

Oral Agents for Cancer Treatment



Effective Strategies to Assess and Enhance Medication Adherence

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KEYWORDS

- Oral cancer agents • Medication adherence • Assessment
- Shared decision-making

KEY POINTS

- A significant number of treatments for cancer are now being developed in oral form.
- Although oral treatment offers advantages to patients and providers, many challenges exist that must be addressed.
- Effective approaches to enhance medication adherence should include a focus on patient education, convenient care, and effective patient monitoring and follow-up.
- Patient-centered approaches, including shared decision-making and a personal systems model hold promise to support patients who are taking oral treatments for cancer.

INTRODUCTION

Over the last several decades, cancer treatment has shifted from primarily intravenous (IV) medications administered by a nurse to oral agents self-administered by the patient or caregiver. More than half of the newly approved cancer drugs are being developed in oral form.¹ These oral agents for cancer (OAC) range from endocrine and traditional cytotoxic therapy to drugs that target specific genetic mutations. Although OAC are often more manageable and convenient for patients, they pose challenges to effective drug delivery due to concerns about medication adherence. A common truth attributed to former U.S. Surgeon General C. Everett Koop is that drugs don't work for people who don't take them. As many cancer treatments shift from acute to chronic

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care management, nurses need to help patients participate in shared decisions that determine whether or not this form of cancer treatment is right or best for them. This article presents information that oncology nurses should know about oral adherence to anticancer agents and offers evidence-based assessment tools and strategies aimed at helping patients.

BACKGROUND

The Shift to Oral Cancer Treatment

The rapidly increasing understanding of cancer pathophysiology along with molecular and genetic changes at the cellular level has led to the development of oral medications to treat many types of cancer. This trend toward using OAC has led to an increase in both the number of OAC prescribed and the number of patients taking these drugs.²⁻⁴ This paradigm shift has increased the burden and responsibility for patients and caregivers. In the past, a patient receiving IV therapy would come to a health care facility for treatment where they would have the opportunity to discuss any issues, symptoms, or side effects with their physician or nurse. With the shift toward oral treatments, patients are now managing their treatment at home. This change poses unique challenges for the patient, caregivers, providers, and the health care system.⁵ A notable challenge is ensuring that the patient is supported to adhere to taking their OAC because this can have a significant impact on treatment efficacy and toxicities.⁶ The OAC represent a changing paradigm in cancer treatment and are seen as a response to patient preference, new treatment options, and the changing economics of health care.^{3,4}

The increased use of oral anticancer agents has been associated with fewer patient visits and can foster a sense of independence for the patient. A significant drawback to this form of chemotherapy, however, includes the failure to take medication as prescribed.^{6,7} Adherence to medications across all disease sites is estimated at approximately 50%.⁸ Adherence to cancer therapy is documented at less than 80%, including up to 10% of patients not refilling their anticancer prescriptions.⁹⁻¹¹ The therapeutic outcome of treatment of patients taking OAC depends largely on adherence to the regimen. Nonadherence has also been linked to other patient outcomes, including additional inpatient stays, increased health care spending, disease progression, and diminished survival.¹²⁻¹⁵

Moving from Adherence to a Patient-Centered Approach

Adherence to oral medications requires collaboration between the health care team and the patient and caregiver. As such, the term adherence may not be the best to describe the relationship necessary for optimal patient outcomes and may be viewed as a paternalistic term. Recent efforts have focused on patient-centered approaches to medication management.^{16,17} Patient-centered care is defined as care that is respectful of and responsive to individual patient preferences, needs, values and that ensures patient values guide clinical decisions.¹⁸ Two strategies that depict the collaborative relationship between providers and patients are shared decision-making and a personal systems approach; both have the potential to improve medication adherence and patient outcomes.

The personal systems approach has grown out of the movement that redirects blame for patient safety errors from individuals to breakdowns within hospital systems and makes the desired behavior more likely to occur by removing environmental barriers.¹⁹ Personal systems interventions focus on shaping routines, involving supportive others in routines, and using medication self-monitoring to change and maintain

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