EDITORIAL

## Can Nursing Interventions increase adherence medication regimen?

Antonia Kalogianni

Laboratory Instructor, Nursing Department A', Technological Educational Institute of Athens

Adherence is a multidimensional phenomenon determined by five dimensions, according to the WHO. These dimensions are socioeconomic factors, provider-patient/health care system factors, condition-related factors, therapy-related factors and patient-related factors<sup>1</sup>. Studies have shown that the percentage of patients who fail to adhere to prescribed regimens ranges from 20 to 50%.<sup>2-3</sup>

Poor adherence is the main cause of ineffective treatment.4-5 Nurses are very familiar with the frustrations caused by treatment failures, poor health outcomes dissatisfaction and patient that accompany poor adherence. It is crucial for nurses to assess the patient and foresee the possible causes of nonadherence. The first step to solve the problem is to find out the degree that these dimensions of adherence, affect patients' behaviour. A basic, but also clear, cause of nonadherence is the expensive medication regimen. Changes in physical and psychosocial functioning such as difficulty in handling medication containers, diminished sensory abilities, altered cognitive function, reduced self-

E-ISSN: 1791-809X

confidence, depression, and social isolation can affect medication behaviour. Cultural and individual health beliefs interfere may medication self-management. Previous negative experiences with medications' side effects or ineffective medications may diminish willingness to comply with the new regimen. People with chronic illness. may have difficulties modifying some health behaviours such as exercise, diet, smoking, and alcohol ingestion.6

To achieve adherence, the WHO suggests self-management which programs, educational. behavioral include strategies or combination in the form of multidisciplinary care. There are many studies that support that approach.<sup>7</sup> Patient education plays an important role in achieving adherence. It is vital to educate patients and convince them about the benefits of the regimen. To achieve medication adherence, patients should be well informed about the chronic disease and the complications associated with nonadherence. Other important interventions are communication, good quality in patient-

Page | 1

www.hsj.gr

nurse relationship, and collaboration of a of healthcare professionals. team According to Tesfamicael Ghebrehiwet, Nursing and Health Policy Consultant, of international council of nursing (ICN), to scale up adherence, nursing interventions need to be based on innovative approaches that involve patient participation in self-care, and continuous assessment and monitoring of treatment regimens. Such strategies therapeutic reinforce partnerships between patients and nurses.1 Nurses can provide a link and support through home visits, telephone calls and other reminders that facilitate adherence. Sideeffects of medication and their impact on patient's quality of life must mentioned and detected by nurses. Nurses must respect the beliefs and choices of the patient and must assess the degree of adherence, avoiding judging the patient. Tailoring the therapy to the patients' needs is sometimes necessary. This includes investigating patients' preferences, simplifying dosing regimens, and using adherence aids.

Studies have shown that no single intervention leads to large improvements in adherence and treatment outcomes, but a combination of interventions, in a team approach for the chronic disease management, may be effective in a long-term perspective.<sup>8</sup> Human behaviour's

motivations are multiple, complex and sometimes unspecified. That fact indicates that nursing interventions to increase adherence must be multiple and complex too, in order to get the target. The question is what kind and degree of interventions can achieve the desired result: the regimen adherence. Nurses and other experts, including patients, must work to find answers to enhance the adherence in medication regimen in chronic illness.

## **BIBLIOGRAPHY**

- 1. World Health Organization. Adherence to long-term therapies— evidence for action 2003. Available at: http://www.who.int/chronic\_conditions/en/adherence\_report.pdf. 2003
- 2. DiMatteo MR. Variations in patients' adherence to medical recommendations: a quantitative review of 50 years of research. Med Care. 2004;42: 200-209
- 3. Osterberg L, Blaschke T. Adherence to medication. N Engl J Med. 2005;353:487-497.
- 4. Rybacki JJ. Improving cardiovascular health in postmenopausal women by addressing medication adherence issues. Journal of the American Pharmaceutical Association, 2002, 3-71

## **HEALTH SCIENCE JOURNAL®**

Volume 6, Issue 1 (January – March 2012)

- 5. Dunbar-Jacob J Erlen JA, Schlenk EA, Ryan CM, Sereika SM, Doswell WM. Adherence in chronic disease. Annual Review of Nursing Research, 2000, 18:48-90
- Russell CL, Conn VS. Medication Management Among Adults With Chronic Illness Editorial Western Journal of Nursing Research, 2005, 27(5), 531-533
- 7. Kripalani Sl Yao X, Haynes RB. Interventions to Enhance Medication Adherence in Chronic Medical Conditions. A Systematic Review. Arch Intern Med 2007;Vol 167; Mar 26: 540-550
- 8. De Bleser L, Matteson M, Dobbels F, Russell C, De Geest S. Interventions to improve medication-adherence after transplantation: a systematic review. Transpl Int. 2009 Aug;22(8):780-97.

E-ISSN: 1791-809X