



Original Research

Understanding if, how and why non-adherent decisions are made in an Australian community sample: A key to sustaining medication adherence in chronic disease?

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Abstract

Background: Adherence to medications for chronic disease is sub-optimal. Current adherence-enhancing strategies do not seem to adequately address the fundamental need to sustain adherence or prevent non-adherence. Intentional non-adherence, involving active medication-taking decisions, is not well described within the Australian community setting. Understanding if, how and why non-adherent decisions are made may help develop strategies to sustain adherence in chronic disease.

Objective: This study aimed to describe intentional non-adherent behavior in chronic disease within the Australian community setting and identify the factors that promote and prevent non-adherent decisions.

Methods: In-depth, semi-structured interviews were conducted with 21 patients (12 rural, 9 metropolitan; New South Wales) prescribed medications for a diverse range of chronic conditions. Using the Theory of Planned Behavior as the theoretical framework, an iterative thematic framework analysis method was used to characterize the intentions and the decisions underlying non-adherent behavior. Data were indexed and charted within the thematic framework using Excel, and linked themes were combined, and associations and explanations drawn.

Results: Although there was a strong intent to follow prescribers' recommendations, most patients described instances of intentionally non-adherent behavior. Trading between perceived treatment inefficacy, unfavorable side effects and unaffordable medication costs promoted non-adherent decisions; trusting prescriber–patient relationships, positive family values and lack of perceived control over treatment choice maintained adherent intentions. Intentional non-adherence was mostly temporary.

Conclusions: Intentional medication non-adherence in chronic disease appears reversible and amenable to interventions that address treatment-related barriers such as medication affordability. Strategies that strengthen patient–prescriber relationships and empower patients as informed decision-makers may help maintain adherence intentions. Crucially, regular and sustained interventions that are refreshed to meet the changing

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needs of patients are needed to curb the temporal decline in adherence to chronic disease medications.
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Keywords: Medication non-adherence; Chronic disease; Decision-making

Background

Patient non-adherence with prescribed medication is a pervasive problem in the management of chronic disease. It undermines the real-world safety, efficacy and cost-effectiveness of proven treatments, thereby exacerbating the health and economic burden of chronic disease globally.^{1–3} In addition to sub-optimal adherence, temporal declines in adherence to chronic disease medications occur.^{4–6} Given this trend also happens in the presence of adherence-enhancing interventions,^{7–9} it could be argued that current strategies that attempt to improve adherence to chronic disease medications are not adequately addressing the fundamental need to sustain adherence and/or prevent non-adherence over time.

There are many reasons why patients do not adhere with medications.¹⁰ An aspect of non-adherence is intentional, involving patient medication decision-making.^{11,12} Factors such as perceived necessity and concerns about medications have been shown to influence intentional non-adherence,^{12–14} although within the Australian literature little evidence has currently been generated.^{15–19} Furthermore, very little research describes neither how such decisions are made nor what factors are influencing these decisions.^{18–20} To bridge this gap in evidence, this study aimed to describe intentional non-adherence in the Australian community setting and identify the factors that promote and prevent non-adherent decisions. Without discounting the importance of reasons for unintentional non-adherence on overall medication-taking behavior, it was thought that understanding if, how and why patients make non-adherent decisions could help develop innovative strategies to sustain adherence to medications prescribed to manage chronic disease.

Methods

This study focused on people's subjective experiences and interpretations of using prescribed medications within their social context. Semi-structured interviews were conducted with English speaking adults that were prescribed chronic medications. Using advertisements in community pharmacies and general practitioner practices, participants were recruited from rural and metropolitan

New South Wales (NSW) Australia, to investigate any impact from socioeconomic status (location, income/health care concession card status). People responding to the advertisements were initially screened via the telephone based on whether they were prescribed chronic medications. As preliminary data analysis progressed, the emergent findings suggested that additional sampling from participants holding a health care concession card was needed. Recruitment continued until no new themes were found to be emerging.

Data collection

With consent, semi-structured, in-depth interviews were conducted (face-to-face or telephone) by one author (TL), who is a pharmacist and doctoral student with training in qualitative research methods. Interviews were one-on-one, with the exception of two participants who requested to be interviewed with their spouse, and were digitally tape-recorded.

The initial interview schedule was based on themes developed from the literature on adherence to medications for chronic diseases^{3,10,11,21} and included core questions around participants' experiences with prescribed medications. Language typically used to describe medicine-taking behavior in the literature (i.e. compliant, adherent) was not used throughout the interview, so as to minimize subjective reporting bias (i.e. reporting what is perceived as expected).¹¹ Key topics contained in the interview guides were:

- General experiences with past and current prescribed medications
- Reported medication taking behaviors, particularly instances of intentional use (or not) of medications
- Influence of factors upon medication-taking behavior including challenges/barriers, and facilitators to medication-taking over time.

Data extraction and analysis

Interviews were transcribed verbatim. A framework for analysis^{22,23} was established. The initial framework was informed by the Theory of Planned Behavior (TPB),²⁴ which has proved to be useful in

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