Non adherence with analgesics

Dr Susan Salt, Medical Director, Trinity Hospice

www.trinityhospice.co.uk

The Trinity family of services:
- Linden Centre
- Clinical Nurse Specialists
- Support/counselling for grief and loss
- Lymphoedema Service
- In-Patient Unit
- Complementary Therapy
- Day Therapy Unit
- Learning and Research Centre
Overview

- Definitions
- Extent of the problem
- Possible mechanisms
- Why it is challenging
- A common sense approach
- Everyone’s responsibility
- Discussion
Definitions

- **Compliance** - the extent to which the patient’s behaviour matches the prescriber’s recommendation’s
- **Adherence** - the extent to which the patient's behaviour matches the agreed recommendations from the prescriber
- **Concordance** is a process by which the patient and prescriber agree therapeutic decisions that incorporate their respective views
Major but under recognised issue

• Prescription of a medicine is one of the commonest interventions in healthcare
• Non adherence to appropriately prescribed medicines is a global health problem
• Studies have suggested that up to 80% of patients admit to some degree of non-adherence with their pain medication in a chronic pain setting (Broekmans et al 2010)
A third to a half of all medications are not taken as recommended

- Intentional non-adherence - patient decides not to follow the agreed management plan
  - Beliefs
  - Preferences
  - Motivation

- Unintentional non-adherence - patient wants to follow the agreed treatment but there are barriers to them doing so
  - Lack of understanding
  - Economic
  - Physical limitations
Specific issues in prescribing in palliative care

• Complexity
  – Constantly changing
  – Interaction of physical, psychological and spiritual
  – Multiple agencies
  – Multiple symptoms
  – Fear
  – Beliefs

• Prescribing
  – Polypharmacy
  – Beyond licence
  – Lack of evidence for many interventions
  – Medication rarely used by generalists
  – Issue of controlled drugs
EVERYDAY LIFE EXPERIENCE

Health / Social care view
- Diagnosis
- Ceilings of treatment
- Advance care planning
- Care co-ordination
- Symptom control
- Managing reversible causes of deterioration

Individual view
- Making sense of experience
- Coping with multiple losses
- Navigating care systems
- Managing impact on activities of daily living
- Managing emotions
- Coping with deterioration

DEATH & BEREAVEMENT

oscillation
People and Professionals different agenda?

- Understanding of mortality (death)
  - An academic reality or unthinkable inevitability
- Understanding of illness
  - Set of biological phenomena or life experience
- Understanding of why we get ill
  - Predictable, replicable patho-physiology or personal experience of what is happening to me
- How we deal with emotions like shame, blame or fear
  - Unrecognised or a key driver
Formulation

• Oral Tablets
  – size
  – Shape
  – Texture
  – Convenience

• Liquids
  – Taste
  – Smell
  – Viscosity
  – Measurement...

• Sublingual tablets

• Intranasal

Dexterity

- Large containers - These have a larger lid to improve grip in opening containers where appropriate
- Easy open tops
- Winged Caps
- Devices that enable medicines to be pushed out of blister packs
- Aids to help patients grip medication bottle top.
Frequency of dosing

- Twice daily appears better than 3 or four times a day
- Three times a day easier than 4 times a day
- Dosing associated with regular event such as bed times / meal times
Other factors......

• Age - older people tend to adhere more strictly
• Woman may be more adherent
• Having a partner appears to improve adherence
• Relationship with the prescriber
• Having clarity around the lead prescriber
Specific issues around analgesics

• Availability
  – Nationally
  – Locally - prescribing guidelines

• Lack of professional training around the use of analgesics / pain management

• Fear of misuse by the patient or others connected to them

• Overlap between chronic pain management and pain management in progressive disease management
Myths about morphine...

- Morphine is addictive
- Tolerance to morphine will develop and higher doses will be needed
- Once on morphine the end is near
- Morphine makes you confused and sleepy
- Enduring pain will enhance one’s character
- Believing side effects (nausea, vomiting, constipation etc.) are allergies
Patient experience of opioid prescribing

17 patients who had experienced opioid toxicity
- significant impact on the patient
- sufficiently aware to modify their behaviour
- felt stigmatised by the cognitive impairment
- identified significant impact on those important to them

Isherwood et al EAPC 2015

110 patients with advanced disease prescribed opioids
- 33% patients asked about their concerns with treatment
- 6% had written information given to them
- 60% did not recall advice about constipation and nausea

Watts & Malik EAPC 2015
Risks and benefits of any decision
Taking medicines is complicated

• Information needed
  – What is the medicine for, how to use it and its likely benefits
  – What will happen if they do not take the medication
  – What to do if they miss a dose
  – What side effects and what to do about them
  – Fitting medication into their routine
  – Choosing medicine that suits
  – How to get more supplies

• Impact on life style

• Non-pharmacological alternatives
An expanded model of information processing within a consultation

- **SEMIOTICS**
  - (Signals and codes)
  - Technical rules

- **SEMIANTICS**
  - (Meaning)

- **PRAGMANTICS**
  - (Intentions)

**Purpose**

**Norms**

**Beliefs**

**Attitudes**

- National government and National Health Service regulation
- Regional bodies: e.g. strategic health authority (SHA)
  - Cancer networks
- Local community needs
- Personal interests
- Employing organisation
- Professional requirements / medical speciality qualifications
- Colleagues / multi-disciplinary team members
- Individual patients / Clinical situations
- National government and National Health Service regulation
- Regional bodies: e.g. strategic health authority (SHA)
  - Cancer networks
- Local community needs
- Personal interests
- Employing organisation
- Professional requirements / medical speciality qualifications
- Colleagues / multi-disciplinary team members
- Individual patients / Clinical situations
The AIDES method for improving adherence to medications

A: Assessment
Assess all medications

I: Individualization
Individualize the regimen

D: Documentation
Provide written communication

E: Education
Provide accurate and continuing education tailored to the needs of the individual

S: Supervision
Provide continuing supervision of the regimen

Jeffrey K Aronson
Interestingly

- Compliance even with quite complicated analgesic regimes in palliative care is generally good (Linh et al 2013)
- Adherence to the management of side effects especially constipation is less good
The professional may not be smart enough, patient enough, imaginative enough; the patient might not be trusting enough, brave enough, receptive enough

Rita Charon 2006
Thank you for listening

Questions?
References

- Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence NICE 2009
- Ose et al. Let’s talk about medication concordance in rating medication among multimorbid patients and their general practitioners. Patient preference and adherence 2012:6 839-845
- Zeppetella How do terminally ill patients at home take their medication? Palliative Medicine 1999; 13: 469-475
- Linh et al. Frequency and Predictors of Patient Deviation from Prescribed Opioids and barriers to opioid pa. Journal of Pain and Symptom Management in management in Patients with advanced cancer 2013; 45(3)