

# The Management of the Non-adherent Patient

There are many ways to  
increase compliance.

BY ELLIOT UDELL, DPM

## Goals and Objectives

After completing this CME, the reader will:

- 1) Understand that non-adherence is not limited to one cause but is a complex issue
- 2) Be able to implement the technique of “concordance” in their practices
- 3) Understand some of the leading causes of non-adherence to medical advice
- 4) Master techniques for advising patients or their families on how to increase adherence when it comes to taking oral medications
- 5) Understand the importance of and the proper method for documenting non-adherent behavior into their patients’ medical records
- 6) Appreciate the impact of age-related dementia and physical handicaps that can interfere with a patient’s ability to carry out medical directives

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Following this article, an answer sheet and full set of instructions are provided.—**Editor**

All healthcare providers from every specialty share a lifelong commitment. We all want our patients to do well. As podiatrists, we have trained for over

10 or more years in order to treat patients. The one “demon” that we often encounter in our practices that can pour water over the best of our treatment plans is patient non-adherence to our clinical recommen-

dations and orders. To make matters worse, patients and their families often hold us accountable if there is a negative outcome caused by patients neglecting our orders. This paper will attempt to explain some of the

underlying causes of why some patients do not follow medical advice. We will then discuss some strategies for increasing adherence in podiatric clinical settings.

How many of you have ever been non-adherent to advice from a healthcare provider? Probably very few. How many of you have ever forgotten to floss your teeth at night?" Probably most of us. One hundred percent of all human beings are technically non-adherent to medical advice at some time in their lives.

Medical or dental professionals will not feel bent out of shape if a patient forgets to brush or floss his or her teeth on occasion. Likewise podiatrists will not lose sleep if a patient tells us that he or she occasionally forgets to apply a prescribed medication to treat a mycotic nail. On the other hand, foot care providers might get really upset if a patient presents for follow-up and admits that he or she has not taken prescribed antibiotics to treat an infection, or the patient self-removed bandages and offloading padding used to treat a diabetic foot ulcer. Podiatrists might have a lot of restless nights if results from a biopsy indicated that the patient has cancer

a study in which a cohort of over 5,000 patients who survived myocardial infarctions were then studied to assess compliance in taking medications designed to reduce the chance of a second serious episode.<sup>1</sup> Sadly, less than fifty percent of the

dated by Medicare. Patients may have no difficulty paying 10,000 dollars or more in cash for a facial procedure and might not even remember filling out an insurance form. The same applies to those who will not wince at pay-

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**Cosmetic surgeons have high rates of adherence because psychologically, humans will do anything to look good.**

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patients took their medications. Yet, the patients knew that they were being treated to prevent another life-threatening episode and even spent down time in ICU wards of hospitals surviving the first episode. The same study further proved that the cost of the medications was not the single or most significant cause of their non-adherence. Hence, we learned that non-adherence to medical orders is a complex issue and understanding it can help us tailor better treatment plans that can increase patient compliance with our orders.

Before discussing some specific causes of non-adherence, let's focus on two facets of healthcare

ing whatever it costs to treat their mycotic toe nails so that their feet look good on the summer sand at the local beach. The second area where non-compliance is hardly ever an issue is where pain is involved. Rarely will a patient forego taking his or her meds prescribed to manage post-operative or chronic pain. In the case of the post-myocardial infarction patients, these people no longer had any pain, and looking good was not relevant.

**Common Causes of Non-adherence**

Five common but not exclusive causes of non-adherence are: 1) Dementia in the geriatric population, 2) Arthritis or other physical handicaps, 3) Visual problems—especially in the geriatric population, 4) Fixed incomes combined with rising costs of medications, 5) Competing life issues.

As people get older, dementia starts to set in. For some, it is more consequential than in others, and people lose some of their short-term memory. Yet older people are the ones who tend to need more medications on a daily and nightly basis. Very often geriatric patients present with histories of taking twelve to fifteen pills a day in divided doses, and yet some of these patients cannot remember what day of the week it is. Understanding and remembering any medical orders can be a problem for these people.

Arthritis and other physical handicaps can impact greatly on

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**In a study published in the *New England Journal of Medicine* where a cohort of over 5,000 patients who survived myocardial infarctions, less than fifty percent of the patients took their medications.**

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and the patient refused to follow through on a referral to a surgical oncologist.

Non-adherence to medical advice, in serious cases, can result in increased morbidity, mortality, and increased financial burden on the healthcare system.

Recent research has shown that non-adherence is prevalent in all facets of healthcare. *The New England Journal of Medicine* published

where patients tend to be close to 100% adherent. One area is looking good and the other is avoiding pain or other noxious experiences. Many patients will defer seeing podiatrists for foot problems because they have not met their annual deductible. These same patients will also view a podiatrist as a monster because s(he) will endeavor to collect a small co-payment which is legally man-

medical orders, especially if those orders require a patient to bend down and place medications or dressings on the foot. This applies to the patient who might need to apply dressings to a diabetic ulcer or place medications on the feet to treat mycotic toe nails. Arthritis can also lead to increasing hypertension because people in pain cannot exercise as often.<sup>2</sup>

Visual problems can also play a role in non-adherence. If a person cannot visually recognize what their pills look like or cannot read the bottles, taking their medications at the right time can be challenging. The same may apply to a patient who has an age-related hearing deficit. He or she may not comprehend verbal medical orders.

Fixed incomes in the elderly, along with rising costs of medications—including some generics—can dissuade many patients from buying and taking their medications. It is not uncommon for these patients to present for a follow-up visit to assess a worsening condition but will not admit that they did not fill the prescription given to them on a prior visit.

willing to gamble with the consequences. I treated a similar case of a much younger patient with a diabetic ulcer whose economic needs outweighed his needs to take a month off from his auto mechanic shop. Needless to say, you need to document such facts in the patient's record.

Some physicians are quick to

ever, fault any physician who feels and acts otherwise.

### **Partial List of Solutions for Increasing Adherence**

In the case of a patient suffering with dementia or Alzheimer's disease, it is our job to assess whether the patient can follow orders and if we determine that the

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**Patients taking multiple oral medications are more likely to take the correct medications at the correct time of day if the pills are organized into a pill box that has compartments for the day of the week as well as morning and night.**

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discharge patients from their practices when there is the slightest sign that the patients did not heed medical advice. This approach is controversial. On one hand, it enables the treating healthcare provider to "cut bait" and not have to deal with a patient whose actions will undermine the best of treatment plans. It also insulates that doctor

patient cannot, it is advisable to speak to members of the patient's family and give them both verbal and written medical instructions. In many cases where the diagnosis of cognitive impairment is well known, patients may already be coming to the office with a healthcare aide. Bringing that assistant into the treatment room and giving him or her instructions may be the ideal solution. If the patient and the family are not aware of this ongoing neurological problem, then a referral to a neurologist and/or a geriatric internist is in order.

As for arthritis or any other disorders that impact the patient's ability to physically bend and apply medications to his or her feet, soliciting help from family members may be the first line of response. If this fails or if there is no family member to communicate with, home nursing services can be utilized. These agencies will send nurses to the patient's home to help change dressings and even assist with the taking of medications and, in most cases, these services are covered by the patient's insurance.

Another helpful device for geriatric patients who take a lot of medications morning, afternoon, and evening is the use of a pill

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**Dr. Michael Wolf found that adherence in taking pills is increased if the doctor instructs the pharmacy to write, "Morning and Night" as opposed to saying "take BID."**

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Lastly, there are some patients who have complex and challenging lifestyles that prevent them from taking proper care of themselves. They may be caretakers for a sick parent, spouse, or child. Often, they put their relative's needs ahead of their own. One patient of mine who would not ease up on walking on a diabetic foot ulcer was blunt in telling me that she was taking care of a husband who recently had a stroke and she had no intention of resting her foot. Since it was neuropathic, she had no pain and was

from being held legally accountable if the patient's physical health deteriorates while under his watch. On the other hand, discharging such a patient rather than working with him/her is akin to not fixing a broken car and giving it to a neighbor. The next buyer will still have to make the repair. In the opinion of this author, there is a greater and more rewarding challenge to employing some of the techniques outlined in the balance of this paper rather than denying that patient any medical care; you should not, how-

organizer. These can be purchased very inexpensively online or at major pharmacies. These will enable the patient or a caregiver to organize what pills a

patient bring the bottle of medication with them to each follow-up visit. This enables the doctor to monitor whether the patient acquired the medication and if he or

medical advice often have bad outcomes, it behooves the treating physician to document incidents of non-adherence to the fullest extent; however, only the facts should be stated in the patient's medical record, and no commentary. For example, the doctor should write "patient is being treated for an infected ulceration but missed such and such follow-up visit, or the patient came in without his or her dressings intact, or the patient admits to not taking the prescribed antibiotics, etc. Each and every incidence of non-adherence should be documented on the date of each occurrence. At no time should the comment, "patient is non-adherent" or any similar comments be included in the medical record.

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**One trick for increasing adherence  
when it comes to the use of oral or applied  
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costs and a patient with a fixed income is to have  
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at each visit so you can monitor usage.**

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patient takes in the morning and evening every day for a week at a time. This has proven to be a very helpful tool for patients taking a lot of medications.

Another useful trick was developed by Dr. Michael Wolf. He found that adherence in taking pills is increased if the doctor instructs the pharmacy to write, "Morning and Night" as opposed to saying "take BID." Wolf also showed that printing the directions in larger letters on the bottle also helped.<sup>3</sup>

Because the cost of prescription medications has skyrocketed in the United States and even certain generics are extremely expensive, dealing with the patient who does not want to pay for important medications is important. If the medication in question is a brand name and the patient is truly indigent, many pharmaceutical companies have funds set aside for subsidizing patients who cannot afford their product.

Many older patients on fixed incomes are resistant to spending money on new medications that they can't emotionally grasp as being important. In some cases, they tell the healthcare professional that they are using a prescribed pharmaceutical even though they never filled the prescription. One technique that often works if there are grounds for suspicion that the patient is not using the prescribed medication is to insist that the

she is indeed using it. This is highly effective if the patient is instructed to use a very expensive topical or oral medication.

#### **A Novel Concept Out of England**

An approach developed in England for managing non-adherence in patients where cognitive impairment is not the issue is called "Concordance."<sup>4,5</sup> This technique, which has yielded very positive results, involves converting the doctor-patient relationship from that of a distant authority figure giving orders into a

#### **Summary**

Non-adherence is a complex problem that affects all facets of healthcare. In some cases, it is minor, such as forgetting to floss one's teeth after a busy day. Other cases may be more serious, such as not taking antibiotics in light of a serious infection, or not following up on recommendations for dealing with a potential malignancy.

Physicians should be aware of some of the root causes of non-ad-

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**Both auditory and taste sense,  
if impaired, can interfere with a patient's ability  
to adhere to a medical regimen.**

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relationship where the doctor and the patient become partners in promoting the patient's well-being. In order for this method to be successful, it requires the physician, and very often the staff, to spend more time with the patient explaining the pros and cons of a given treatment plan and then enrolling the patient into being a partner in his or her health.

#### **Medical/Legal Issues Regarding Non Adherence**

Because we live in a litigious society, and patients who neglect

herence as well as some solutions that have proven efficacious in dealing with non-adherent patients. There are no solutions that are 100% effective. Physicians must document all instances of non-adherence but must only list the facts and refrain from commentary. **PM**

#### **References**

<sup>1</sup> Choudhry. Avorn, et al., Full Coverage for Preventive Medications After Myocardial Infarction. *N Engl J Med*, Volume 364(22):2088-2097, December 1, 2011.

<sup>2</sup> Udell, E Another possible cause of increased blood pressure in men

older than 60 years who are taking medications to control musculoskeletal pain. Arch Intern Med. 2007 Nov 26;167(21):2371

<sup>4</sup> M Marinker; From Compliance To Concordance: Achieving Shared Goals in Medicine Taking, Royal Pharmaceutical Society of Great Britain, 1997.

and Medicine, McGill University, 2004.

**Physicians must document all instances of non-adherence but must only list the facts and refrain from commentary.**

<sup>3</sup> Wolf MS, Davis TC, Curtis LM et al., Effect of Standardized, Patient-Centered Label Instructions to Improve Comprehension Of Prescription Drug Use. Med Care. 2011 Jan;49(1):96-100.

<sup>5</sup> Chris Wahll BSc, Jean-Pierre Gregoire, MPH, PhD, -Concordance, Compliance and Adherence in Health Care: Closing Gaps and Improving Outcomes—Faculties of Management



**Dr. Udell** is President of the American Society of Podiatric Medicine. He served on the board of the American Society of Podiatric Dermatology for over ten years, is board certified by the American Board of Podiatric

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**CME EXAMINATION**

1) In a study published in the *New England Journal of Medicine*, 5,000 patients recovering from myocardial infarctions were given medications designed to prevent a recurrence. What percentage of these patients took their medications?

- A) 80%
- B) Less than 50%
- C) 90%
- D) 100%

2) Cosmetic surgeons have high rates of adherence because \_\_\_\_\_

- A) Psychologically, humans will do anything to look good.
- B) Their fees tend to be covered by insurance companies.
- C) They are trained at manipulating patients.
- D) They only take patients willing to be adherent.

3) To increase adherence in patients afflicted with advanced dementia or Alzheimer’s disease, which of the following may be helpful?

- A) Talk to relatives of the patient.
- B) Talk to a home healthcare aide who ac-

companies the patient to the office.

- C) Write down your medical orders and give a copy to the patient as well as his or her caregiver or close relative.
- D) All of the above.

4) According to a study by Dr. Michael Wolf of the National Institutes for Health, adherence in taking oral medications can be enhanced if \_\_\_\_\_

- A) The pharmacist states on the bottle, “to be taken morning and night” as opposed to twice a day.
- B) child-proof bottles are not used.
- C) Larger bottles are used.
- D) Less medication is placed in each bottle.

5) Patients taking multiple oral medications are more likely to take the correct medications at the correct time of day if \_\_\_\_\_

- A) The pills are organized into a pill box that has compartments for the day of the week as well as morning and night.
- B) The pills are color coded.
- C) The pills are flavored to taste better.
- D) None of the above.

- 6) To protect against a lawsuit a healthcare provider should \_\_\_\_\_
- A) Always document all the incidents of non-adherence.
  - B) Only document facts and no commentary.
  - C) Refrain from documenting opinions about the patient.
  - D) All of the above
- 7) Non-adherence to health provider advice is prevalent within the following professions:
- A) Medical doctors
  - B) Doctors of osteopathic medicine
  - C) Podiatrists and dentists
  - D) All of the above
- 8) Patients with the following are more likely to seek and follow medical advice:
- A) Abnormal foot pronation
  - B) Asymptomatic tibial dysfunction
  - C) Non-symptomatic dry skin around the rim of the heels.
  - D) Severe foot pain
- 9) One trick for increasing adherence when it comes to the use of oral or applied pharmaceuticals in the face of increasing prescription costs and a patient with a fixed income is to \_\_\_\_\_
- A) Have the patient bring the medication with them at each visit so you can monitor usage.
  - B) Have the medication coated with flavor.
  - C) Call the pharmacy to see if the patient filled his or her prescription.
  - D) Ask the patient if he or she is taking the meds.
- 10) Which of the following sensory systems, if impaired, can interfere with a patient's ability to adhere to a medical regimen?
- A) Auditory
  - B) Visual
  - C) Taste
  - D) A and B

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**of the Non-adherent Patient**  
**(Udell)**

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