Strategies for Adherence

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Compliance

- Compliance: The extent to which patients follow medication or treatment advice given to them by providers.
- Compliance suggests an obedience-based approach to patient care in which the providers dictate the behavior the patient is supposed to follow.

Berger, Krueger, & Felkey, 2004
Adherence

- Indicates that goals of treatment are negotiated between patients and provider
- Level of adherence depends upon the adoption and maintenance of a range of therapeutic behaviors by both the provider and the patient
  - Include biological, behavioral, and/or social factors

WHO Adherence Project

Definition of adherence to long-term therapy:

- The extent to which a person’s behavior in taking medications, following a diet, and-or executing lifestyle changes, corresponds with agreed-upon recommendations from a health care practitioner.
Persistence

- A measure of whether a patient is continuing to use the prescribed therapy or medication.

- Patient considered non-persistent if:
  - Prescription never filled / treatment never started
  - or
  - Stops taking prescription / ends treatment prematurely
Studies examining medication persistence among patients with newly diagnosed chronic disease demonstrate that persistence rates decrease over time.

(Caro, Salas, Speckman, Raggio & Jackson, 1999)
Hemodialysis Non-Adherence

- 1998 study by Leggat, et al.
  - Defined non-adherence as:
    - Skipping one or more dialysis sessions
    - Gaining >5.7% of dry weight during sessions
    - Or serum phosphate > 7.5 mg/dL
  - Results:
    - 8.5% of patients skipped hemodialysis sessions
    - 20% shortened sessions
    - 10% had more than 5.7% IDWG
    - 22% has serum phosphate levels >7.5 mg/dL
In another study by Kuther in 2001, it was estimated that about 50% of hemodialysis patients do not adhere to at least part of their dialysis regimen.
Profile of Non-adherent Patients

- Younger
  - Skipping, shortening, excessive IDWG, hyperphosphatemia
- African-American
  - Skipping and shortening
- Female
  - Excessive IDWG
- Employed
  - Hyperphosphatemia
Profile of Non-Adherent Patients

- Living Alone
  - Hyperphosphatemia
- Smoking
  - Skipping, excessive IDWG
- Depression
  - Skipping, shortening
- Marital status
  - Hyperphosphatemia
- Time on dialysis
  - Shortening, IDWG, hyperkalemia
Case Study

Social history

- 38 yr old African-American female
- Referred from Stroger Hospital (Cook County)
- Indigent, resides in drug rehab center
- h/o cocaine, heroin, tobacco and ETOH use
- 10th grade education
- Public aid
Case Study

Medical History

- h/o diabetes, hypertension, heart failure
- multiple hospitalizations for psychiatric illnesses
  - suicidal ideation
  - depression
  - schizophrenia
- h/o MRSA, hepatitis C
- cirrhosis, ESRD
Case Study

- Physical exam
  - Appears much older than stated age
  - Skin discolored, track mark scarring on both arms
  - Massively distended abdomen
  - Poor dentition
  - Appears malnourished
  - Hostile affect, speaking loudly, using profane language
Case Study

First visit to dialysis center:
- Angry about being there; did not want to undergo dialysis
- Cursing at staff
- Demanding pain medicine
- Complaining of shortness of breath
- Nursing staff already refusing to work with patient
An ER visit....
Do you want to care for this patient?
Do you have a choice?
Put yourself in her shoes...

- Alienated by the healthcare system
- Defined as:
  - Disruptive
  - Unwanted
  - Non-compliant
  - “Pain in the butt”
- Rejected from other dialysis units
- Getting primary care from the ED
Does this patient:

- Deserve health care?
- Deserve to receive health care?
- Deserve a health care provider?
As the ancient African proverb says,

“It takes a village…..”
Multidisciplinary Teamwork Is Needed to Optimize Care of CKD Patients
Remember Maslow’s Hierarchy of Needs?

1. **Physiological**
   - Breathing, food, water, sex, sleep, homeostasis, excretion

2. **Safety**
   - Security of body, of employment, of resources, of morality, of the family, of health, of property

3. **Love/Belonging**
   - Friendship, family, sexual intimacy

4. **Esteem**
   - Self-esteem, confidence, achievement, respect of others, respect by others

5. **Self-actualization**
   - Morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts
Social Workers – More Than Transportation Arrangers

- Resources for
  - Difficulties in obtaining medication
  - Lack of housing
  - Psychosocial evaluations
  - Determining family dynamics and how they affect care
  - Financial issues – food, clothing, transportation
Dietitians Role

- Determine patients baseline nutritional status
  - Work with family members to find a diet that both meets nutritional needs and is palatable to the patient
    - Cultural, traditional diets
  - Financial constraints
  - Working around food deserts
Fitness Instructor???

- Tend to ignore the need for physical exercise
- Get wrapped up in treating the disease; ignoring the benefits of exercise
- Improves physical and mental function; improves overall quality of life
- Improves self esteem
- Stronger core = fewer falls
Non-Adherence Interventions

- Depression screening
- Education
  - Determine level of understanding
  - Determine learning style
    - Visual, verbal, tactile, etc
  - Determine readiness and ability to learn
  - Use reinforcement; repeat, reward
Non-adherence Interventions

- **LISTEN**
  - It takes time
  - Saves time in the long run if you not only listen, but respond
  - “Little things mean a lot”

- **OK to admit that you don’t have the answer on the spot**
  - Note in chart; follow up with patient
The bottom line -
Every patient is a unique person with their own story.
Set the Tone

- First impression
  - Take time
    - Gain a sense of trust with the patient
    - Plan on the visits in the first 6 months to take more time
  - Taking care of CKD patients is routine to you, but it’s all new to them.
- Patients sense when you genuinely care about them
So what happened to our case study patient?
The patient expired in December 2008.

She spent 80% of her last six months of life in the hospital.
“Every system is perfectly designed to achieve exactly the results that are actually observed.”

Donald Berwick, MD, MPP, FRCP, President and CEO, Institute for Healthcare Improvement
The system failed