Motivational interviewing for medication adherence

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Abstract

Objective: To familiarize pharmacists with motivational interviewing as a way to engage patients in discussions about medication adherence.

Summary: Motivational interviewing is a collaborative, patient-centered communications skill set that can increase behavior change by stimulating a patient's own internal motivation for change.[12,14] Pharmacists using motivational interviewing can explore factors associated with medication nonadherence, assess patient ambivalence and/or resistance, and educate a patient to promote medication-adherent behaviors.[11–13]

Conclusion: Pharmacists can use motivational interviewing to effectively engage patients in a conversation that addresses medication adherence.

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Learning objectives
- Describe the impact medication nonadherence has on patient and economic outcomes.
- Identify the key components and skills of motivational interviewing.
- Describe ways to use motivational interviewing effectively when addressing medication adherence with patients.

Preassessment questions

Before participating in this activity, test your knowledge by answering the following questions. These questions will also be part of the CPE assessment.

1. **Which of the following describes "adherence"?**
   a. Patient-centered
   b. Patient passively engaged
   c. Health care provider–centered
   d. Health care provider–directed

2. **Which of the following represents development of the internal motivation necessary to facilitate medication adherence?**
   a. Inpatient experience of psychiatric patients
   b. Ambivalence of caregivers
   c. Shift in perspective regarding a behavior's cons to the pros
   d. The decision to accept the inconvenience of a medication regimen

3. **Which of the following describes how a pharmacist can use motivational interviewing to have a positive impact on medication adherence?**
   a. Stress the need to take the medication(s).
   b. Point out why the patient's current behavior is inapropriate.
   c. Address a patient's resistance to engage in medication use.
   d. Explain the role of medication treatment.

Medication adherence

Adherence is defined as the extent to which a patient's health behavior(s) coincides with the plan developed and agreed upon by the patient in partnership with his or her health care provider.[1] On the other hand, compliance, often used in place of adherence, refers to the patient following the medical plan as determined by the health care provider alone. It is important to recognize that adherence is a patient-centered approach, and compliance is a health care provider–centered approach. The connotation of each word, also an important aspect, is different. Adherence implies a partnership, whereas compliance implies judgment. Additional differences between adherence and compliance are noted in Table 1.[2]

Medication adherence focuses specifically on the extent to which patients take their medication(s) as prescribed. Medication nonadherence is a failure to take or use medication(s) as prescribed, which can be intentional or unintentional. Nonadherence takes many forms, including not filling an initial prescription or not refilling an existing prescription, discontinuing a medication before the course of therapy is complete, or not following dosing instructions (taking more or less medication or medication at the incorrect time).[3]

A recent telephone survey assessed nonadherent behaviors of 1,020 adults aged 40 years and older who had one or more ongoing prescriptions for at least one chronic condition.[4] About 75% of the adults surveyed had engaged in a minimum of one nonadherent behavior in the past 12 months, and more than 50% had engaged in multiple nonadherent behaviors. The most commonly reported nonadherent behavior was missing a dose. Other reported nonadherent behaviors, in decreasing reported percentage, were forgetting if the medication was taken, not refilling the medication on time, taking a lower dose than prescribed, not filling a new prescription, or stopping a prescribed medication without first consulting the prescriber. Additional nonadherent behaviors—taking an old prescription for a new health problem without first consulting with a medical professional, taking more medication than prescribed, and taking someone else's prescription medication—were reported by fewer than 7% of the adults surveyed.[4]

Table 1. Adherence versus compliance

Adherence	Compliance
Patient-centered	Health care provider– centered
Collaboration between patient and health care provider	Domination by health care provider
Exchange of information	Dictate information
Patient engaged	Patient passive
Discuss, negotiate	Persuade, coerce

Source: Reference 2.

Medication nonadherence is prevalent, as three out of four Americans report not taking medications as directed.[5] This is further supported by findings in which for every 100 prescriptions written, 50 to 70 make it to the pharmacy, and 48 to 66 are filled and leave the pharmacy. Of those in patients' possession, 25 to 30 are taken properly, and only 15 to 20 are refilled as prescribed.[6] It is critical for pharmacists to recognize the gaps in medication adherence and use this information to tailor the discussion for each patient.

Medication nonadherence results in a 33% to 69% increase in medication-related hospitalizations, 89,000 to 125,000 premature medicine-related deaths, and an additional $2,000 per patient in medical costs and medical provider visits. All are preventable; however, until prevention is achieved, direct and indirect health care costs will increase annually by $300 billion.[5,7] Studies indicate that suboptimal management of chronic medication conditions, such as diabetes, hypertension, and asthma, is related to medication nonadherence. Adherence to long-term chronic treatment averages 50%.[8] With nonadherence, medical and psychosocial complications may arise and further reduce patient quality of life.[8] Regardless of the medical condition, when patient self-management is required, nonadherence is possible.

Causes of medication nonadherence vary and are due to a number of factors. The World Health Organi-