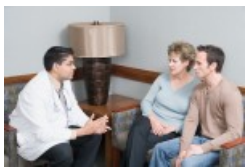


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Medicine use: What are the best known ways to help you keep taking prescribed medicines?



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There are many reasons why people might not take their prescribed medications. They could be experiencing adverse effects or the doctor might not have explained enough about the treatment, so they are not sure they really want to use it. Or the person might not feel sick anymore and so they no longer feel motivated. But often people stop taking medication because they have forgotten to a few times and then eventually give up altogether. If the medications are ones that could help the person and they want to take them, then they should continue to use the drugs for as long as prescribed. This is the only way that they can work properly.

Sticking with a prescribed medication is called adherence, although in the past it was called compliance. Poor adherence is actually very common: it could be that on average 50% of people do not take their drugs as prescribed by their doctor. This can be higher or lower, depending on the condition and the type of medication involved. People are more likely to stick with short-term medication than long-term medication, for example. When people start taking a drug that they are meant to take for a long time, they often stop after a few months. Many would like to keep up with their medication, but find it difficult.

Adherence is also a subject of major interest to doctors, nurses, pharmacies, health care services and the pharmaceutical industry. So there is quite a lot of research on what might help people take their medicines in exactly the way that they are supposed to be used.

What research has shown

Researchers from the Cochrane Collaboration have analysed the results of trials of different ways to help people take their prescribed medications. They only analysed trials that reported on the outcomes for the participants: they wanted to know whether people were better off, worse off or about the same because of increased (or decreased) adherence. The researchers found 78 trials that had tested ways to try to help, and looked at whether people were better off because of it.

These trials covered a wide range of illnesses or conditions, and many different types of medicines. This is important because there are big differences between, for instance, using painkillers when you are in pain, remembering to

take the contraceptive pill and taking a drug over a long period of time to reduce cholesterol.

The researchers looked at short-term medications and long-term medications separately. It was easier to successfully help people use their medicines if they were for short-term use. The following approaches were sometimes, but not always, successful: counselling, good written information that people could understand, and reminder phone calls. Just a single one of these techniques could help at least some people. Better adherence to the medicine often improved the person's health in some way at least.

Most of the trials looked at long-term medicine use, where people are much more likely to stop taking medications. There were 69 trials of long-term medications, often antihypertensives (drugs to reduce high blood pressure).

The results were less obvious for long-term medicine use. The trials usually only lasted for two years at the most, but even then it was hard to motivate people to keep on taking their medications as prescribed during that time. For long-term use, information alone or only simple reminder phone calls were not enough. The systems that worked tended to be quite complicated, often involving several different components.

To really help, a strategy has to make adherence easier. That is, it has to remove as many as possible of the factors that stop people using medicines regularly over years. For example, by making it easier to take the medicine (with tablets that are easier to swallow), showing them ways in which they could remember (or be reminded) to take the medicine, and providing supportive information. The systems that worked in the trials were not always the same and they were not always even very similar, so we do not know whether there is one particular approach that works best.

Even with multiple strategies in place, adherence and health outcomes did not improve very much. This means that it is not clear what can be done and how. Dozens of different techniques were tried in various combinations: different kinds of supportive counselling, psychological therapy or even family therapy. Supervision or phone calls were common, and providing self-monitoring education together with other kinds of support could be helpful when taking some medicines.

It is important to have more contact with your doctors

The researchers concluded that if these trials had any common message, it was this: more frequent contact with patients is needed and the issue of adherence has to be discussed during those consultations or phone calls. The most effective single strategy might be calling patients who miss appointments and working hard to help them understand why it is important to keep coming for their visits with the doctor. A person who has difficulty taking their medications, though, will not just suddenly turn into someone who takes medications very regularly and does not need any extra help. The support needs to continue for the whole time they are meant to use the medicines.

Another strategy that is often successful is keeping people's medicine schedules as simple as possible. For example, having to take fewer doses or having tablets that are easier to swallow. Packaging or containers that make it easier to see what still needs to be taken and what has been missed can also help.

The key message for people using long-term medications is to keep your medication schedule as simple as possible, make sure you understand exactly how to take your medication, get some support – and try not to miss appointments with your doctor. You can find out more about options and ideas to help you use your medicines properly in our fact sheet (URL: <http://www.informedhealthonline.org/index.405.en.html>) .

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Glossary

Cochrane Collaboration

The Cochrane Collaboration is an international network of thousands of researchers and others. They work together in teams called Cochrane Review Groups to answer questions about health care by doing systematic reviews of evidence. To achieve this, the members of the Collaboration have developed systems and methods for systematically finding and analysing the results of trials of health care interventions. The goal of the Cochrane Collaboration is to help patients, health care practitioners and others make more informed decisions about health care. You can read more about the Cochrane Collaboration at their website.

Sources

Haynes RB, Ackloo E, Sahota N, McDonald HP, Yao X. Interventions for enhancing medication adherence. *Cochrane Database of Systematic Reviews* 2008, Issue 2. [Cochrane summary (URL: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD000011/frame.html>)]

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Evidence basis of our health information

Our information is based primarily on systematic reviews of the effects of health care. Systematic reviews are necessary to gain an objective picture of health care. In order to do this, a clear question is formulated. Researchers then find all the relevant studies that could answer this question. They then evaluate those studies.

You can find a list of the evidence and other scientific literature on which this information is based at www.informedhealthonline.org

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