



*National Institute for
Health and Clinical Excellence*


Quick reference guide

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Medicines adherence

Involving patients in decisions about prescribed medicines
and supporting adherence

Contents

Introduction	4
Patient-centred care	4
Key principles	5
 Involving patients in decisions about medicines	6
 Supporting adherence	8
 Reviewing medicines	9
Improving communication between healthcare professionals	9
Implementation tools	10
Further information	11

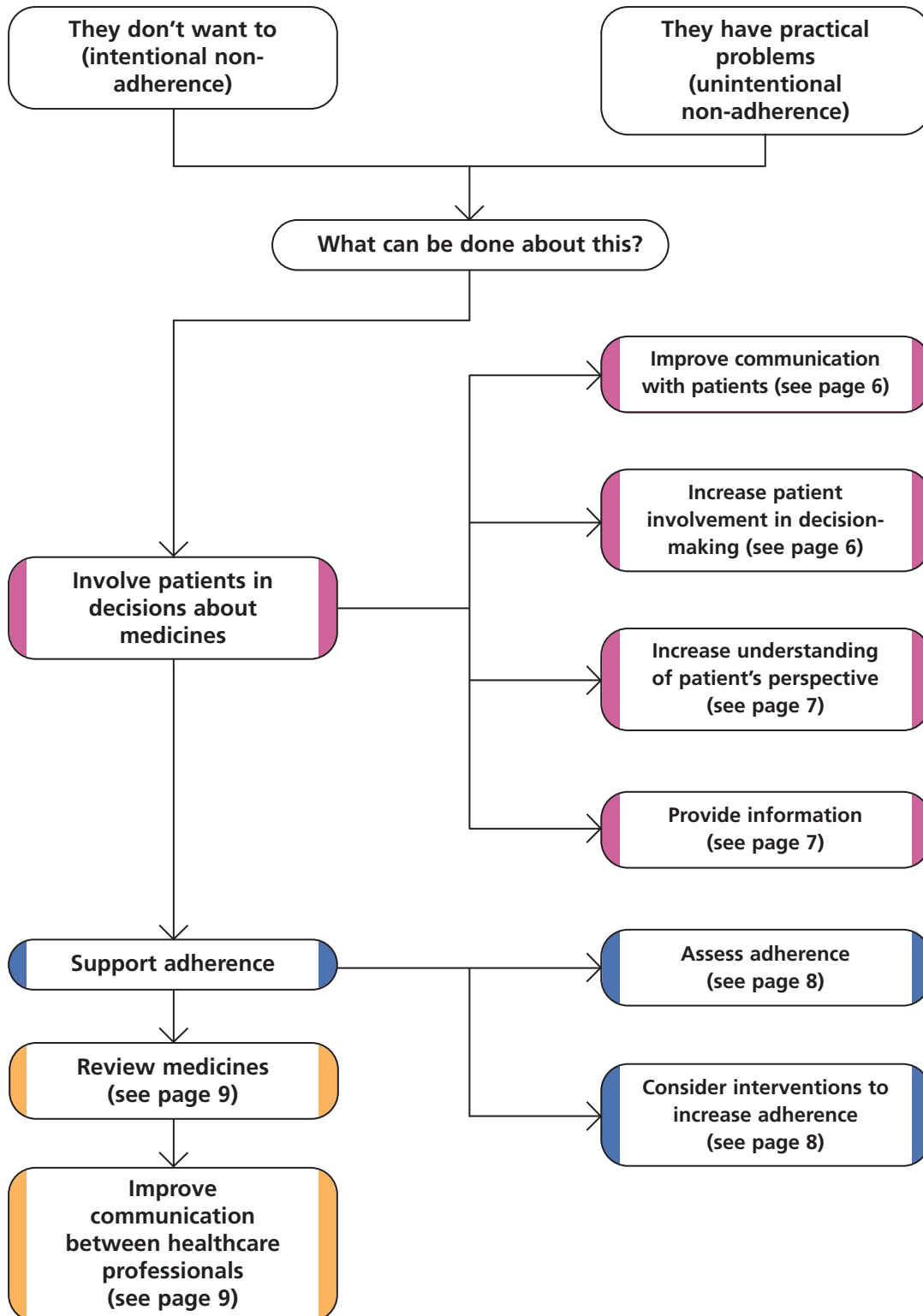
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NICE clinical guidelines are recommendations about the treatment and care of people with specific diseases and conditions in the NHS in England and Wales.

This guidance represents the view of NICE, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, and informed by the summary of product characteristics of any drugs they are considering.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

Why don't some patients use their medicines as prescribed?



Introduction

Between a third and a half of medicines¹ that are prescribed for long-term conditions are not used as recommended. This represents a health loss for patients and an economic loss for society.

Non-adherence should not be considered the patient's problem. Rather, it usually results from a failure to fully agree the prescription with the patient in the first place and to support the patient once the medicine has been dispensed.

Non-adherence falls into two overlapping categories: intentional (the patient decides not to follow the treatment recommendations) and unintentional (the patient wants to follow the treatment recommendations but has practical problems).

To understand non-adherence we need to consider perceptual factors (beliefs and preferences) that influence motivation to start and continue treatment as well as practical factors.

This requires:

- an open, no-blame approach that encourages patients to discuss any doubts or concerns about treatment
- a patient-centred approach that encourages informed adherence
- identification of perceptual and practical barriers to adherence at the time of prescribing and during regular review.

Patient-centred care

This guideline offers best practice advice on how to involve patients in decisions about prescribed medicines and how to support adherence. Treatment and care should take into account patients' individual needs and preferences. Good communication, supported by evidence-based information, is essential. Healthcare professionals are reminded of their duty under the Disability Discrimination Act (2005) to make adjustments to ensure that all people have the same opportunity for good health. Healthcare professionals should follow the code of practice that accompanies the Mental Capacity Act (2005) if concerned about patient capacity. If the patient agrees, families and carers should have the opportunity to be involved in decisions about treatment and care.

¹ In this guideline 'medicines' is used as a general term to refer to prescribed medicines that are self-administered and includes tablets, syrups, ointments, creams, eyedrops and suppositories.

Key principles

- Healthcare professionals should adapt their consultation style to the needs of individual patients so that all patients have the opportunity to be involved in decisions about their medicines at the level they wish.
- Establish the most effective way of communicating with each patient and, if necessary, consider ways of making information accessible and understandable (for example, using pictures, symbols, large print, different languages, an interpreter or a patient advocate).
- Offer all patients the opportunity to be involved in making decisions about prescribed medicines. Establish what level of involvement in decision-making the patient would like.
- Be aware that increasing patient involvement may mean that the patient decides not to take or to stop taking a medicine. If in the healthcare professional's view this could have an adverse effect, then the information provided to the patient on risks and benefits and the patient's decision should be recorded.
- Accept that the patient has the right to decide not to take a medicine, even if you do not agree with the decision, as long as the patient has the capacity to make an informed decision and has been provided with the information needed to make such a decision.
- Be aware that patients' concerns about medicines, and whether they believe they need them, affect how and whether they take their prescribed medicines.
- Offer patients information that is relevant to their condition, possible treatments and personal circumstances, and that is easy to understand and free from jargon.
- Recognise that non-adherence is common and that most patients are non-adherent sometimes. Routinely assess adherence in a non-judgemental way whenever you prescribe, dispense and review medicines.
- Be aware that although adherence can be improved, no specific intervention can be recommended for all patients. Tailor any intervention to increase adherence to the specific difficulties with adherence the patient is experiencing.
- Review patient knowledge, understanding and concerns about medicines, and a patient's view of their need for medicine at intervals agreed with the patient, because these may change over time. Offer repeat information and review to patients, especially when treating long-term conditions with multiple medicines.

Involving patients in decisions about medicines

Improving communication

Good communication is needed for involving patients in decisions about medicines. Some patients find it more difficult than others to communicate with healthcare professionals. You can improve communication by:

- adapting your consultation style to patients' needs
- considering any disabilities which may affect patient communication
- establishing the best way to communicate with each patient and considering the use of communication aids such as pictures, large print, information in different languages, an interpreter or advocate
- asking open-ended questions because these are more likely to uncover concerns
- encouraging patients to ask questions.

Increasing patient involvement

Increasing patient involvement in decision-making requires that healthcare professionals acknowledge patients' views about their condition and treatment and that both healthcare professional and patient have a role in making decisions about treatments. You can increase patient involvement by:

- clearly explaining the condition and the pros and cons of treatment
- clarifying what the patient hopes the treatment will achieve
- talking and listening to the patient and noting any non-verbal cues rather than making assumptions about patients' preferences about treatment
- helping patients to make decisions based on likely benefits and risks rather than misconceptions
- accepting that:
 - patients may have different views from healthcare professionals about risks, benefits and side effects
 - patients have the right to decide not to take a medicine as long as they have capacity and have been given the information to make an informed decision
- encouraging and supporting patients, families and carers to keep an up-to-date list of prescription and non-prescription medicines, and allergies or adverse reactions.

If the patient decides not to take or to stop taking a medicine and in your view this could be harmful, record the decision and the information provided on risks and benefits.

Understanding the patient's perspective

Patients sometimes make decisions about medicines based on their understanding of their condition and possible treatments, their view of their need for the medicine and their concerns. You can improve your understanding of the patient's perspective by:

- asking patients what they know and believe about medicines and their need for a medicine before prescribing and when reviewing
- asking about general or specific concerns (such as adverse effects or dependence) and addressing these
- bearing in mind that patients may wish to minimise their medicines and to discuss:
 - what will happen if they don't take the medicine
 - non-pharmacological alternatives
 - reducing or stopping long-term medicines
 - fitting medicines into their routine
 - choosing between medicines.

If the patient has specific concerns, record a summary of the discussion.

Providing information

Patients need information about their condition and possible treatments for involvement in decision-making. The format and content should meet the needs of individual patients.

- Before you prescribe, offer patients (including inpatients) clear relevant information. This will probably include but should not be limited to:
 - what the medicine is, how to use it and likely benefits
 - likely adverse effects and what to do if they think they are experiencing them
 - what to do if they miss a dose
 - whether another prescription is needed and how to get further supplies.
- Check patients have any information they wish when medicines are dispensed.
- Check patients have understood the information and discuss it with them, taking into account what they understand and believe about the condition and treatment.
- Do not assume that patient information leaflets (PILs) will meet all patients' needs. Address any concerns raised as a result of information provided by PILs.
- Suggest where patients might find reliable information and support after the consultation (for example, NHS Choices [www.nhs.uk]).

Supporting adherence

Assessing adherence

Healthcare professionals are not always aware when patients don't use their medicines as prescribed. Assessing adherence is not about monitoring patients but rather finding out whether patients need more information and support. You should routinely assess adherence in a non-judgemental way whenever you prescribe, dispense and review medicines. You should consider:

- asking patients if they have missed any doses recently; make it easier for them by:
 - asking in a way that does not apportion blame
 - explaining why you are asking
 - mentioning a specific time (such as in the past week)
 - asking about medicine-taking habits
- using records of prescription re-ordering, pharmacy patient medication records and return of unused medicines to identify non-adherence and patients needing support.

Interventions to increase adherence

Patients may need support to help them use their medicines effectively. This may take the form of further information and discussion or changes to the type of medicine or regimen. Any intervention to support adherence should be discussed with the patient, considered on a case-by-case basis and should address the concerns and needs of individual patients.

- If a patient is non-adherent discuss whether this is because of beliefs and concerns (intentional non-adherence) or practical problems (unintentional non-adherence).
- Address any beliefs and concerns the patient has about their medicines.
- Because evidence is inconclusive, only use interventions to overcome practical problems if there is a specific need. Interventions might include:
 - suggesting patients record their medicine-taking
 - encouraging patients to monitor their condition
 - simplifying the dosing regimen
 - using alternative packaging
 - using a multi-compartment medicines system.
- If side effects are a problem:
 - discuss benefits, side effects and long-term effects and how the patient would like to deal with side effects
 - consider adjusting the dosage, switching to another medicine, and other strategies such as changing the timing of medicines.
- Ask if prescriptions costs are a problem and consider options for reducing costs.

Reviewing medicines

Patients may use medicines long term. The initial decision to prescribe medicines, the patient's experience of using the medicines and the patient's needs for adherence support may change over time and should be reviewed regularly.

- Offer repeat information and review, especially when treating long-term conditions with multiple medicines.
- Review at agreed intervals patients' knowledge, understanding and concerns about medicines and whether they think they still need the medicine.
- Ask about adherence when reviewing medicines. Clarify possible causes of non-adherence and agree any action with the patient (including a date for follow-up).
- Bear in mind that patients sometimes evaluate prescribed medicines in their own way (for example, by stopping and starting them and monitoring symptoms). Ask the patient if they have their own way of weighing up their medicine.

Improving communication between healthcare professionals

Patients may be under the care of healthcare professionals from different disciplines and specialties at the same time. Responsibility for patients' care may be transferred between healthcare professionals and medicines reviews may be carried out by healthcare professionals other than the prescriber. Good communication between healthcare professionals is needed to ensure that fragmentation of care does not occur.

- When reviewing medicines inform the prescriber of the review and its outcome.
- Ensure there are robust processes for communicating with other healthcare professionals involved in the patient's care.
- On transfer between services (for example, discharge from hospital) give all patients and subsequent healthcare or other providers a written report containing:
 - the patient's diagnosis
 - a list of all medicines the patient should be taking
 - clear identification of any new medicines that were started
 - clear identification of any medicines that were stopped with reasons
 - clear information on which medicines should be continued after transfer and for how long
 - any known adverse reactions and allergies
 - any potential difficulties with adherence and any actions taken (for example, provision of a multi-compartment medicines system).

Implementation tools

NICE has developed tools to help organisations implement this guidance (listed below).

These are available on our website (www.nice.org.uk/CG76).

- National costing statement – gives some financial background and context to the guideline
- Guide to resources – gives information about a selection of resources available from NICE, government and other national organisations
- Patient information resource – an information sheet for display in healthcare settings
- Audit support for monitoring local practice.

Further information

Ordering information

You can download the following documents from www.nice.org.uk/CG76

- The NICE guideline – all the recommendations.
- A quick reference guide (this document) – a summary of the recommendations for healthcare professionals.
- ‘Understanding NICE guidance’ – a summary for patients and carers.
- The full guideline – all the recommendations, details of how they were developed, and reviews of the evidence they were based on.

For printed copies of the quick reference guide or ‘Understanding NICE guidance’, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N1759 (quick reference guide)
- N1760 (‘Understanding NICE guidance’).

Related NICE guidance

For information about NICE guidance that has been issued or is in development, see www.nice.org.uk

Published

- Technical patient safety solutions for medicines reconciliation on admission of adults to hospital. NICE patient safety guidance 1 (2007). Available from: www.nice.org.uk/PSG001

Updating the guideline

This guideline will be updated as needed, and information about the progress of any update will be available at www.nice.org.uk/CG76

About this booklet

This is a quick reference guide that summarises the recommendations NICE has made to the NHS in 'Medicines adherence' (NICE clinical guideline 76).

Who should read this booklet?

The quick reference guide is for healthcare professionals who prescribe and review medicines.

Who wrote the guideline?

The guideline was developed by the National Collaborating Centre for Primary Care, which is based at the Royal College of General Practitioners. The Collaborating Centre worked with a group of healthcare professionals (including consultants, GPs, pharmacists and nurses), patients and carers, and technical staff, who reviewed the evidence and drafted the recommendations. The recommendations were finalised after public consultation.

For more information on how NICE clinical guidelines are developed, go to www.nice.org.uk

Where can I get more information about the guideline?

The NICE website has the recommendations in full, reviews of the evidence they are based on, a summary of the guideline for patients and carers, and tools to support implementation (see page 10 for more details).

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