

The Importance of
**MEDICATION
ADHERENCE**



AGENDA

- The Typical IBS-C Patient Journey
- Overview of Adherence
- Causes & Consequences of Nonadherence
- The “Four Es” of Medication Adherence
- Discussion: Influencing Adherence in Your Practice

THE AVERAGE IBS-C PATIENT...

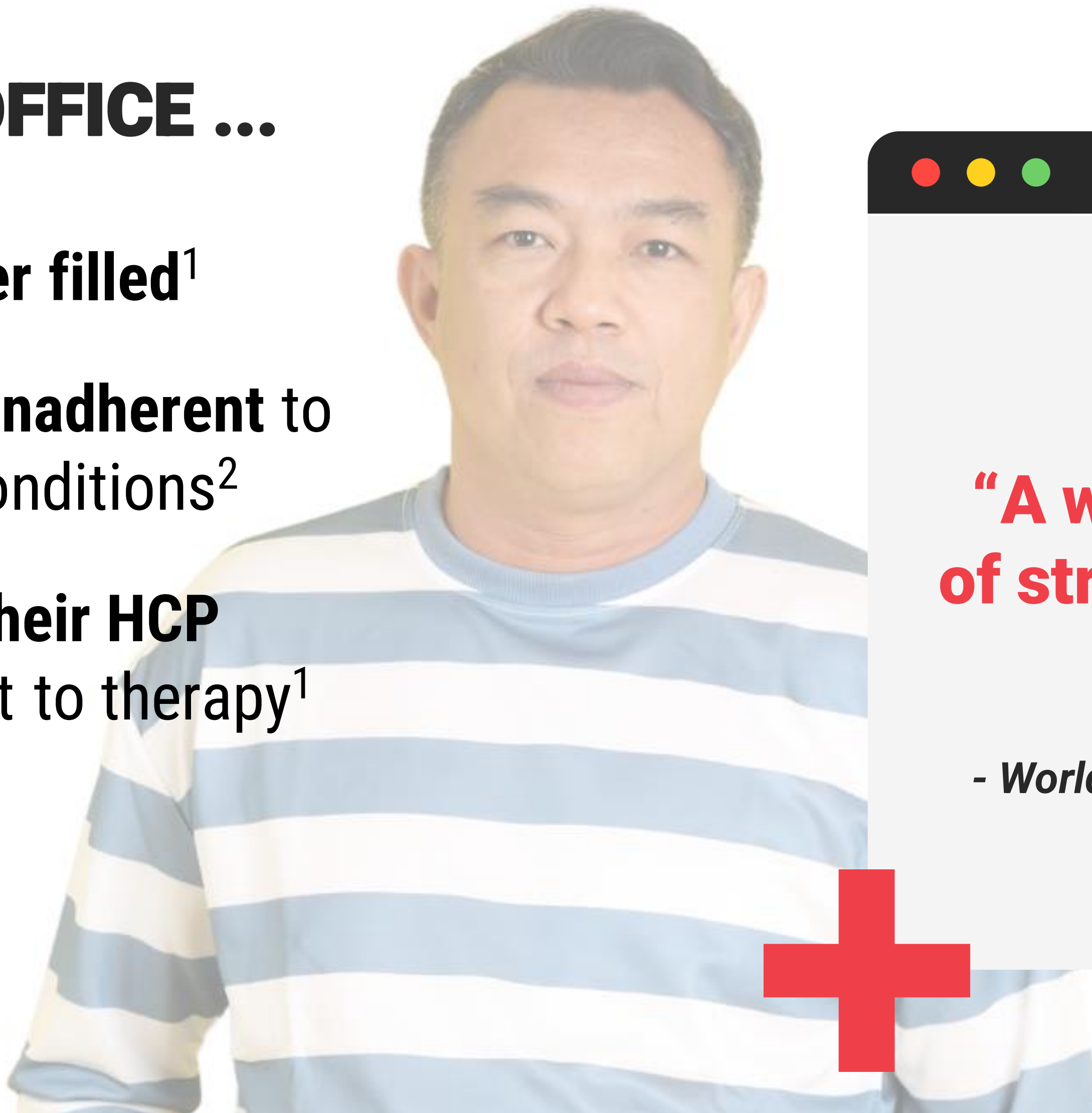
- Suffers from IBS-C symptoms for ~ **4 years** before diagnosis¹
- Self-treats with ~ **3-4 OTC medications** before seeing an HCP¹
- Experiences a monthly average of¹ :
 - **2 missed days** of school/work
 - **9 days** of impacted productivity

IBS is the #1 diagnosis in GI offices¹



AFTER LEAVING THE OFFICE ...

- **~25%** of new Rxs are **never filled**¹
- **50-60%** of patients are **nonadherent** to medications for chronic conditions²
- **Most** patients **do not tell their HCP** when they are nonadherent to therapy¹



Medication nonadherence is
“A worldwide problem of striking magnitude.”

- World Health Organization (WHO)³

Note: These data pertain to all patients, not only IBS-C patients.

1. American Medical Association. Medication Adherence: Improve Patient Outcomes and Reduce Costs. Available at: <https://edhub.ama-assn.org/steps-forward/module/2702595>. Accessed October 2020.

2. Kleinsinger F. The Unmet Challenge of Medication Nonadherence. Perm J. 2018;22:18-033.

3. World Health Organization. Adherence to Long Term Therapies: Evidence for Action; World Health Organization: Geneva, Switzerland, 2003.

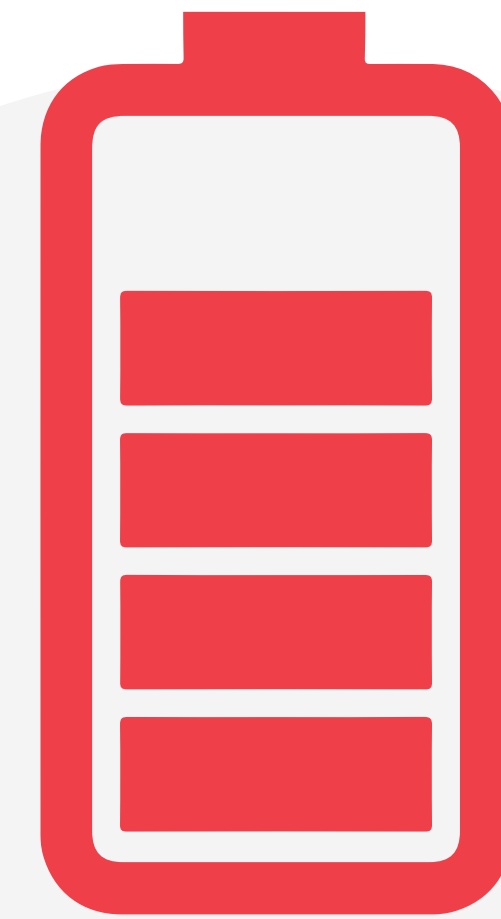
WHAT IS MEDICATION ADHERENCE?

ADHERENCE

- The extent to which patient behaviors correspond with a treatment plan from a healthcare professional¹
- May include lifestyle and dietary changes, exercise, and taking medication as prescribed (**medication adherence**)

NONADHERENCE

- The intentional or unintentional failure to follow direction given by a healthcare professional^{2,3}



Adherent patients take at least 80% of their prescribed medication²

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2. American Medical Association. Medication Adherence: Improve Patient Outcomes and Reduce Costs. Available at: <https://edhub.ama-assn.org/steps-forward/module/2702595>. Accessed October 2020.

3. Osterberg L, et al. Adherence to Medication. New England Journal of Medicine. 2005;353(5):487-497.

WHAT TYPES OF REASONS HAVE YOU HEARD FROM PATIENTS AS TO WHY THEY DON'T TAKE THEIR MEDICATIONS?



SOME REASONS FOR NONADHERENCE

INTENTIONAL REASONS¹



- Fear of side effects or dependence
- Cost of the prescription
- Cultural beliefs
- Thinking the medicine is not helping
- Not taking the medicine because it reinforces the fact that they are chronically ill
- The patient feels better so they don't feel the need for further medicine
- Experiencing adverse effects
- The patient disagrees with the doctor's diagnosis
- Side effects interfere with the patient's ability to work or do usual daily activities

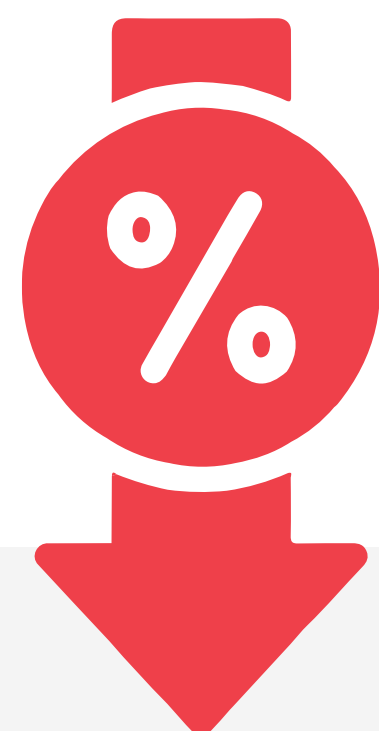
SOME REASONS FOR NONADHERENCE

UNINTENTIONAL REASONS¹



- Lack of understanding of directions
- Difficulty in obtaining medication refills
- Cognitive factors (eg, confusion, poor memory)
- Caregiver does not understand how to give medicine
- Misunderstanding relating to the need to continue the medicine for a chronic condition
- Difficulty opening packages
- Unsuitable formulation
- Poor instructions/information from the HCP

POTENTIAL CONSEQUENCES OF NONADHERENCE



WORSE OUTCOMES

Due to poor symptom management & higher hospitalization rates^{1,2}



HIGHER HEALTHCARE COSTS

Up to \$300 billion annually in avoidable U.S. healthcare costs³



LOST PRODUCTIVITY

Up to \$690 billion lost annually due to health issues³

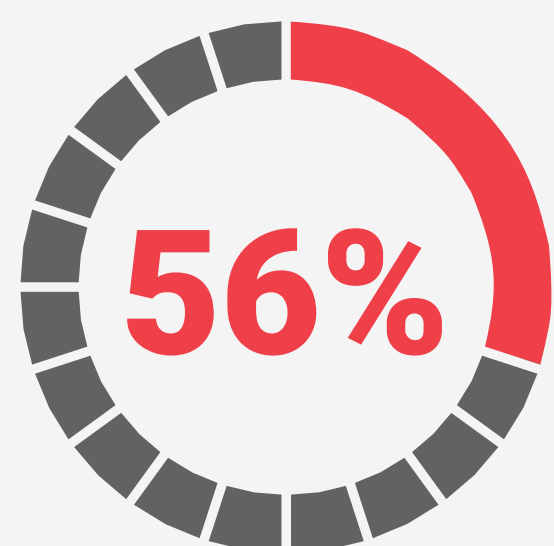
1. United States Food and Drug Administration [FDA]. Are You Taking Medication as Prescribed? Available at: <https://www.fda.gov/consumers/consumer-updates/are-you-taking-medication-prescribed>. Accessed October 2020.

2. New England Healthcare Institute. Thinking Outside The Pillbox: A System-wide Approach To Improving Patient Medication Adherence For Chronic Disease. Available at: https://www.nehi.net/writable/publication_files/file/pa_issue_brief_final.pdf. Accessed October 2020.

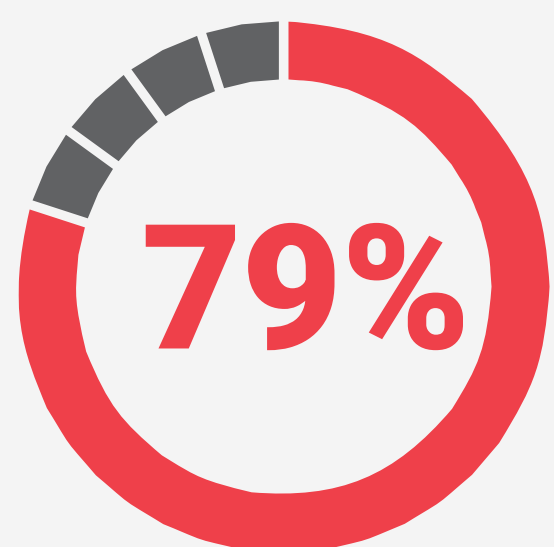
3. Brown MT, et al. Medication Adherence: Truth and Consequences. Am J Med Sci. 2009;351 [4]:387-399.

HCPs CAN BE ADHERENCE INFLUENCERS!

ACCORDING TO A RECENT SURVEY OF 1BS-C & CIC SUFFERERS¹:

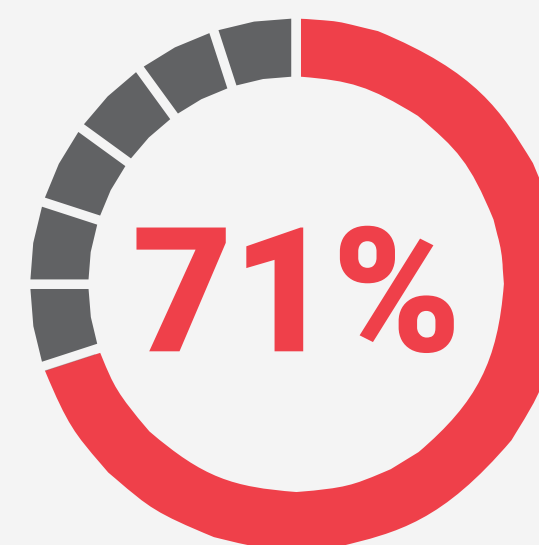


follow their **HCP's advice** without question



want information **directly from their HCP**, not only from printed materials

FROM ANOTHER SURVEY OF PATIENTS ON A PRESCRIPTION FOR 1BS-C OR CIC¹:



report that they would take medication daily **if directed by their HCP**

Note: These data pertain to IBS-C and CIC patients only.

Printed and web-based educational resources provide important support to HCP conversations.

1. Data on File. Ironwood Pharmaceuticals.

“THE FOUR **E**s” OF ADHERENCE



EXPLORE

Routinely ask about adherence & try to uncover reasons for medication nonadherence¹⁻³



EDUCATE

Help patients understand the disease, medication, & the importance of adherence¹⁻³



EMPOWER

Develop an alliance by involving the patient in the development of their treatment plan¹⁻³



ENABLE

Provide simple instructions that can help patients adhere to their treatment plan¹⁻³

1. Easthall, C. Using Theory to Explore the Determinants of Medication Adherence. *Pharmacy*. 2017;5:50.

2. Centre for Pharmacy Postgraduate Education. Consultation Skills for Pharmacy Practice: Taking a Patient-Centered Approach. 2014. Available online: <http://www.consultationskillsforpharmacy.com/docs/docb.pdf>. Accessed October 2020.

3. American Medical Association. Medication Adherence: Improve Patient Outcomes and Reduce Costs. Available at: <https://edhub.ama-assn.org/steps-forward/module/2702595>. Accessed October 2020.

01

EXPLORE

ROUTINELY ASK ABOUT ADHERENCE & TRY TO UNCOVER REASONS FOR NONADHERENCE



Develop a process for routinely asking about medication adherence at every visit¹⁻³

Ask questions that evaluate the patient's medication-taking behavior

EXAMPLES:

Provide a list of medications at check-in and ask patients to:

- Cross out medications they don't take
- Circle medications they don't take regularly or would like to discuss

Create a non-judgmental atmosphere

- Respond positively to reports of nonadherence and thank patients for sharing
- Avoid confrontational language: "Why aren't you taking your medication?"

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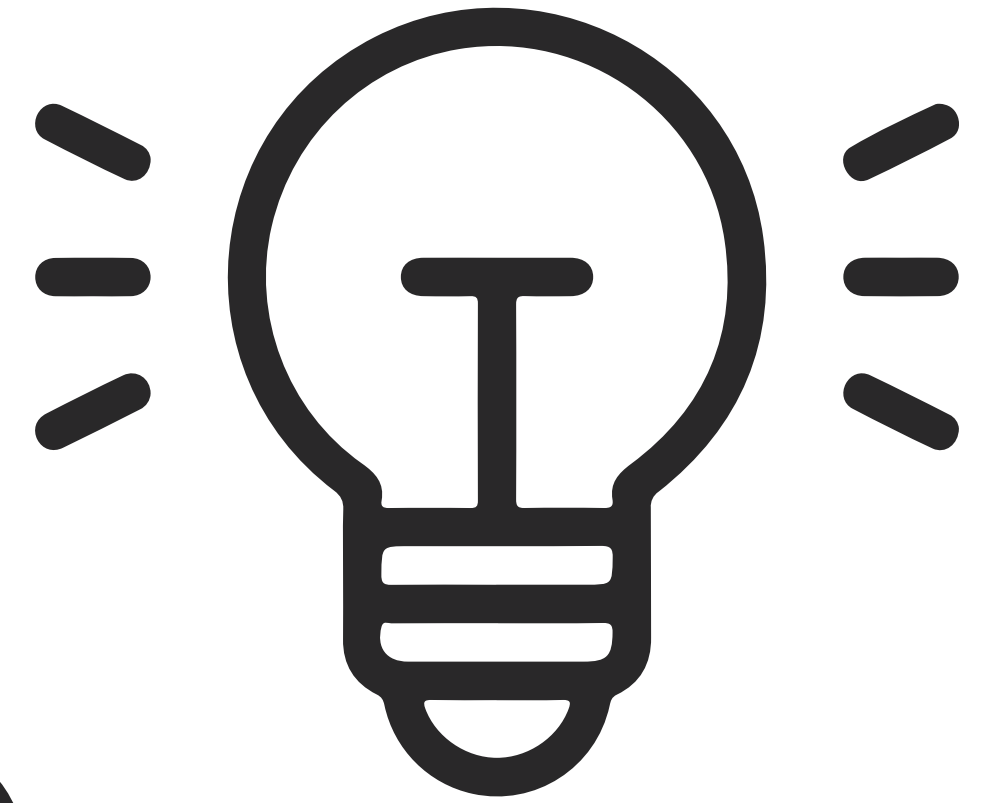
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02

EDUCATE

HELP PATIENTS UNDERSTAND THE DISEASE,
MEDICATION, AND THE IMPORTANCE OF ADHERENCE

**A**

Patients who understand their condition and perceive a need for treatment are generally more adherent^{1,2}

B

Help patients understand what they might expect from treatment, including side effects^{2,3}

C

For nonadherent patients, tailor your advice to the specific reason for nonadherence²

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03

EMPOWER

DEVELOP AN ALLIANCE BY INVOLVING THE PATIENT
IN THE DEVELOPMENT OF THEIR TREATMENT PLAN

**A**

Patients who are included in decisions about medications are more likely to adhere to their treatment plan¹⁻³

B

Interventions focused on behavioral strategies are more effective than those designed to change knowledge, beliefs, or attitudes²

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04

ENABLE

PROVIDE SIMPLE INSTRUCTIONS THAT CAN HELP PATIENTS TO ADHERE TO THE TREATMENT PLAN



One study reported that >60% of patients interviewed immediately after an office visit misunderstood the directions regarding prescribed medication¹

- Simple, easy to follow instructions work best²
- Use the "teach-back" method to gauge comprehension³
Ask patients to explain how they take (or will take) each prescribed medication

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BENEFITS OF ADHERENCE

INCREASED POTENTIAL FOR IMPROVED OUTCOMES

- Patient-provider collaboration improves adherence¹
- Adherent patients generally have better health outcomes²

HEALTHCARE SYSTEM COST SAVINGS POTENTIAL

- Adherence can help reduce significant long-term health and economic costs³
- One study noted that every dollar spent on adherence can help save total healthcare costs¹



**Improving
adherence is
worth the
investment**

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ADHERENCE: A KEY PLAYER IN TREATMENT SUCCESS

**“Drugs don't
work in patients
who don't take
them.”**

*- C. Everett Koop, U.S.
Surgeon General [1982-89]*



- Many patients are nonadherent to medications for chronic conditions
 - Results in worse outcomes, higher cost, and reduced productivity
 - Patients are unlikely to report nonadherence
- HCPs can be adherence influencers
 - Patients want information directly from their HCP, not only from printed materials
- “The Four Es” can improve adherence
 - Explore
 - Educate
 - Empower
 - Enable

REMEMBER “THE FOUR **E**s”



EXPLORE

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**WHAT 2-3 THINGS
WE CAN START
DOING DIFFERENTLY
TODAY TO **HELP**
OUR PATIENTS
ADHERE TO THEIR
TREATMENT
PLANS?**

