
10 THINGS ABOUT: NON-ADHERENT PATIENTS

1. While one would like to believe that adults should be held accountable for their own actions or inactions, if a patient is harmed due to his or her nonadherence to a physician's recommendations, a jury will look to see what efforts the physician made to affect adherence believing that a physician has a better understanding of the ramifications of a patient's failure to pursue or continue treatment than does the patient.
2. While many psychiatrists recognize that a certain portion of their patient population may not be adherent to treatment recommendations, they are often not aware of exactly which patients these are as it is not always obvious that your patient is not adhering to your treatment recommendations.
3. Nonadherence often results in inadequate or incomplete treatment, which in turn may prolong the patient's illness. This can lead to a longer period of therapy and increased costs, which again may lead to decreased adherence. Additional problems may occur when patients see other providers and fail to apprise you of other medication(s) those physicians may have prescribed, or when patients take herbal remedies and other over-the-counter medications that they fail to mention.
4. Nonadherence may be demonstrated by the patient's failure to schedule or to keep appointments, failure to obtain requested lab work or testing, failure to fill or take prescriptions as prescribed, failure to report worsening symptoms, or engaging in behaviors that are contrary to what you have advised. Sometimes the patient's nonadherence is apparent when he or she returns to your office as the patient's condition has worsened or failed to improve. Other times it may only be discovered by careful monitoring and questioning.
5. Once you have determined that a patient is nonadherent, the next step in managing the problem is determining why. While your patient may be intentionally disregarding your recommendations, it could also be that he or she unable to follow them for some reason. It may be that there is a desire on the part of the patient but also some sort of barrier that precludes adherence.
6. One barrier to adherence might be that of health literacy - the ability to read, understand, and act on health information. Adherence to treatment plans may be an issue for patients with poor health literacy because they cannot remember or do not understand what they are told. Health literacy is an especially serious problem for aging populations with multiple chronic conditions requiring constant medication and self-monitoring.
7. Non-adherence may be due to the patient's lack of insight into his condition. A large percentage of patients with bipolar disorder or schizophrenia also suffer from anosognosia which often results in non-adherence.

Anosognosia is caused by physiological damage to the brain and is believed to affect approximately 40% of patients with bipolar disorder and 50% of patients with schizophrenia.

8. Displeasure with side-effects (e.g., weight gain, sexual dysfunction, acne) is a common reason for patients to fail to take prescribed medication. Other reasons include belief that the medication is ineffective because the patient did not see an anticipated improvement in a specific time period, lack of appreciation of benefit if changes are not felt or seen, and belief that the condition has been “cured” once some improvement is seen.
9. Documentation is key in managing risk associated with nonadherent patients. Remember to thoroughly document patient’s nonadherence, your conversations with patient and/or patients caregivers regarding the need to follow your recommendations, as well as any written materials given. Remember also to note any calls made to the patient and retain copies of all letters sent.
10. As the treating psychiatrist, you have a responsibility to educate and advise the patient regarding his or her best options for treatment. The final decision of whether to accept these options remains that of the patient. This does not mean, however, that you must continue to try to treat a patient who refuses to follow your treatment plan.

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