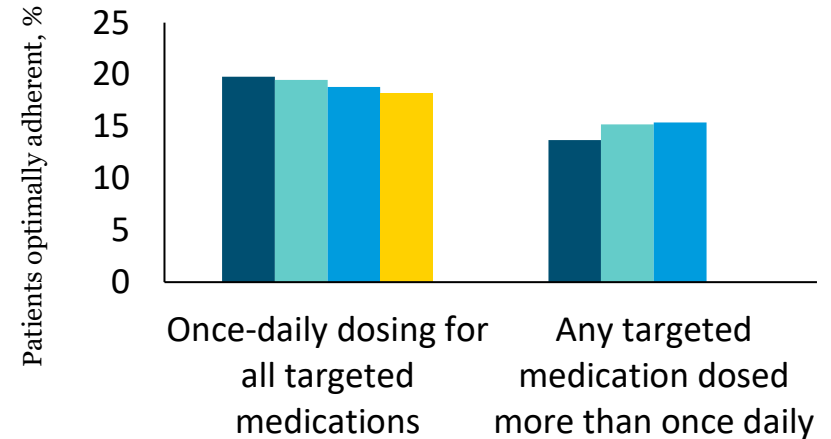
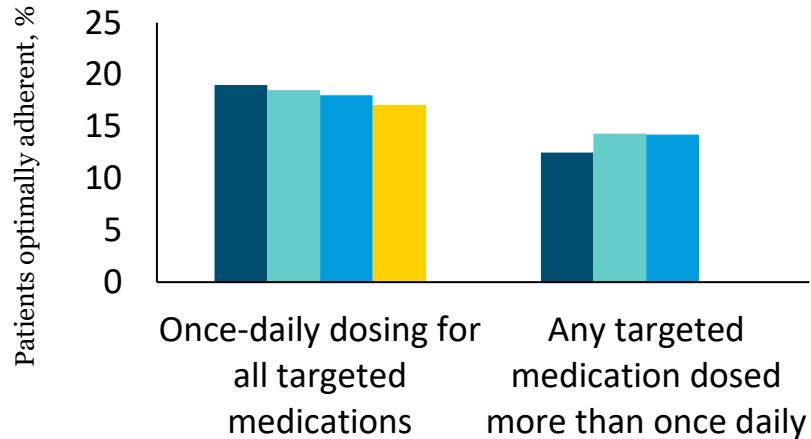


REMIND trial: Results (Optimal adherence at 12 months)

Control Pillbox Digital timer cap Pill bottle strip

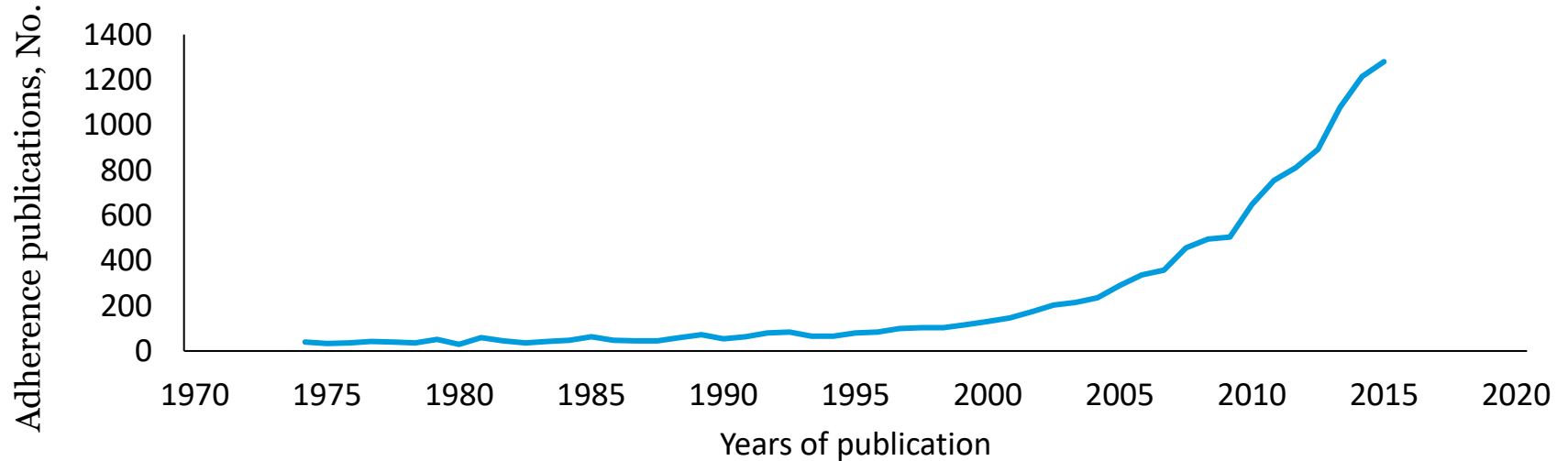
Entire chronic disease stratum

Chronic disease stratum targeted for CVD medication



Adherence research over the years

Forty years of medication adherence research



Number of publications indexed in PubMed with medication adherence or compliance in the title or abstract, from 1966 to 2015.

Data extracted from PubMed advanced search engine.

[https://pubmed.ncbi.nlm.nih.gov/?term=\(medication%20compliance%5BTitle%2FAbstract%5D\)%20OR%20\(medication%20adherence%5BTitle%2FAbstract%5D\)&filter=years:1974-2016&timeline=expanded](https://pubmed.ncbi.nlm.nih.gov/?term=(medication%20compliance%5BTitle%2FAbstract%5D)%20OR%20(medication%20adherence%5BTitle%2FAbstract%5D)&filter=years:1974-2016&timeline=expanded)

Evidence from adherence studies

Over 700 factors have been found to influence adherence ¹

These can mostly be classified as due to Capability, Opportunity or Motivation (COM-B) ²

Large variation in the causes of non-adherence **between** patients and **within** patients over time ¹

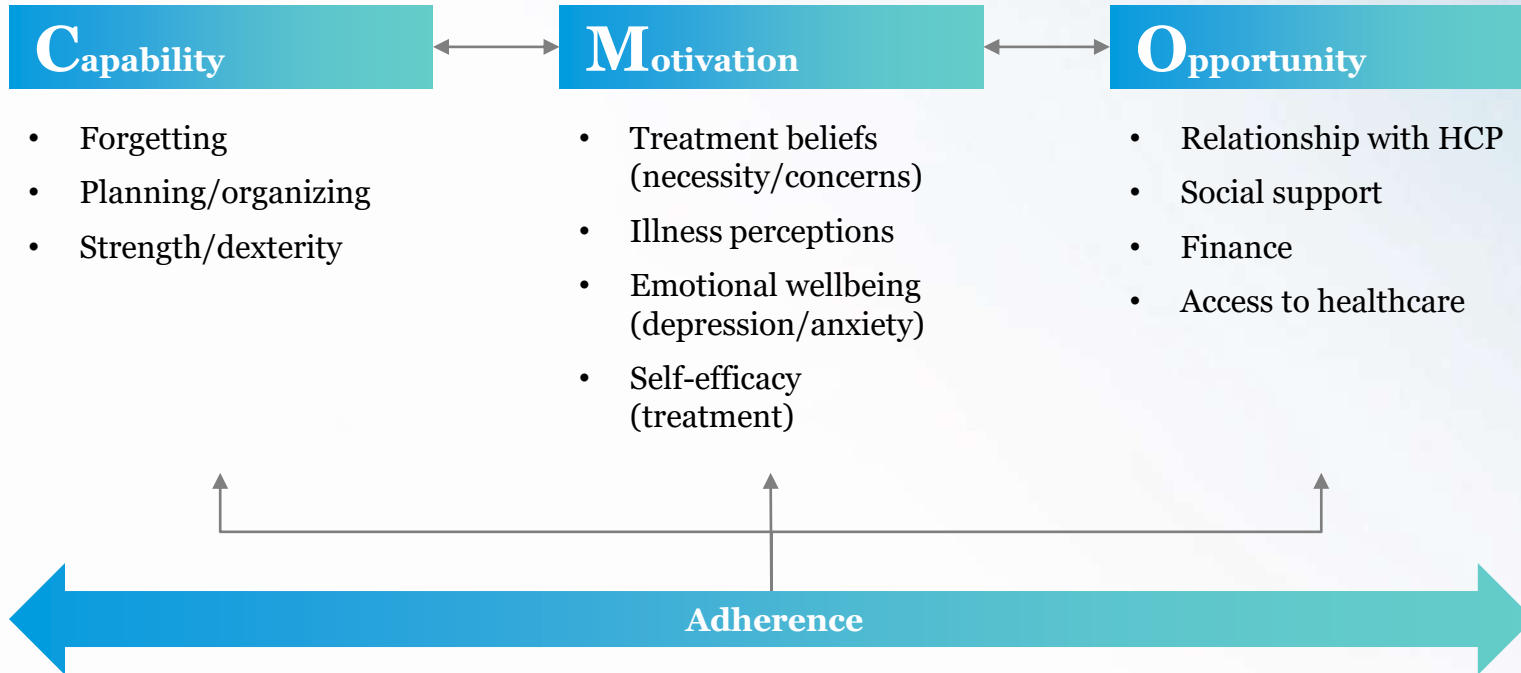
Importance of identifying the reasons for each patient and tailoring interventions to these ²

1. Kardas P, et al. Determinants of patient adherence: a review of systematic reviews. *Frontiers in pharmacology*. 2013;4:91.

2. Jackson C, et al. Applying COM-B to medication adherence: a suggested framework for research and interventions. *European Health Psychology Society*. 2014;16(1):7-17.



COM-B factors related to non-adherence



Self identity & treatment adherence



Resisting illness

**8 items ; Cronbach
alpha = 0.94**

- Because it reminds me I have an illness
- Because I want to lead a normal life again

Testing treatment

**5 items ; Cronbach
alpha = 0.93**

- To see if I can do without it
- To see if I really need it

Importance of understanding causes of non-adherence

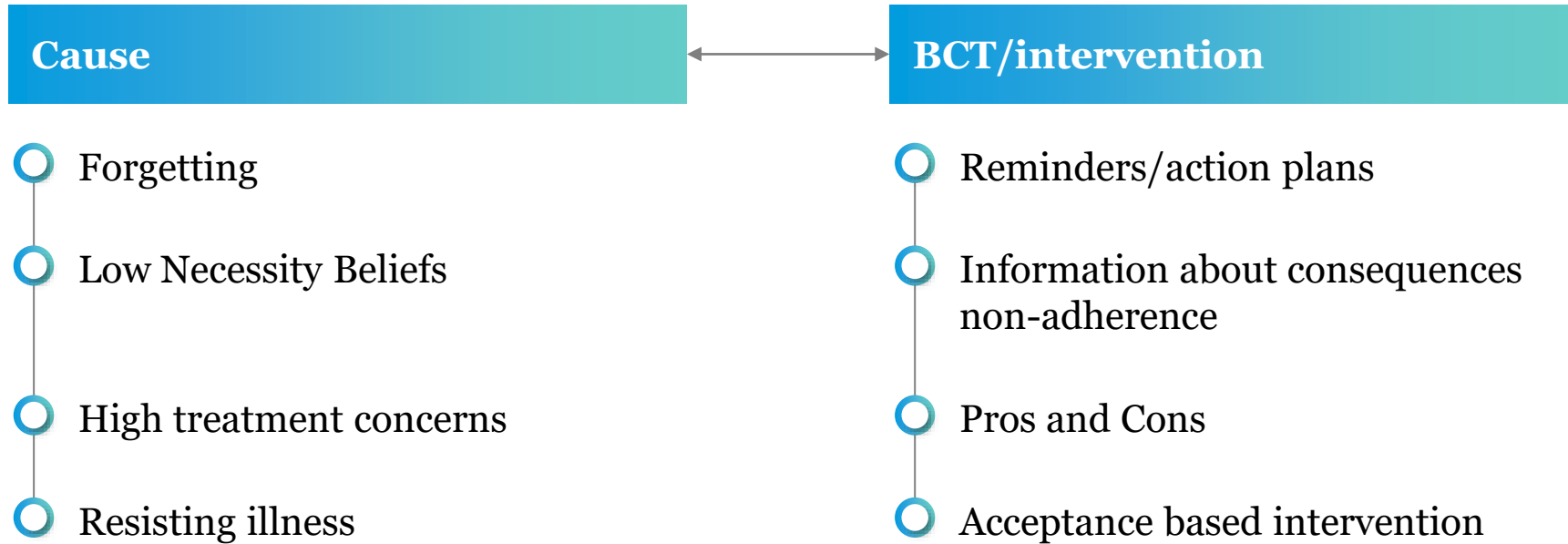
● Adherence is a behavior

● To change a behavior:

- Need to know its cause(s)
- Need to use Behavior Change Techniques (BCTs), which target the cause of the behavior



Examples of targeted BCTs for non-adherence



Key challenges for managing non-adherence in routine clinical care



Increase awareness of the extent of the problem



Detecting non-adherence in a non-threatening way



Understanding the reasons in each patient (COM-B)



Using a targeted behavior change approach



Deal with the barriers:
HCP & patient

HCP barriers to managing non-adherence in routine care

- Outside their remit “Not my job”
- Underestimate prevalence
- Approach non-adherence in a “non-friendly” manner
- Ill-equipped to manage the reasons underlying non-adherence
- Lack of time in routine appointment
- Difficult to switch off the "righting reflex"



Patient barriers to managing non-adherence in routine care

- Hiding non-adherence from the clinician
- Not wishing to disappoint or get “told-off”
- Defensive - in response to direct questioning re adherence
- Motivational and opportunity factors rarely addressed



Detecting non-adherence

Since many patients are often reluctant to disclose non-adherence, particularly if the question is asked in a very direct way

You will be more likely to “uncover” non-adherence if you:

- Ask about adherence in a non-blaming way¹
- Use a simple screener²

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Making Medicines Work for You

- This questionnaire is for people who are prescribed medicines or for people who are responsible for making sure another person takes their medicine (e.g. a parent, partner).
- It is quite common that people don't take medicines as prescribed. For example, they might forget, take more or less, or stop and start. We want to help you find a way of taking your medicines that works for you.
- The questions below are to help you think about how you are finding your medicines.
- Your answers will help your doctor, nurse or pharmacist understand what's important to you.

You and your medicines
Please look at each of the 7 items below and tick any that apply to you.

	Please tell us which medicine(s) you are thinking of?
1. My medicine(s) is/are difficult to use or take	<input type="checkbox"/>
2. I can't manage so many medicines	<input type="checkbox"/>
3. I am not sure if the medicine(s) is/are really helping me	<input type="checkbox"/>
4. I have some worries about using the medicine(s)	<input type="checkbox"/>
5. I sometimes forget to use the medicine(s)	<input type="checkbox"/>
6. I can't afford either the time or the money to get the medicine(s)	<input type="checkbox"/>
7. I've found my own way to use the medicine(s) that suits me	<input type="checkbox"/>
8. Do you have any questions or things you'd like to discuss about your medicines today?	

What next?

- You can share your answers with your doctor, nurse or pharmacist when you go into your appointment.
- They will ask you more about any issues you have identified
- They may suggest different medicines, help you learn more or make suggestions for getting more out of your medicines.

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1. Engel T, et al. Re-phrasing the question : A simple tool for evaluation of adherence to therapy in patients with inflammatory bowel disease. United European Gastroenterology Journal. 2017;5(6):880–886. 2. Weinman J, et al. Pilot testing of a brief pre-consultation screener for improving the identification and discussion of medication adherence in routine consultations. Patient preference and adherence, 2019;13:1895.

After detection: What next?

Ask patient to say more about the nature and reason(s) to allow you to see the bigger picture in terms of

- Phase and pattern of the problem
- More detail about the reasons at an individual level
- Patient's level of motivation and readiness to change
- The broader context (e.g. their social situation, etc.)



Adherence support in the consultation: Basic steps

Check patient's understanding of treatment and, if necessary

Provide clear rationale for **necessity** of treatment

Elicit and address **concerns**

Agree practical plan for how, where and when to take treatment

Identify any possible barriers & problem solve these collaboratively

Follow up to assess outcome



Thank you



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