

NICE Clinical Guideline 76: Medicines Adherence – Quick reference sheet for pharmacists



Royal
Pharmaceutical
Society
of Great Britain

This guidance is relevant to all pharmacists who interact with patients, whether it be in the context of prescribing, dispensing or medicine reviews.

MEDICINES ADHERENCE – KEY POINTS

- 33–50% of medicines prescribed for long term conditions are not taken as recommended
- Non-adherence falls into two categories:
 - Intentional (the patient decides not to follow the treatment recommendations)
 - Unintentional (the patient wants to follow the treatment recommendations but has practical problems)
- Non-adherence is linked to patients' beliefs and preferences that influence motivation to start and continue treatment as well as practical factors
- Patient's views of their need for a medicine may change over time
- Non-adherence should not be seen as the patient's problem. It often results from an initial failure to agree the prescription fully with the patient or to identify and provide the support that patients need once the medicine has been dispensed

PHARMACY CHECKLIST

- Adapt your consultation style to each patient's needs
- Establish the level of involvement the patient wants in decisions about treatment with medicines; encourage and support patients, families and carers to keep an up-to-date list of prescription and non-prescription medicines, and allergies or adverse reactions

- Establish the patient's perspective by asking what he/she knows and believes about a medicine. Discuss the aim of the treatment and any concerns they may have before prescribing and when reviewing
- Provide information, check understanding and reinforce information; signpost to sources of reliable information and support
- Routinely assess adherence in a non-judgmental way; use pharmacy patient medication records (PMRs) and return of unused medicines to identify non-adherence and patients needing support
- Tailor any intervention to increase adherence (information, discussion or practical) to the patient's specific needs
- Enquire about adherence during medicines use review (MUR) and medicines reconciliation
- Ensure that information arising during the prescribing, dispensing or reviewing of a patients' medicines is communicated both to patients and other healthcare providers involved in the patient's care
- Ensure that patient confidentiality is not breached

ADHERENCE, COMPLIANCE, CONCORDANCE – KEY CONCEPTS

Compliance – The extent to which a patient's behavior matches the prescriber's advice

Adherence – The extent to which the patient's behavior matches agreed recommendations from the

prescriber – emphasises the patient's freedom to decide whether to adhere to the prescriber's recommendations and that failure to do so should not be a reason to blame the patient.

Concordance – A complex idea relating to the patient/prescriber relationship and the degree to which the prescription represents a shared decision, in which the beliefs and preferences of the patient have been taken into consideration.

Adapted from: Compliance, Adherence and Concordance. Horne R. Chest 2006;130;65S-72S

KEY STEPS FOR IMPLEMENTATION

INVOLVING PATIENTS IN DECISIONS ABOUT MEDICINES

- Improving communication
- Increasing patient involvement
- Understanding the patient's perspective
- Providing information

SUPPORTING ADHERENCE

- Assessing adherence
- Interventions to increase adherence

REVIEWING MEDICINES

IMPROVING COMMUNICATION BETWEEN HEALTHCARE PROFESSIONALS

Table 1 shows the key steps and the action points that you should use to contribute to the implementation of the guideline.



Table 1: Implementation measures and action points for pharmacists

INVOLVING PATIENTS IN DECISIONS ABOUT MEDICINES

Improving communication

- Adapt your consultation style to each patient's needs
- Consider any factors or disabilities which may affect patient involvement in the consultation
- Establish the best way to communicate with each patient (consider the use of pictures, large print, information in different languages, an interpreter or advocate)
- Ask open-ended questions because these are more likely to uncover concerns
- Encourage patients to ask questions.

Increasing patient involvement

- Offer all patients the opportunity to be involved in decisions about their medicines
- Explain clearly the condition and the pros and cons of treatment
- Clarify what the patient hopes the treatment will achieve
- Talk and listen to the patient and note non-verbal cues rather than making assumptions about patients' preferences about treatment
- Help patients to make decisions based on likely benefits and risks rather than misconceptions
- Accept that:
 - Patients may have different views from healthcare professionals about risks, benefits and side effects
 - 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 a medicine and you believe this could be harmful, record the decision and the information provided on risks and benefits
- Encourage and support patients, families and carers to keep an up-to-date list of prescription and non-prescription medicines, and allergies or adverse reactions

Understanding the patient's perspective

- Ask patients what they know, believe and understand about their medicines before prescribing, and when reviewing (e.g. for a MUR)
- Ask about and address any concerns (such as adverse effects or dependence) when prescribing, dispensing or reviewing medicines. If the patient has specific concerns, record a summary of the discussion.

- Remember – patients may wish to minimise their medicines and to discuss
 - 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.

Providing information

At the time of prescribing:

- Before you prescribe, offer patients (including inpatients) clear relevant information. This will 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 occur
 - What to do if a dose is missed
 - Whether another prescription is needed and how to get further supplies.

At the time of dispensing:

- Check patients have the information that they wish
- Check patients have understood the information and discuss it with them, taking into account what they understand and believe about the condition and treatment
- Do not assume that patient information leaflets (PILs) will meet all patients' needs. Address concerns raised as a result of information provided by PILs.
- Signpost to sources of reliable information and support (e.g. NHS Choices [www.nhs.uk])

SUPPORTING ADHERENCE

Assessing adherence

- Ask patients if they have missed any doses recently; make it easier for them by:
 - asking in a way that does not apportion blame
 - explaining why you are asking
 - mentioning a specific time (such as in the past week)
 - asking about medicine-taking habits
- Use records of prescription re-ordering, pharmacy patient medication records (PMRs) and return of unused medicines to identify non-adherence and patients needing support

Interventions to increase adherence

- If a patient is not taking their medicines discuss whether this is because of beliefs and concerns (intentional non-adherence) or practical problems (unintentional non-adherence) and together consider options for support
- Address any beliefs and concerns the patient has about his or her medicines

- Only use interventions to overcome practical problems if there is a specific need. Interventions might include:
 - suggesting patients record their medicine-taking
 - encouraging patients to monitor their condition
 - simplifying the dosing regimen
 - using alternative packaging
 - using a multi-compartment medicines system (MDS)
- If side effects are a problem:
 - discuss benefits, side effects, long-term effects and how the patient would like to deal with side effects
 - consider adjusting the dosage, switching to another medicine, and other strategies such as changing the timing of medicines
- If prescription costs are a problem consider options to reduce costs

Reviewing medicines

- Offer repeat information and review to patients, especially when treating long-term conditions with multiple medicines
- At agreed intervals, review patients' knowledge, understanding and concerns about their medicines and whether they think they still need them
- Ask about adherence. Clarify possible causes of non-adherence and agree any action with the patient (including a date for follow-up)
- Remember to ask if patients have their own ways of weighing up their medicines. (e.g. by stopping and starting them and monitoring symptoms).

Improving communication between healthcare professionals

- When reviewing medicines inform the prescriber of the review and its outcome
- Ensure there are robust processes for communicating with other healthcare professionals involved in the patient's care
- On transfer between services (for example, transfer in or out of a care home or hospital) patients and subsequent healthcare or other providers should receive a written report containing:
 - the patient's diagnosis
 - a list of all medicines the patient should be taking
 - details of new medicines that were started recently and the reason
 - details of medicines that were stopped recently 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 (e.g. if compliance aids are used or recommended)