

Improving medicine adherence to optimise outcomes

Any number of reasons may explain why patients might have difficulty with a treatment plan and not vocalise this. Prescribers play a role in determining these reasons, some of which may be because of their own actions.

Terminology matters

Correct medicine-taking can be described in terms such as medicine compliance, adherence and concordance. Compliance, an older term, suggests prescribers compel patients to follow instructions. Adherence emphasises choice and assumes an equal relationship between patient and prescriber. Concordance implies a trusting partnership where the prescriber respects what's important to the patient.¹

Is non-adherence the patient's fault?

Non-adherence can be intentional (eg, due to fear of side effects) or unintentional (eg, due to difficulty accessing medicines), but it is not necessarily the patient who is at fault. Medicines non-adherence can result in inequitable and suboptimal health outcomes. For example, a recent study in patients with type 2 diabetes

found Māori were less likely than New Zealand Europeans to receive sufficient metformin prescriptions, leading to an overall reduction in metformin adherence.²

Strategies to improve adherence

Adherence involves a complex series of decisions and behaviours, for both patient and prescriber. A concordant relationship enables a discussion of a patient's understanding of the benefits of the medicine in relation to health and quality of life, and considers concerns about side effects.

- Take time to explain why the medicine is important, and its tangible benefits.
- Explain and provide appropriate information about side effects; put this into context compared with benefits.
- Consider whānau involvement when there is difficulty with remembering to take the medicine or understanding its importance.
- Consider health literacy; is verbal and written information understood?
- Ensure no barriers to medicine use, such as access, social circumstances or cost.
- Ensure equity in the advice provided to optimise adherence across all ethnic and social groups in your practice.



Compliance, adherence, concordance – confused?

Medicine compliance is an authoritarian term implying prescribers must be obeyed and patients are at fault if medicines are not taken as instructed.¹

Adherence is the extent to which patients' behaviour matches agreed recommendations from prescribers – it assumes an equal relationship between the two parties.¹

Concordance implies a decision-making partnership based on trust between a well-informed patient and an understanding prescriber.¹

Whatever terminology is used, studies show that differences in health literacy, medicines access, attitudes to health and prescriber perceptions, may contribute to sub-optimal use of medicines and poor health outcomes.¹

References are available with the online bulletin