



Stepping up to the plate in promoting adherence

Focusing on the benefits of the therapy provides a clearer message to patients

DATA FROM THE CANADIAN HEART HEALTH SURVEY INDICATE THAT less than 20% of hypertensive Canadians have their blood pressure optimally controlled.¹ This may occur for a diversity of reasons, but it is likely that lack of adherence to prescribed pharmacologic and nonpharmacologic regimens plays a significant role.

Lack of adherence to therapies for chronic asymptomatic conditions is common and is an important factor in the occurrence of hypertensive complications. Some studies show significant nonadherence rates, with a greater drop-off in adherence to new prescriptions at three months than six months. By the end of six months, between 50% and 60% of all new treatments have been changed or discontinued.^{2,3} Newer agents such as the ACE inhibitors, calcium channel blockers (CCBs), and angiotensin II receptor blockers have been reported to have higher rates of adherence than older agents.⁴ Recent Canadian data demonstrated that persistence with angiotensin II antagonists was greater than with ACE inhibitors, CCBs, beta-blockers, and diuretics. As has been seen in numerous other trials, persistence decreased as the time interval increased.⁵

Various factors play a role in nonadherence and may include patient factors (knowledge, motivation, financial and social support), drug factors (frequency of dosing, cost, and side effects), and health care provider factors (lack of interest or time to provide information on prescribed therapies). Pharmacists can and must fulfill a crucial role in enhancing patient adherence, and strategies to achieve this include:

- Providing a clear message in terms of benefits and risks of therapy
- Working with the patient and his or her physician to simplify medication regimens
- Using compliance aids when indicated
- Finding affordable options
- Monitoring adherence at each visit and taking action when nonadherence is noted

When trying to communicate clearly with patients, it is impor-

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tant to realize what they want to know about their medications. In general, four pieces of information regarding medications are thought to be desired by the patient:⁶

1. What it's for, what it does, and the benefit it provides
2. Any side effects
3. Do's and don'ts
4. How to take it

As pharmacists, we inherently believe in the value of medications. Extensive training in both the benefit and the risk of medications allows us to make informed decisions about the value of medications in a given disease state. Our patients often don't have the advantage of our knowledge. Thus information that we provide

may sometimes be misinterpreted by some patients.

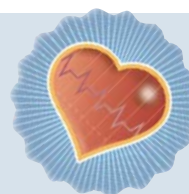
Deschamps et al. conducted a pilot study to describe the content and organization of patient counselling conducted by community pharmacists using videotaped sessions on standardized patient actors receiving a new prescription.⁷ The most common information provided

to the patient actors in this study included side effects (100%), indication (100%), name of the medication (95.5%), and daily scheduling (95%). The sessions were mainly product-focused, with therapeutic benefits, auxiliary treatment measures, and the patient's lifestyle discussed only rarely. These findings have been echoed in several other studies.^{8,9}

It appears reasonable to suggest that individuals are more likely to use a therapy if information is placed in perspective (i.e., what are the known benefits and risks, and how do I best take this medication and manage the risks). As indicated in the above studies, pharmacists often focus on the risks associated with drug therapy (i.e., side effects) while spending a minimal amount of time on the benefit of therapy, even bypassing it completely. Perhaps we would be better off framing those risks in the context of the benefit of the therapy. Although the absolute benefits of treatment

Risk benefit ratio

- When patients are started on antihypertensive therapy, the likelihood is that they will feel no better or worse
- Benefits of therapy include:
 - ✓ 30%–50% reduction in stroke over time
 - ✓ 8%–40% reduction in cardiovascular events over time
- Risks (adverse events) experienced by under 5%–10% of patients
 - ✓ Most are very mild and well tolerated



of high blood pressure vary widely, depending on an individual's risk profile, the relative benefits of treatment (approximately 25% to 30% depending on the specific outcome considered) are similar regardless of baseline risk or pretreatment blood pressure, at least for diastolic blood pressure in excess of 90 mmHg.¹⁰ In communicating medication-related information to patients, focusing on the benefit of blood pressure reduction in firm terms and indicating the very low level of risk for patients may provide greater incentive to adhere to therapy.

Simplification of medication regimens may enhance adherence. Many patients will require more than one agent to control their blood pressure. Currently many ACE inhibitors, angiotensin receptor antagonists, and beta-blockers come as combination therapies with thiazide diuretics. In those patients stabilized on one of these agents, along with a thiazide diuretic, the pharmacist could work with the patient's physician to change to a combination product rather than two separate pills.

Pharmacists are likely the best-positioned health provider to monitor adherence to medications through prescription refills and intervene when patients are found to be nonadherent. If it is noted that a patient has not refilled his prescriptions for his antihypertensive medications in the appropriate time intervals, the pharmacist could contact the individual to clarify the reasons for lack of adherence, deal with any barriers, and attempt to ensure that the individual maintains adherence to his or her regimen.

Although adherence is challenging in chronic disease, specific

Knowledge into practice

At each visit assess adherence and if needed, take steps to rectify:

- Attempt to determine why patient is nonadherent (beliefs, adverse effects, cost, knowledge, regimen related)
- If regimen-related, work with patient and physician to simplify
- Suggest compliance aids if appropriate
- If cost is an issue, work with the patient and physician to find a solution
- Provide balanced information on benefit and risk of therapy, putting emphasis on the benefit
- Motivate patients to take a role in monitoring their own blood pressure and let them know their goals
- Contact the patient's physician when required:
 - To discuss cost issues if a factor
 - To discuss drug interactions that may be contributing to lack of control
 - To discuss nonadherence and strategies that may be used to enhance adherence (e.g., simplification of regimen, combination products, adherence aids, patient knowledge)

efforts by pharmacists can improve adherence in hypertensive individuals, thereby decreasing the associated morbidity and mortality. ■

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