

Medication Adherence: A Shared
Decision-Making Perspective
Concert Health
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Today's Agenda

- Review the importance of medication adherence
- Discuss why adherence remains such a common challenge
- How to engage clients in making informed decisions about the use of medication
- Look at strategies to improve making informed decisions about medication



Poll Question: What percentage of your clients are medication non-adherent to the extent that it compromises recovery? Best guess.

- A. Less than 10 %
- B. 10- 25%
- C. 25- 50%
- D. 50-75%
- E. 75% or more

Poll Question: How confident are you that you know which of your clients are not using medication as prescribed?

- A. Very confident
- B. Confident
- C. Somewhat confident
- D. Just a little
- E. Not at all confident

Poll Question: How often do you discuss/check in with your clients about medication concerns?

- A. Very frequently
- B. Frequently
- C. Some of the time
- D. Occasionally
- E. Hardly ever

Poll Questions: How challenging is it to engage clients in making decisions about medication in a way that works for the person?

- A. Very Challenging
- B. Challenging
- C. Somewhat challenging
- D. Not too challenging
- E. Piece of cake

Why Focus on Medication Adherence

- Non-adherence to medications, especially for individuals with the most challenging mental health concerns, is prevalent and leads to poor outcomes
- Some consider this an invisible epidemic*
- For example
 - clients with a diagnosis of schizophrenia, non-adherence prevalence rate is: 50%-61%
 - clients diagnosed with bipolar disorder; the average rate of non-adherence is: 40-57%
 - For major depression: 55%
- Poor client outcomes can include:
 - Relapse risk
 - Delays in achieving remission
 - Increase risk for harm to self or others
 - Suicide
 - Premature death

<https://www.psychiatrictimes.com/view/treatment-nonadherence-epidemic-hidden-plain-sight>



Negative Outcomes Associated with Non-Adherence

Client Burden

Individuals diagnosed with psychotic disorders (schizophrenia, schizoaffective, bi-polar disorders and depression) who are non-adherent to pharmacologic treatment experience:

- Higher rates of relapse
- More emergency department visits
- Higher rates of psychiatric hospitalization
- Longer hospital stays
- Higher rates of involuntary retention



Ref: J Psych and Mental Health Nursing. 2005;62:717-724.

Negative Outcomes Associated with Non-Adherence

Monetary Burden

Cost of care related to schizophrenia is **high**:

- **1-2%** of adults will suffer with schizophrenia in their lifetime
- **1.5-3%** of all healthcare costs
- **22%** of mental healthcare costs
- U.S. annual costs for schizophrenia = **\$32.5 billion for 2 million persons**
- U.S. annual costs for MDD = **\$30 billion for 19 million persons**
- **Up to ½** of relapses are due to non-adherence



Ref: Theida, Psychiatric Services. 2003;54(4):508-516.

Pitfalls when prescribers don't assess adherence in a way that engages the person in honest conversation about medication use.

Polypharmacy: Add more meds

Unnecessarily high doses: Increase dosage

Illness progression and relapse: misattribution of factors associated with relapse

Assessing and Understanding
the factors that contribute to
medication non-adherence

Let's Chat

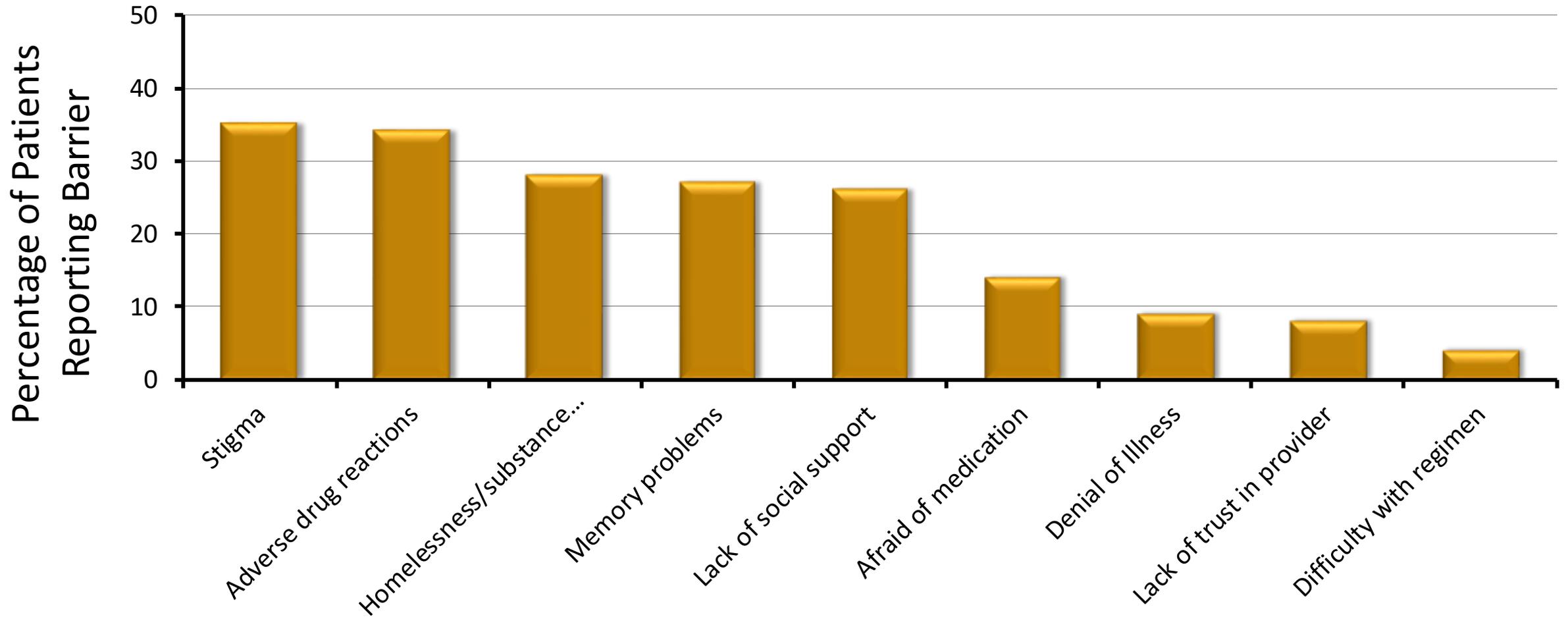
In your experience what are the top three reasons people don't take meds as prescribed?

Why medication non-adherence? What the science tells us.

Table 2. Major Predictors of Poor Adherence to Medication, According to Studies of Predictors.

Predictor	Study
Presence of psychological problems, particularly depression	van Servellen et al., ⁵¹ Ammassari et al., ⁵² Stilley et al. ⁵³
Presence of cognitive impairment	Stilley et al., ⁵³ Okuno et al. ⁵⁴
Treatment of asymptomatic disease	Sewitch et al., ⁵⁵
Inadequate follow-up or discharge planning	Sewitch et al., ⁵⁵ Lacro et al. ⁵⁶
Side effects of medication	van Servellen et al. ⁵¹
Patient's lack of belief in benefit of treatment	Okuno et al., ⁵⁴ Lacro et al. ⁵⁶
Patient's lack of insight into the illness	Lacro et al., ⁵⁶ Perkins ⁵⁷
Poor provider–patient relationship	Okuno et al., ⁵⁴ Lacro et al. ⁵⁶
Presence of barriers to care or medications	van Servellen et al., ⁵¹ Perkins ⁵⁷
Missed appointments	van Servellen et al., ⁵¹ Farley et al. ⁵⁸
Complexity of treatment	Ammassari et al. ⁵²
Cost of medication, copayment, or both	Balkrishnan, ⁵⁹ Ellis et al. ⁶⁰

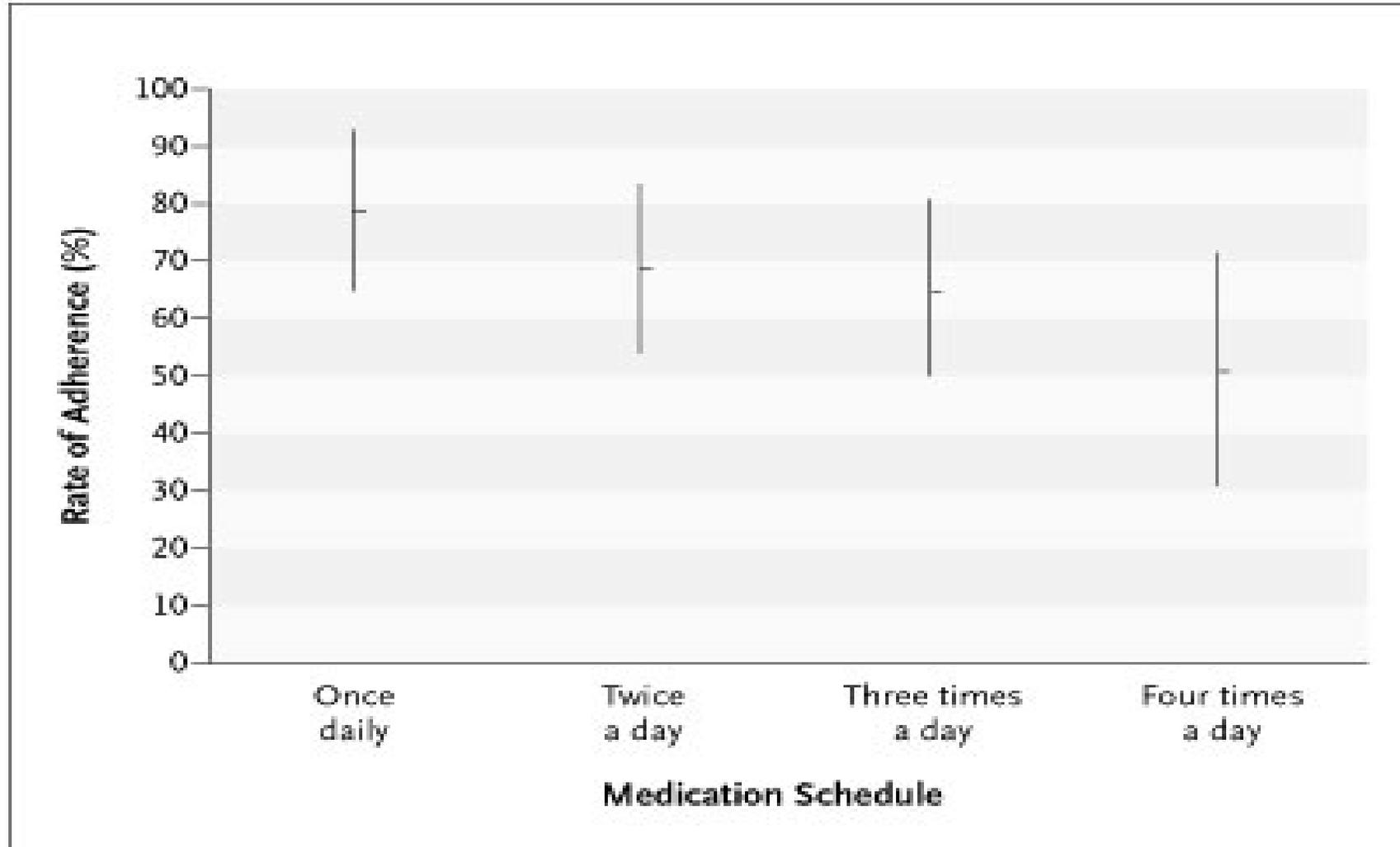
Patient-Reported Barriers to Adherence with Antipsychotic Medications*



*In patients with schizophrenia.

Hudson T et al. *J Clin Psych.* 2004; 65:211-216.

Adherence is Related to Dosing Frequency



Osterberg L. et al. *New Eng J Med*. 2005; 353:487-497.

Structured Assessments: Medication Adherence Scales*

- Neuroleptic Dysphoria Scale; NDS (Van Putten and May, 1978)
- Dysphoric Response Index; DRI (Singh and Kay, 1979)
- Medication Adherence Questionnaire; MAQ (Morisky et al, 1986)
- Rating of Medication Influences; ROMI (Weiden et al, 1994)
- Subjective Well-Being under Neuroleptic Treatment self-applied scale; SWN (Naber et al, 1995; 2001)
- Brief Adherence Rating Scale; BARS (Byerly et al 2008)
- Clinician Rating Scale; CRS (Kemp et al, 1996, 1998)
- Attitudes towards Neuroleptic Treatment; ANT (Kampman et al, 2000)
- Personal Evaluations of Transitions in Treatment; PETiT (Voruganti and Awad, 2002)
- Brief Evaluation of Medication Influences; BEMIB (Dolder et al, 2004)
- *Drug Attitude Inventory; DAI (Hogan et al 1983; Awad, 1993)*
- *Medication Adherence Rating Scale; MARS (Thompson et al, 2000)*

<http://www.easacommunity.org/files/Medication%20Adherence%20Scale.pdf>

Drug Attitude Inventory (DAI) (Hogan et al 1983; Awad, 1993)

1. For me, the good things about medication outweigh the bad **T** / F
2. I feel strange, "doped up", on medication T / **F**
3. I take medications of my own free choice **T** / F
4. Medications make me feel more relaxed **T** / F
5. Medication makes me feel tired and sluggish T / **F**
6. I take medication only when I feel ill T / **F**
7. I feel more normal on medication **T** / F
8. It is unnatural for my mind and body to be controlled by medications T / **F**
9. My thoughts are clearer on medication **T** / F
10. Taking medication will prevent me from having a breakdown **T** / F

If you have any further comments about medication or this questionnaire, please write them below.

T = True, F = False

Answers shown in **bold are scored +1; answers in normal font are scored -1*

The Brief Adherence Rating Scale (BARS) is a 4-item, clinician-administered rating scale

1. How many pills of _____ (name of antipsychotic) did the doctor tell you to take each day?
2. Over the month since last visit with me, on how many days did you NOT TAKE your _____ (name of antipsychotic)?
Few, if any (<7) _____
7-13 _____
14-20 _____
Most (<20) _____
3. Over the month since your last visit with me, how many days did you TAKE LESS THAN the prescribed number of pills of your _____ (name of antipsychotic)?
4= Good Adherence 1= Poor Adherence

Always/almost always = 4 _____ (76%-100% of the time)

Usually = 3 _____ (51%-75% of the time)

Sometimes = 2 _____ (26%-50% of the time)

Never/almost never = 1 _____ (0%-25% of the time)

Please place a single vertical line on the dotted line below that you believe best describes, out of the prescribed antipsychotic medication (_____) doses, the proportion of doses taken by the patient in the past month.

Response struck on above line (%) = _____

Rater's initials: _____

M.A.R.S. CALCULATOR

MEDICATION ADHERENCE RATING SCALE

1. Do you ever forget to take your medicine? Yes No
2. Are you careless at times about taking your medicine? Yes No
3. When you feel better, do you sometimes stop taking your medicine? Yes No
4. Sometimes if you feel worse when you take the medicine, do you stop taking it? Yes No
5. I take my medication only when I am sick. Yes No
6. It is unnatural for my mind and body to be controlled by medication. Yes No
7. My thoughts are clearer on medication. Yes No
8. By staying on medication, I can prevent getting sick. Yes No
9. I feel weird, like a 'zombie', on medication. Yes No
10. Medication makes me feel tired and sluggish. Yes No

Medication adherence score is: 6

Classification: adherent

Dr. Salerno's not-so-famous brief Medication Adherence Questionnaire

As you read the common concerns people have about taking medications as prescribed, which ones apply to you?

- I don't feel the medication is helping me
- The side effects are too uncomfortable
- I find it difficult to remember taking the medication as prescribed
- I don't really get why I need this medication
- I have too many medications to keep in mind – I get confused and overwhelmed
- I don't really think I need the medication
- I'm not sure the person prescribing the medication understands my concerns. I'd rather not talk to him/her.
- I don't think I should rely on medication to deal with life problems
- My family or friends don't really want me to take medication for mental health problems
- I feel bad about taking medication for my mental health – it's embarrassing
- I really can't afford the medications
- I think I can make it without using medication
- I think the medication is doing more harm than good
- Other concerns you have _____

How to be Helpful?

Whose business is addressing the use of medication in a way that works for the person?

- Prescriber
- Peers
- Practitioners (professional and paraprofessional)
- Recovery coaches
- Family members
- Members of the persons social network
- Pharmacist

Consider checking in about medication use as a routine part of ongoing assessment

- Ask how their psychiatric medication is helpful.
- Acknowledge that taking a pill every day is a hassle.
- Acknowledge that everybody on medication misses taking it sometimes and some people stop taking medication for a variety of reasons.
- Instead of asking did you miss any doses you may ask :“How many doses have you missed?” Highly normalizing how common it is to miss doses.
- Ask if they felt or acted different on days when they missed their medication.
- Was missing the medication related to any substance use relapse?
- Without judgment, ask *“Why did you miss the medication? Did you forget or did you choose not to take it at that time?”*

Adherence Assessment: The process of accessing medication

Questions to consider

- Which pharmacies do you use?
- Why those? What do you like?
- How do you get to the pharmacies?
- What insurance do you have for medication?
- Are you able to afford the co-pays?
- Do you get all your meds filled once a month on the same day?
(Med synchronization)

Adherence Assessment: The process of taking medication

Handling Your Medication:

- How many different meds total?
- How many times a day do you take meds?
- Which time is hardest not to miss?
- Where do you keep your meds?
- How do you keep them – bottles, planner?
- Who helps you keep it straight and remember?

For clients who forget, ask them to consider the following strategies:

- Keep medication where it cannot be missed: with the TV remote control, near the refrigerator, on taped to the handle of a toothbrush. Everyone has 2 or 3 things they do everyday without fail. Put the medication in a place where it cannot be avoided when doing that activity, but always away from children.
- Suggest they use an alarm clock set for the time of day they should take their medication. Reset the alarm as needed.
- Suggest they use a pill box to organize medication by day and time
- Engage in shared problem solving including others in your social network who could help

Selecting and Ordering Medications

- Choice of medication should be informed by individual patient needs in terms of target symptoms and side-effect sensitivities
- Prescribers may consider Long-Acting Medications (LAMs) for persistently non-adherent clients as well as Clozapine for poorly responding clients

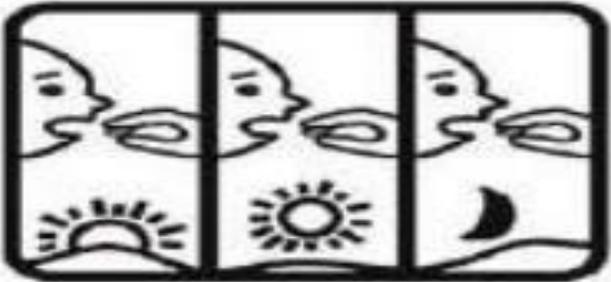
Simplifying Medication Regimen

- Simplifying the medication regimen in a way that aligns with the client's day to day activities and capabilities/preferences increases medication adherence (e.g., reduce the number of medications, time of administration and the number of times a day that medication must be taken).

Involving a Member of the Person's Social Network

- A family member or others identified by the client as helpful and trustworthy may be engaged to provide the emotional support and practical assistance to increase medication adherence.

Encourage the Use of Engagement Supports



Take 3 times a day by mouth
Tome 3 veces al día por la boca

Medication event monitoring system (MEMS®)

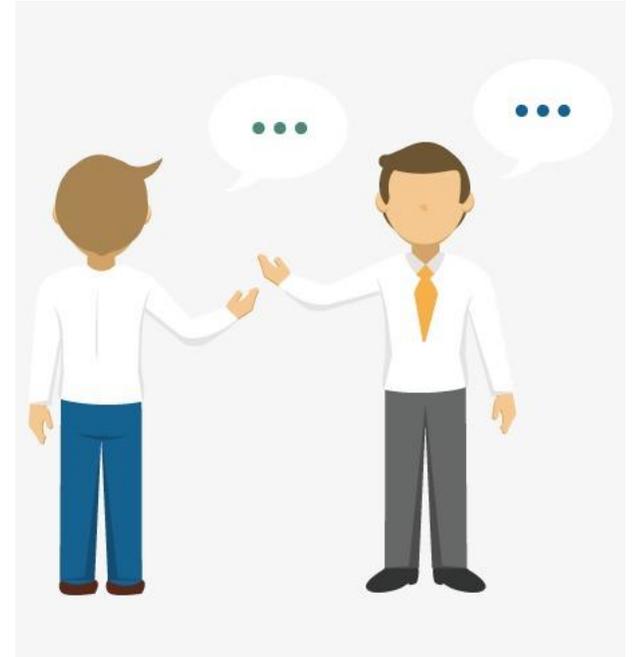


Let's Chat: When the decision is not to take medication

How would you respond to someone who tells you they haven't been taking their medication and don't plan to take it in the future?

For clients who choose NOT to take their medication

- Explore reasons for choosing not to take medication.
- Acknowledge they have a right to choose NOT to use any medication
- Stress that they owe it to themselves to make sure their decision is well thought-out
- If medication is not part of the formula for recovery, explore the full range of strategies designed to help the person manage symptoms of concern.



Other examples of sharing your perspective related to a decision to stop medication.

- “It’s very common for people to stop taking their meds at some point, usually to see if they still really need them.”
- “I check in with all my clients to see if they have considered stopping medication and to make sure it’s a decision that will work for them”.
 - For example, I recommend only stopping one med at a time, not all at once” “I recommend tapering meds slowly to avoid withdrawal effects”
- “I also want my clients to consider writing down their 3 early warning symptoms of relapse on 3 index cards: you keep one, give me one, give one to a friend you see a lot and lets all watch out for relapse symptoms... i.e., treat it like an experiment! Does that make sense to you?”

It's more than about medication: Transition to other important issues. Managing symptoms through psychosocial strategies.

Ask what **supports or techniques** they use to **assist with emotions and behaviors** when they choose not to take the medication.

How will we determine whether medication is playing a helpful role in your recovery?



Beyond the contribution of medication: Self management resources to explore

Illness Management and Recovery (IMR)

https://store.samhsa.gov/sites/default/files/d7/priv/practitionerguidesandhandouts_0.pdf

Wellness Self-Management (WSM) and WSM+ (integrates substance use)

[Practiceinnovations.org](https://www.practiceinnovations.org)

Wellness Recovery Action Planning (WRAP)

<https://copelandcenter.com/wellness-recovery-action-plan-wrap>

Helpful Strategies: The importance of the first encounter and effective communication

“the first antidepressant prescription represents the most important occasion to provide patients with adequate information on medications, side-effects, expectations, therapy duration, and follow-up.....only a minority of patients, who discontinue antidepressant treatment after the first prescription, subsequently complete an adequate treatment course within the following year”

Burton C, Cochran AJ, Cameron IM. Restarting antidepressant treatment following early discontinuation—a primary care database study. *Fam Pract.* 2015;32(5):520–4.

After all is said and done: It's all about the relationship!!



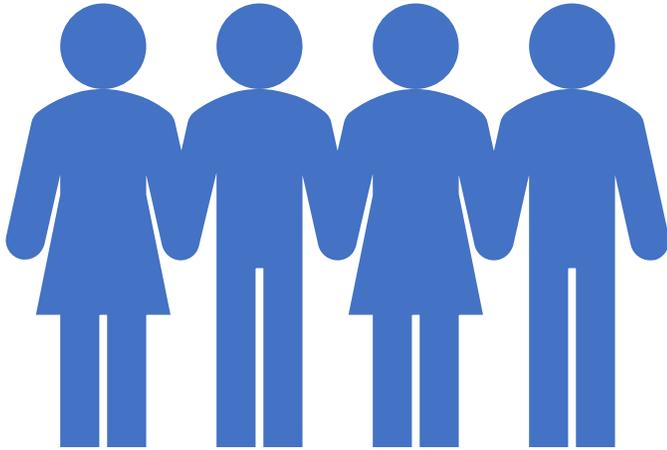
The Merging Perspective Approach

First step: *Understand the Persons Perspective*

Second Step: *Sharing your perspective*

Third Step: *Merging perspectives*

Understanding the Client's Perspective



- Many people have concerns and questions about the medication they are prescribed.
- The therapeutic relationship is strengthened when the practitioner inquires and listens to the persons' concerns without judgment, early problem solving or sharing of his/her perspective.

Let's Chat

How would you respond to a person who says “I want to prove to my family that I’m better and don’t need to take that medication that makes me feel fuzzy”

Step 1: Understanding the persons perspective

The first goal is to demonstrate an empathic **UNDERSTANDING OF THE PERSON'S PERSPECTIVE** regarding medication related concerns, needs, beliefs and practical challenges.

Examples:

- “ you feel embarrassed about taking medication for your mental health”
- “ You feel anxious that other people will judge you negatively because you take medication”
- “ It’s so confusing when you need to take 12 pills each day- you feel frustrated and angry to be in this situation”

Step 2: Sharing Your Perspective

What and how you share your perspective will either strengthen or impede the open and honest discussion about medication:

- Judgmental, frustrated and/or dismissive communication hurts
- Empathic regard for the clients' concerns helps
- Normalizing concerns people have about medication as well as the barriers people encounter helps
- Emphasizing areas of agreement helps
- Scare tactics don't help
- Closed Questioning (requiring yes or no responses) that feels like interrogation hurts
- Decisional balance (explore upside and downside of taking and not taking medication helps
- Sharing clear information about the purpose, benefits, risks and proper use of medication at the clients' educational level and language helps

SHARE YOUR PERSPECTIVE

- The second goal is to **SHARE YOUR PERSPECTIVE** about the purpose, benefits, risks and proper use of medication as well as recommendations designed to support the persons safe and effective use of medication.

“John, would you like to know my thoughts about the role of medication in supporting your goals and needs?. I’d like to share my thoughts about your concerns that the medication is causing more harm than good. From my experience and knowledge about medication, I’m concerned that some of the difficulties that disrupted your educational goals might get worse without medication.

Many people I’ve worked with have had similar concerns. It’s only natural to think about the upside and downside of taking medication.

It’s an important decision and I value the fact that you have felt comfortable raising your concerns with me.

Some people are worried to honestly inform me about not taking medication as prescribed. You approached this in a very responsible way to get your needs met. This gives us the opportunity to problem solve around your concerns”

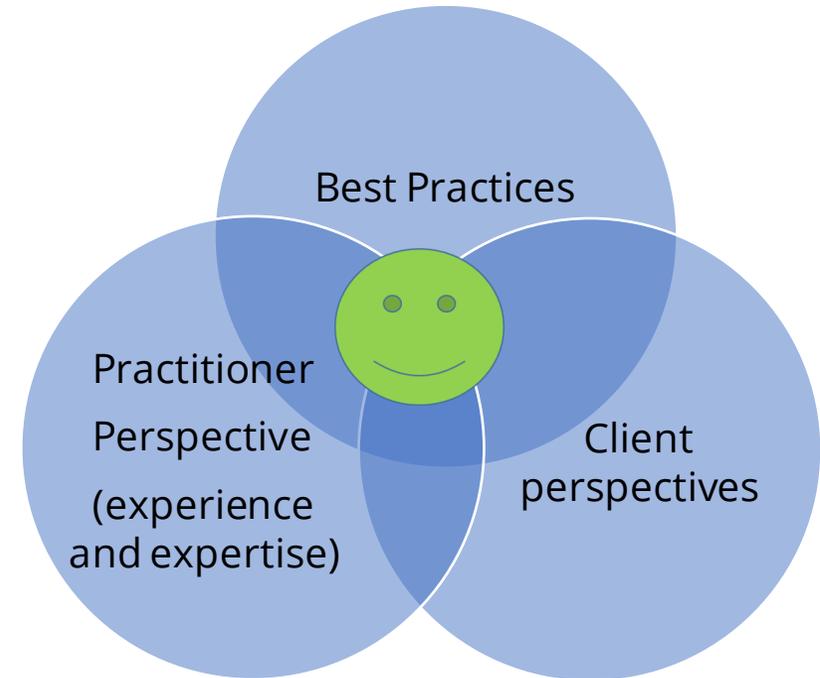
In this way, we work together as partners to support your goals and address your needs.

*I’m thinking that instead of not taking the medication at all, we might explore reducing the dosage or the time during the day you could take the medication. **Would you consider that as one strategy** or perhaps we can think of other ways to address your concerns”*

Merging Perspectives

The merging of perspectives strengthens the sense of partnership.

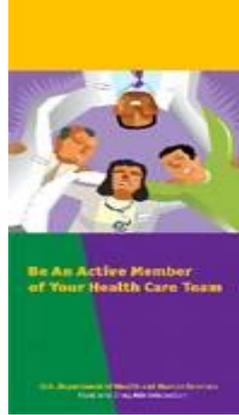
- The clients experience as having been heard, understood and taken seriously helps
- Making a connection between the client's goals and the use of medication helps
- Identifying and emphasizing common ground and areas of agreement helps
- Once barriers and concerns are identified, merging perspectives means that solutions to medication adherence are explored in light of what is acceptable to the person, the practitioner and reflects best practices in medication adherence.



Step 3: Merging Perspectives

- The third goal is to **MERGE PERSPECTIVES**. Identify common ground, areas of agreement and approaches to medication adherence that is acceptable to the person and reflects best practices in medication adherence.
- “John, we seem to *agree* that the medication ought to help you *accomplish your goal* of getting into a community college. We *both recognize* that the medication you are currently taking makes you feel a little fuzzy at times and we should figure out a way to reduce that side effect. I so appreciate that you might feel self-conscious about taking medication for managing sadness and lack of energy. Your concerns about others knowing you take medication for depression may change how they see you. We both want medication to be a help in accomplishing your goals.

Educational materials that clients can review with the practitioner, with others or on their own



Be An Active Member of Your Health Care Team.

How to become involved in your health care, manage risks, and increase the safe and effective use of your medicines; with question guide.

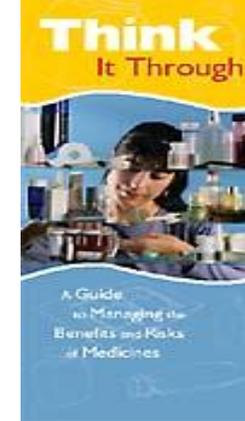
(Printed size 3 1/2" x 8 1/2"; 8 panel; English - text and graphic; Spanish - text only)

- [HTML](#)
- [PDF - 600KB](#) [External Link Disclaimer](#)

En Español

Sea Miembro Activo del Equipo de Cuidados de la Salud

- [HTML](#)



Think It Through: A Guide to Managing the Benefits and Risks of Medicine

Benefits and risks of medicine use, how to make medicine choices and increase benefits.

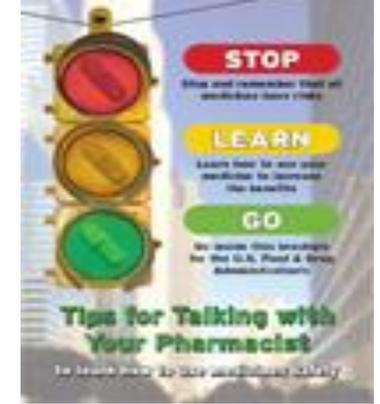
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En Español

Piénselo Muy Bien: Una Guía Para el Control de los Beneficios y Riesgos de las Medicinas

- [HTML](#)



Tips for Talking with Your Pharmacist – to learn how to use medicines safely

Tips to help you in the pharmacy to learn how to use medicine safely.

(Printed size 4" x 9"; 4 panel; English graphic and text)

- [HTML](#)
- [PDF - 207MB](#)

Poll Question: Has this presentation increased your knowledge, skills or confidence to work more effectively with clients to help them make informed decisions about medication?

- A. Yes, definitely
- B. Yes, mostly
- C. Somewhat
- D. Not so much
- E. Not at all

Questions?

