



A quarterly broadcast of things helpful and interesting in local clinical psychology.

Literature Digest: Improving Adherence to Treatments

It is estimated that people prescribed medications follow the directions with about 50% to 75% compliance. A 2014 Cochrane review of studies examining the impact of interventions designed to increase adherence with self-administered medications drew some pessimistic outcomes. They stated that “Only five of these RCTs reported improvements in both adherence and clinical outcomes” and even the most effective interventions led to only modest improvements in adherence or clinical outcomes. However, two systematic reviews both published in 2018 are more optimistic and demonstrate that within some conditions, certain interventions do make a difference in adherence.

Diabetes. In their systematic review of factors harming and helping adherence to treatment in T2DM, Ong et al. (2018) found three health system factors that facilitate effective T2DM care and management: the use

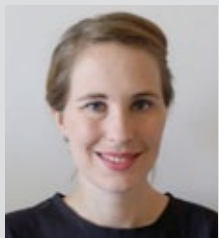
of innovative care models, increased pharmacist involvement in care delivery, and education programs led by healthcare professionals such as specialist nurses. They also found that some patients benefit from help with the financial cost of treatment or removing obstacles to access to a specialist service. The systematic review by Sapkota et al. (2015) was even more promising. They found that only nine of 52 studies improved both medication adherence and glycaemic control, but that 22 interventions led to improvements in adherence to anti-diabetic medications. They concluded “most interventions were successful in influencing one or more of the outcomes assessed, indicating the usefulness of these interventions under certain circumstances”.

Child Asthma. Boutolpoulou et al. (2018) completed a systematic review of studies looking at methods to increase compliance in childhood asthma, which is characterised by low adherence. They found that “there was a significant improvement of adherence after

intervention with rates increasing to 49–81%”. They noted a number of interventions used with some degree of effectiveness included communication during paediatric visits and audio-taped medical visits, individualised care programs, electronic monitoring devices, interactive website and peak-flow prediction with feedback.

References

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Interview with a Clinical Psychologist

DEBORAH MITCHISON *B.Sc.(Psych) (Hons); MCLinPsych; PhD*
Deb is a clinical psychologist and researcher at the Western Sydney University. She specialises in eating disorders and body-image disorders. Deb also works with anxiety disorders and complex medical health problems, including conversion disorder. She is skilled in motivational enhancement with all these groups of patients.

Q: Have you learned how to motivate clients from your own life experiences with fluctuating motivation?

A: Yes, absolutely. Motivational blocks are universal. Peak times where I have had difficulties with motivation have included work-related tasks when coming back from periods of maternity leave, planning for public presentations/lectures, and getting back into regular exercise. Core to overcoming these motivational hurdles for me has been

identifying the barriers, so that I could engage in problem-solving and thought-challenging to get around them. Identifying and problem-solving barriers is a key part of the motivational approach I take with my clients.

Q: Why do your clients struggle with doing certain treatment tasks that you or a medical doctor recommends?

A: Barriers that get in the way of a client completing treatment tasks can occur at

multiple levels. Firstly, the clients need to perceive that the benefits of undertaking the task outweigh the costs. Secondly, they also have to feel that any obstacles that stand in their way are able to be removed or managed. For instance the client with bulimia nervosa who has been given the homework task to eat pizza – something she has avoided for several years. Before being assigned this task the therapist must engage the client in a discussion of the pros and cons of eating the pizza until the client perceives that this task is a meaningful step in treatment recovery that will ultimately improve her life, while also challenging any feared predictions (e.g., weight gain). An assessment of potential obstacles (e.g., availability of pizza; risk of vomiting) should also be conducted and problem-solving used to plan how these will be overcome.



"There is only one corner of the universe you can be certain of improving, and that's your own self."

- Aldous Huxley

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Motivating patients to change behaviour:

Part 9: Increasing adherence to treatments (medication and other interventions)

There are several documented strategies to help your patients. Here are Chris Basten's Top 5 interventions that GPs can do within a consultation:

1. Ask about barriers – perceived and real.

This idea often takes the least time for the greatest impact. Ask questions like:

- *"What concern might you have about taking the medication that I am recommending?"*
- *"Many people have mixed feelings about consulting with a mental health professional. I am eager to know what thoughts and feelings you have".*
- *"Even with the PBS, this will cost \$30. What are your thoughts about whether that is worth it for you?"*

Their answers provide you with an opportunity to resolve their concerns, address fears and remove barriers.

2. Link adherence to positive outcomes that have meaning for that person.

This requires a brief discussion with your patient about what they value – that is, what they really want in their life and the person that they want to be. Then you are in a position to discuss the ways that actively engaging in their treatment will serve the life outcomes that they want.

3. Increase their confidence that they can do it.

A person's self-rated confidence about completing a behaviour is highly predictive of them attempting that behaviour. Start by assessing confidence. For example: *"On a scale from 0 to 100, how confident are you that you can follow the advice that I wrote down 100% for the next 14 days?"*.

Then wonder together what it would take

to increase this rating by 20%. Confidence-building ideas include:

- Identifying and disputing fearful predictions (e.g. information provision)
- Hearing about or seeing other patients who have tolerated and responded well to the same treatment
- Small, safe experiments with this treatment

4. Develop a way to monitor both adherence and outcomes and follow-up.

- Get some momentum established by having a follow-up appointment within a week or a practice nurse could be tasked with calling or texting a patient for the first three weeks. Some quick follow-ups help to convey how important you think their health is and creates some accountability and expectation of change.
- Some conditions have disease-specific apps or online modules to assist with this. If this is not available, help the patient to draw up a simple monitoring table on which they track variables such as efforts to do their treatment, side-effects and desirable effects.

5. Enlist the help of others.

Approaches that have been shown to be helpful include:

- Enlisting the help of specialist pharmacists for certain medical problems;
- Ask the person who they would approach to be an ally (preferably someone in their household, if not then another family member or neighbour or support-worker)

New technologies are emerging and available. 'RxMx' is a sound local Aussie example of a platform that includes innovative patient supports with safety and adherence, using tailored IT and nursing contact.

Email Chris if you are interested in one of our motivational interviewing or mindfulness training days for GPs in 2020.

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