
MINIMIZING THE RISKS OF PATIENT NONADHERENCE

A patient's adherence to a treatment plan is often the determining factor in whether the patient sees clinical improvement. Those patients who are not adherent to treatment recommendations may be high risk. Further, failure to follow treatment recommendations can lead to poor outcomes, poor outcomes can lead to patient dissatisfaction, and patient dissatisfaction can lead medical malpractice claims.

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, a jury may impose a greater burden upon the physician. This is even more true if the patient involved suffers from a psychiatric condition that might affect his or her judgment.

Many nonadherent patients (or surviving family members in a worst-case scenario) have prevailed against physicians by convincing juries that the physician did not take adequate measures to elicit adherence to treatment recommendations. Set forth below are suggestions for identifying and managing your nonadherent patients.

Who are your nonadherent patients?

The first step in managing non-adherent patients is to determine who these patients are. Non-adherence 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.

Each time you see your patient, rather than asking a question that allows for a "yes" or "no" answer such as "are you experiencing any problems with the medication?" consider asking more probing questions. For example, you might ask how the patient is taking the medication or ask them how many doses they think they've missed in the last week.¹ Be specific in your questioning. Ask about how/when the patient is taking the medication and ask whether the patient is experiencing any of the major known side-effects. Check to see whether the patient's requests for refills are consistent with someone who is taking the medication as prescribed. Even if your patient appears to be taking your medications appropriately, don't rule out the possibility that he or she may be inappropriately combining your prescriptions with those of other physicians. Consider reviewing your state's prescription monitoring program (even if not required to do

so) each time you refill a medication or prescribe a new one. Don't forget to check out the databases of adjoining states where you are able.

Most patients will occasionally have to reschedule an appointment or may miss one altogether. This may simply be the effect of life getting in the way, or it may be a sign of nonadherence. When an appointment is cancelled at the last minute or the patient fails to show, it is apparent as you suddenly have an open block of time. What may be less obvious, however, is the patient who cancels well in advance or fails to schedule a follow up appointment altogether. To monitor this situation, you might want to develop a system that allows you to track whether a patient is scheduling and keeping appointments as recommended. If your patient is not keeping appointments, based upon your treatment plan for the individual patient, you should decide whether the patient needs to be contacted. All efforts to contact a patient for follow-up should be thoroughly documented in the patient's record.

Barriers to adherence

Once you have determined that a patient is nonadherent, the next step in managing the problem is determining why. Is it because the patient is intentionally disregarding your recommendations or is he or she unable to follow them for some reason? Is there a desire on the part of the patient but some sort of barrier that precludes adherence?

Health literacy: One barrier might be that of health literacy - the ability to read, understand, and act on health information. Although the ability to read has an impact on health literacy there is not a direct correlation between the two. In other words, assessing general reading levels does not ensure patient understanding in a clinical setting. 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.

Language: Are language issues creating a lack of understanding? While your patient may be able to communicate well enough to explain his or her symptoms, he or she may not have the fluency to comprehend more technical information regarding illness and suggested treatment. Under Title VI of the Civil Rights Act, all organizations or individuals who receive federal financial assistance (which may include physicians), have an obligation to ensure that "Limited English Proficiency" (LEP) persons have meaningful and equal access to benefits and services. Your professional organizations may have guidelines and ethical opinions regarding treatment relationships with LEP persons. Compliance information and resources are available from the Office for Civil Rights, within the Department of Health and Human Services.

Culture: Cultural influences may arise and impede care in certain recurring situations. Patients may disclose information in ways that incorporate culturally specific and appropriate metaphors that are not understood by the psychiatrist, and vice versa. For example, if the diagnosis of clinical depression is stigmatized in the patient's culture, the patient with depression may report only physical symptoms such as fatigue and weight loss.

Hearing ability: Pursuant to the Americans with Disabilities Act (ADA), reasonable accommodations must be made for hearing impaired patients. Additional information is available from the Department of Justice and the American Medical

Association. When treating hearing impaired patients, psychiatrists should keep in mind that deaf patients' attempts at lip reading may not be successful. Also, using family members to interpret raises additional problems, including family members' ability to accurately and meaningfully express complicated psychiatric issues, family members may be part of the patient's clinical concerns, and confidentiality issues.

Financial concerns: Financial concerns may lead patients to be less adherent to treatment in general due to office visit co-pays, expenses of lab work, and the cost of medication. To save money, more patients may want to talk to you on the telephone rather than coming in for an appointment, may avoid getting necessary lab work done, and may stop taking necessary medication. This non-adherence may lead to sicker patients at greater expense to treat.

Case example:

Dr. Jones noticed that her patient, Mr. Smith, had cancelled his last two appointments and she had not received the results of the lab work she had ordered for him – lithium levels and renal function tests. Dr. Jones called the patient who responded that he was very concerned about losing his job and did not feel that he could afford either the lab work or the appointment co-pay. He assured Dr. Jones that he felt fine and would call her if he had any problems. Dr. Jones again encouraged him to get the blood work done and to see her in the office, as it had been five months since he had been seen. Dr. Jones did not hear from the patient, but a month later, she received a frantic call from the patient's wife upset that the patient had been hospitalized and will likely need a kidney transplant due to kidney failure.

Nonadherence and medication

Many patients who otherwise adhere very closely to their psychiatrist's recommendations regarding appointments, tests, etc., may be nonadherent when it comes to taking their medication. Rates of nonadherence for patients with acute conditions typically show higher rates of adherence than those with chronic conditions who tend to show sharp decreases in adherence after the first six months. Half of patients with major depression who have been prescribed antidepressants will have stopped taking their medication three months after beginning treatment.ⁱⁱ The reason for nonadherence to medication regimens include:

- Your patient may not appreciate the severity of his or her illness. Many patients with mental illness suffer from anosognosia – a lack of insight into their condition. 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. According to the National Alliance on Mental Illness (NAMI), anosognosia is the leading cause of nonadherence in patients with these conditions.ⁱⁱⁱ
- Mix-up among various prescriptions

- Confusion regarding dosage schedules
- Difficulty in taking, e.g., the pill is too large to swallow
- Concerns about becoming addicted to the medication
- Displeasure with side-effects such as a reduction in sexual function or desire, weight gain, or acne
- Concerns that medication may alter personality
- Stigmatization by family members and other caregivers.^{iv}
- Belief that the medication is ineffective because the patient did not see improvement in a specific time-period
- Lack of insurance/cost
- Lack of appreciation of benefit if changes are not felt or seen
- Belief that the condition has been “cured” once some improvement is seen

As noted above, 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. To facilitate medication adherence and eliminate interactions, consider the following:

- Ask patients to bring in all of the medications they are taking (including OTC) to their appointments.
- Encourage patients to fill prescriptions at only one pharmacy.
- Advise patients to speak with you or their pharmacist before adding other medications to their regimen.
- Work to strengthen the therapeutic alliance. Explain why the medication is being prescribed and its anticipated effect. Emphasize the patient’s responsibility in achieving the desired outcomes. Explore factors in patient’s life that may affect his or her ability to adhere to treatment.^v Discussion with patient his or her goals and then role of medication in achieving those goals.^{vi}
- Provide patients with written instructions on how and when to take medications. These instructions should be written in clear, concise language. The purpose of each medication and its intended results should be included. FDA medication guides are an excellent resource and may be found at www.fda.gov.
- Keep a medication flow sheet in the patient’s record that allows you to see at a glance what medications you have prescribed, whether a refill was obtained at the appropriate time, and whether the medications have been discontinued. This will assist in discussions with patients regarding their adherence.
- To the extent possible, simplify dosing regimens. For example, if possible, reduce the number of daily doses and time those doses to coincide with meals.

- Encourage patients to use devices to aid them in taking medications. Something as simple as a pillbox or setting up their cell phone to alert them could help.
- Help facilitate access to medication by considering the affordability of medications prescribed and substituting lower cost generics or alternative medications when appropriate.
- Take advantage of pharmaceutical company patient assistance programs.
- Recognize that a patient's adherence may fluctuate and adjust your interventions.

Talk to your patient

If these methods prove to be ineffective, you may need to have a discussion with your patient regarding your inability to continue to treat if there is no agreement on the treatment plan. This discussion should cover specific areas in which the patient has been nonadherent as well as the risks of remaining nonadherent. This discussion is important in order to confirm that the patient is aware of the consequences of failing to follow treatment recommendations and the patient's decision to continue to do so is an informed one. If your patient refuses to make or keep appointments, you may need to have this discussion by phone. If you are not able to speak to the patient, you should consider sending a letter setting forth your concerns.

If the patient will allow you to do so, try enlisting the support of patient's family or other caregivers. Family members and others who are supportive of patient's mental healthcare may have some influence on the patient's adherence to treatment.

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. You cannot treat a patient who will not allow you to do so.

Termination may need to be considered

If you have discussed the issue of nonadherence with the patient and the patient still refuses to follow treatment recommendations, you should consider terminating the treatment relationship. To avoid allegations of abandonment, the entire termination process should be followed.

The General Termination Process:

1. Talk to the patient and explain the need to terminate
2. Provide notice – usually 30 days
3. Educate the patient about your treatment recommendations
4. Provide referral resources (such as local hospital referral services, etc.)
5. Provide a copy of your record per patient authorization

6. Send a follow-up letter confirming the termination discussions; send via certified mail and via regular first class mail or via delivery confirmation.

State medical boards and managed care organizations may have specific requirements for termination of the physician-patient relationship. Remember to check with relevant licensing boards and review provider contracts with insurance companies to see if additional steps are necessary.

Finally – document your efforts

Many psychiatrists do an excellent job of communicating with their patients and work very hard to facilitate compliance but fail to give themselves credit for these efforts by failing to adequately document them. Documentation is key in managing risk associated with nonadherent patients. Remember to thoroughly document patient’s nonadherence, your conversations with patient and/or patient’s 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.

ⁱ Macaluso M, McKnight S. Overcoming medication nonadherence in schizophrenia: strategies that can reduce harm. *Current Psychiatry* 2013 November;12(11):14-20

ⁱⁱ Osterberg L, Blaschke, T. Adherence to medication. *N Engl J Med* 2005;353:487-97

ⁱⁱⁱ American Pharmacists Association. Improving medication adherence in patients with severe mental illness. *Pharmacy Today*. 2013(Jun);19(6):69-80

^{iv} Sher I, McGinn L, Sirey JA, Meyers B. Effects of caregivers’ perceived stigma and causal beliefs on patient’s adherence to antidepressant treatment. *Psychiatric Services* May 2005 Vol. 56 No. 5

^v Ownby, RL. Medication adherence and cognition. *Modern Medicine*. February 1, 2006

^{vi} Goff, DC, Hill M, Freudenreich, O. Strategies for improving treatment adherence in schizophrenia and schizoaffective disorder. *J Clin Psychiatry* 2010;71 (suppl 2):20-26

Compliments of:



Call (800) 245-3333
Email TheProgram@prms.com
Visit us PRMS.com
Twitter [@prms](https://twitter.com/prms)

The content of this article (“Content”) is for informational purposes only. The Content is not intended to be a substitute for professional legal advice or judgment, or for other professional advice. Always seek the advice of your attorney with any questions you may have regarding the Content. Never disregard professional legal advice or delay in seeking it because of the Content.

©2021 Professional Risk Management Services (PRMS). All rights reserved.