

Redefining Medication Adherence in the Treatment of Schizophrenia



How Current Approaches to Adherence Lead to Misinformation and Threaten Therapeutic Relationships

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KEYWORDS

- Schizophrenia • Outcome • Patient acceptance of health care • Relapse
- Physician-patient relations • Harm reduction • Communication

KEY POINTS

- If there were an easy answer to improving adherence to antipsychotic medication, we would have found it. New approaches are needed that reevaluate the current concept of adherence.
- The current focus on following a clinician's recommendation should be changed toward identification or preventing of disruptions in continuity of antipsychotic treatment for any reason.
- The indirect consequences of adherence problems may be just as severe as direct consequences, and includes misinformation about the medication regimen and that the way adherence problems are handled is a threat to the therapeutic relationship.
- Changing the way adherence challenges are addressed can reduce errors from misinformation, and also can be adapted to strengthen rather than harm the therapeutic relationship.

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INTRODUCTION

Insanity: doing the same thing over and over again and expecting different results.
—Albert Einstein

If there were an easy answer that would solve the problem of nonadherence to antipsychotic medication, we would have found it by now.¹ There have been many advances in the treatment of schizophrenia over the past few decades, but improved adherence is not one of them. This is not to say that our understanding of issues has stood still; we better understand the forces at play that comprise many of the determinants of adherence challenges for patients with schizophrenia.^{2–4} Nonetheless, disruptions in antipsychotic treatment continue to be an enormous challenge, and remain a major obstacle to achieving better outcomes from currently available treatments.

There are many excellent general reviews available for readers who are interested in a more traditional risk factor and intervention approach to this topic.^{5–8} It is the goal of this review to move beyond some of the traditional approaches to adherence problems and offer another perspective on how to better address this vexing problem.

The central hypothesis of this review is that the current definition of adherence is fundamentally flawed, and these flaws then create insolvable problems that limit the effectiveness of adherence management in current practice. If this hypothesis is true, then the solution will go beyond “improving adherence.” There are many other ways in which outcome can improve from different approaches, even for patients who remain nonadherent. Even then, clinicians can target indirect complications of nonadherence that also harm outcome. Examples include reducing the degree to which misinformation about the medication regimen leads to downstream complications, and focusing on strengthening the therapeutic alliance even when there is a disagreement about the role of medication, and, finally reducing the harmful consequences when medication discontinuation has occurred or seems inevitable. Notice that all of these are important therapeutic goals in their own right over and above any adherence improvements. Only then, with a broader, holistic perspective, can we recalibrate the goals of any adherence intervention.

The starting point is to carefully review the standard definition of adherence, and review how this definition actually leads to more assessment failures, complicates the therapeutic relationship, and ironically limits the potential benefits of interventions hoping to improve adherence.

DEFINITION OF ADHERENCE

According to the World Health Organization (WHO), adherence is defined as

The extent to which a person’s behavior—taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider⁹

Maybe you are asking yourself, “So, what’s wrong with that?” or, “What’s the clinical relevance of how adherence is defined?” The language of adherence and nonadherence is such a familiar part of medical training and day-to-day practice that it is easy to forget the tacit and unspoken meaning of the term. The following 2 case vignettes illustrate the problems in the way adherence is defined when it comes to working with patients with schizophrenia.

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