Adherence Therapy

Working together to improve health

A Treatment Manual for Healthcare Workers

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Contents

1. INTRODUCTION

Background

"The best medication in the world is completely ineffective unless people take it."

Poor adherence to medication is a major clinical problem across all disease areas. The efficacy of medication for improving or controlling long term physical and mental health conditions is well established. However, the success of medication in improving health outcomes is attenuated by a complex set of factors. Patient are often unfairly blamed when prescribed treatment is not followed. The World Health Organisation (WHO, 2003) has highlighted the need to develop strategies to improve adherence as an **essential element** in reducing the global burden of disease

AIM

The aim of this manual is to describe an evidence based adherence approach to help people manage their medication more effectively to improve their health and wellbeing.

From Compliance to Concordance

Compliance may be defined as the extent to which a person's behaviour in terms of medication coincides with medical advice. Therefore it follows that non compliance means that a patient has not done what a health professional has told them to. The use of such language may suggest that patients are passive recipients of healthcare who should obey instructions from health professionals at all times (Gray, et al 2002). However, modern health care is about partnerships between health care providers, patients and their families. Patients are more likely to be motivated to take medication when they:

- Accept they have an illness
- Agree with the treatment proposed
- Have accurate information about the medication and its effects
- Are involved in the decision making process
- Have talked about their concerns about medicines and these concerns have been seriously addressed

The **processes** necessary to achieve this are described as concordance.

Not taking medication or not following advice to change other health related behaviours has serious and wide reaching consequences:

- Cost to the NHS of wasted medicines and additional treatment
- Cost to patients of reduced quality of life, illness exacerbation or relapse and in serious cases, death

This manual focuses on concordance as a joint process to promote health.

Key elements of adherence therapy

There are four key elements of the adherence therapy approach. They are:

1. A structured assessment
2. Dealing with resistance
3. Exchanging information
4. Five key skills: problem solving; looking back; exploring ambivalence; talking about beliefs about medication; looking forward

Training

Before you use the adherence therapy approach you will need to have attended a three day training programme. The aim of this training is to enable you to become clinically skilled in the concordance approach. Before you do the training you should do some background preparatory reading.

Recommended background reading

Haynes P. et al (2002) *Interventions for helping patients follow prescriptions for medications* (Cochrane Review). In: The Cochrane Library, Issue 4, Oxford: Update Software.

Kemp R. et al (1998) Randomised controlled trial of compliance therapy. 18 month follow-up. *British Journal of Psychiatry*, 172, 413-419.

Miller W. R. (1995) What is motivational interviewing? *Behavioural and Cognitive Psychotherapy,* 23, 325-334.

Gray R. Wykes T. Gournay K. (2003) The effect of medication management training on community mental health nurse's clinical skills. *International Journal of Nursing Studies*, 40, 2, 163-169.

2. EVIDENCE

The problem of non-adherence

Medication is the mainstay in the effective treatment of many long term conditions illnesses. However, up to 90% of patients do not take medication as prescribed (Table 1, Whitney et al 1993). This represents a lost opportunity for improving health, increased life expectancy and quality of life and using resources more efficiently (Horne and Weinman 1999).

Table 1, Percentage of patients not taking medication as prescribed by disease area.

Disease	**% of patients not taking medication as prescribed**
Arthritis	35
Epilepsy	40
Hypertension	40
Diabetes	55
Depression	65
Schizophrenia	70
Asthma	80
Contraception	90

Why don't people take their medication?

There are many factors that influence adherence including but not restricted to the factors summarised in table 2 under six themes: illness, treatment, prescriber, person, environmental, cultural (Gray et al 2002). The key point that emerges from this evidence is that the way in which people make decisions about whether or not to take medication is complex. Our interventions, therefore, need to address the individual issues and concerns that people have about taking medication.

Table 2: Factors influencing adherence

Illness related factors	Treatment related factors	Prescriber related factors	Person related factors	Environmental factors	Cultural factors
Lack of knowledge about illness and treatment	Complex regimes	Non collaborative	Busy lifestyles	Family's view of treatment	Ethnic Background
Denial of illness	Unwanted side effects	Authoritative	Disorganised lifestyles	Support from family	Religious beliefs
Severity of illness	Route of administration	Not explaining	Forgetting to take medication	Peer pressure	Family influences
Level of disability	Lack of satisfaction	Not having faith/ confidence in prescriber	Beliefs about illness	Contact with other patients	Peer pressure
Rate of disease progression	Fear of side effects	Lack of access to prescriber	Beliefs about treatment	Media	Access to alternative treatments
Impact of illness on lifestyle	Poor symptom control	Lack of follow up	Embarrassment	Access to alternative treatments	The National Health Service
	Previous negative experiences	Prescriber overworked	Fear of being stigmatised		
	Not seeing immediate benefits	Service over burdened	Cognitive deficits		
	Misunderstanding treatment	Lack of training in appropriate interventions to improve adherence	Low self esteem		
	Frequent changes in treatment	Irregular medication review	Poor motivation		
	Duration of treatment		Lack of perceived risk illness poses		
			Low treatment expectations		

Effective interventions

"Increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any other improvement in specific medical treatments" (Haynes et al, 2002)

A variety of approaches have been shown to be effective in improving treatment adherence. These include patient education; behavioural interventions; adherence aids and prompts; motivational interviewing and cognitive behavioural approached. Systematic reviews have shown that a combination of such approaches is effective at improving adherence to treatment (Nose et al, 2003; Haynes, 2002)

Of considerable interest has been the work of Kemp et al (1998) who developed compliance (or adherence) therapy. The key principles of this approach include working collaboratively with patients, emphasising personal choice and responsibility and focusing on concerns about treatment. The intervention is divided into three phases. Phase 1 deals with patient's experiences of treatment by helping them review their illness history. In phase 2 common concerns about treatment are discussed and the not so good and the good aspects about treatment are explored. Phase 3 deals with long-term prevention and strategies for avoiding relapse. Compliance therapy was evaluated in a randomised controlled trial (Kemp et al, 1998). Seventy-four patients were assigned randomly to receive either six sessions of compliance therapy or non-specific counselling. When they were followed up 18 months after the start of the study fewer relapses were seen in those who had received compliance therapy

Gray et al (2004) has built on these ideas and shown that nurses can be trained to use these skills to improve adherence and clinical outcomes in patients with psychosis.

Our adherence therapy approach continues to builds on our considerable clinical and research experience.

Adherence model

We have chosen to adopt a practical and pragmatic approach to promoting adherence therapy. We consider taking medication to be a health behaviour (much the same as an exercise regime, dietary advice, quitting smoking) that patients can choose to follow if they wish. We also view not taking medication as normal rather than pathological. Finally, consider that the way patients make decisions about whether or not to accept treatment is based a complex set of factors unique to that individual.

3. ADHERENCE THERAPY

This adherence therapy approach is a collaborative, structured, and practical approach and is based on motivational interviewing (MI), cognitive behavioural therapy (CBT) and compliance therapy. It is a flexible and adaptable toolkit that can be utilised by health care workers to structure their conversations with patients about medication.

Foundation skills

Interpersonal and process skills and the two key foundation (macro) skills that underpin our adherence therapy approach. These two sets of skills can then be broken down into a set of micro skills (table 3) that are described in more detail below.

Table 3: Foundation skills

INTERPERSONAL SKILLS
• Use the patient's words
• Open ended questions
• Reflective listening
• Summarising
• Elicit and respond to feedback
PROCESS SKILLS
• Working collaboratively
• Set a clear agenda
• Emphasise personal choice and responsibility
• Enhanced self-efficacy
• Build self-esteem
• Safety

Interpersonal skills

There a number of interpersonal skills that are core to our adherence approach (table 3).

Use the patient's words

Wherever possible use the patient's own language and do not assume their level of understanding. Remember the healthcare world is full of jargon and language that is often not understood by patients.

Workers often say…..	**You could say…..**
Long term treatment prophylaxis is vital	It is often recommended that people keep taking medication for at least a year. What do you think about that?
Preventer medication	Medication that you need to take every day to prevent wheezing coming back
You need to use ventolin on a PRN basis	When you get wheezy use the ventolin inhaler (blue) to help take away your symptoms.
You are suffering from a serious mental disorder	How would you describe the problems you are experiencing at the moment

Open ended questions

Generally workers should utilise open-ended questions and try to avoid closed questions. Open questions are important to facilitate discussion and sharing of information. We have listed examples of closed and open questions below.

Closed Questions Do you have side effects? Are you happy with your medication? You will keep taking your medication won't you?
Open questions What side effects do you experience? What are your thoughts about your medication? What do you think about taking medication in the future?

Reflective listening

This involves the worker reflecting back the essence or accurately empathising with what the patient is communicating. It is especially useful after a series of open-ended questions, where the worker can emphasise certain aspects of what the patient has said. It is particularly important to use reflection to reinforce self-generated positive statements about medication.

Patient: "I am really worried about what these tablets will do to me if I have to keep taking them for a few more years. I really don't like the idea of being on medication for the rest of my life".
Worker: "You seem to be worried about the long term effects of taking medication".
Patient: "That's right, that is what I mean".

Summarising

A short brief accurate summary of the points the patient has made offers the opportunity for clarification as well as showing that the worker has been listening to the patient. It is particularly important to do this at the end of a meeting with a patient but it may also be helpful to summarise regularly during the discussion.

Worker: "To summarise, my understanding of what you have just said is that whilst you see a need for your blue inhaler you don not see the benefit of the brown inhaler and you are concerned about the long term effects of taking a steroid".

Elicit and respond to feedback

Throughout the session the worker should try to elicit and respond to verbal and non-verbal feedback from the patient. For example, they should regularly check that they have correctly understood what the patient has said, ask the patient about what they got out of the session and accurately summarise the main points of the session at the end of the meeting.

Worker: "It seems to me that you are looking quite anxious about your medication".
Patients: "You are right, I am really quite concerned about it".

Worker: "I think the key points from today's session are that although you can see the need for taking medication you don't like the idea of being on it permanently and you think that by taking medication it makes you look weak. What do you think are the key points from today's session"?
Patient: "I think that that is about right, I do think that medication is a bit of a crutch really I should be able to sort my own problems out".

PROCESS

As we have already established, our concordance approach focuses on a process. There are a number of micro skills that will help structure and focus this process (table 3).

Working collaboratively

By working collaboratively we mean that the worker and patients working together to make joint decisions.

An example of not working collaboratively……

Worker: "Today I want to talk about the importance of taking your medication",
Patient: "I am quite concerned about my medication".
Worker: "Don't be concerned the medication is quite safe. The key point from this session is that if you stop your medication you will become ill again".

An example of working collaboratively……

Patient: "I am concerned about my medication".
Worker: "Should we talk about that in a bit more detail and see if we can help you with your concerns"?

Set a clear agenda

Setting a clear agenda with the patient helps make use of a limited amount of time and gives the time together a clear structure and focus. The involvement of the patient in setting an agenda can help them feel they have some ownership and control. The worker should then try and follow this agenda.

An example of not setting a collaborative agenda
Worker: "Today I want to talk to you about the importance of taking medication".

An example of setting a collaborative agenda
Worker: "Before we get into any detail, what would you like to talk about? We said in the last session that we might discuss the not so good and good things about taking medication, or is there something else that's more important at the moment?"
"We have 5/15/30 minutes today, how can we best use this time?"

Emphasise personal choice and responsibility

Ultimately it is the patients decision about whether they will or will not take medication, inevitably patients will make decisions that you will disagree with. This adherence approach aims to enable patients to make informed personal choices about their treatment and to take responsibility for those choices. It is important to note that you are not telling people to stop or keep taking medication rather you are helping people make informed decisions. When people make informed decisions they are more likely to stick with them in the long term.

Patient: "I understand all of the options that are available to me but at this point in time I want to try to live without my medication".

A response that does not reflect personal choice and responsibility is

Worker: "That is a very foolish thing to do".

A response that does reflect personal choice and responsibility is

Worker: "Okay can we have a talk about how we can continue to support you in your decision".

Enhance self-efficacy

Self-efficacy can be defined as the patient's confidence in their own ability to take medication to good effect and cope with their illness successfully. Increasing a patient's self-efficacy in medication taking can enhance adherence. This adherence approach aims to improve self-efficacy by being practical and pragmatic, helping patients develop useful skills. Small realistic goals build up efficacy via experiences of success or looking back at past successes.

Patient: "I know how important it is to take medication but I often forget".

Worker: "It sounds like there are times when you do remember shall we try and work out what it is that reminds you to take medication at the moment and build on them"

Build self-esteem

The importance of taking medication to stay well can be undermined by low self-esteem. Sometimes boosting a patients self-esteem is necessary to increase the personal relevance of taking medication. A feeling of low self-esteem and helplessness often underlies poor self-efficacy to take control and make changes. Accurate empathy and taking small steps towards specific goals may help build and support a patients' self esteem.

A patient with low self-esteem may acknowledge: "I know that I need to take medication to keep me well, but I have failed so much in the past."

Patient: "I just can't seem to get my asthma under control, I always seems to fail".
Worker: "You sound really down about the whole thing. Maybe what we need to do is to try and identify the specific areas where things are not going so well".

Safety

The aim of this approach is to enable patients to make informed decision about their treatment. Inevitably people will make decisions that are inherently unsafe and/or life threatening, for example a patient with depression stopping their medication, a person with diabetes stopping their insulin. You have a professional responsibility to provide clear and accurate information about the consequences of the course of action that the patient is proposing.

Remember you are not encouraging people to stop taking their medication you are helping them to make informed decisions that are right for them at this point in time.

Patient: "I have decided that I want to try a period of being medication free".
Worker: "How have you come to that decision"?
Patient: "I am sick and tired of the side effects of the medication".
Worker: "Yes I do realise that the side effects are particularly distressing for you. What do you think are the risks of stopping your medication"?
Patient: "I am not sure I haven't thought about it too much".
Worker: "Would it be helpful if I went through them with you"?

Cornerstones of the adherence approach

There are two important cornerstones to this adherence approach:
- Exchanging information
- Dealing with resistance.

Exchange information

Throughout the sessions every opportunity should be taken to check the patients understanding of their illness and treatment and exchange information. We should begin the process of exchanging information by asking the patient what they already know about their illness and the medicines they are taking. Once we have established this we need to ask them if they would like any more information. Any information provided needs to be given in a mutual way, it should be factual rather than personal.

Once information has been presented to patients you should then ask the patient what they think about that information or how that information has affected them. It is the process of integrating information that will help people make informed decision about their medication.

When information is exchanged it should be at an appropriate level for the patient. The worker should spend time checking the patients' understanding of the information and where possible it should be repeated in later sessions and again understanding should be checked.

Worker: "Would you like to know more about the potential side effects of your medication"?
Patient: "Yes I think that that would be helpful".
Worker: "Tell me what you already know about the side effects of your medication"?
Patient: "Well not that much really, I have never paid much attention to what people have told me or what I have read"?
Worker: "Lets start by going through the most common side effects that people experience……".

Worker: "What do you think about this? Does it apply to you"?
Patient: "Some of the side effects you talked about I have experienced but the one I am most concerned about it weight gain".
Worker: "Would it be helpful to take some time and try and resolve your concern"?

Dealing with resistance

- Resistance will inevitably occur during discussions about medication. Resistance is like an electrical current that arises when there is tension or disagreement about medication (Rollnick et al, 1999) and is a perfectly normal reaction to considering any health behaviour. Resistance is important because it is impossible to have a collaborative conversation about taking medication where resistance has been evoked during the meeting. It is the workers role to work with resistance, selecting approaches that will keep it to a minimum. The most common forms of resistance are:
- Arguing: challenging: discounting; hostility
- Denying; blaming; disagreeing; excusing; minimising; pessimism; reluctance
- Interrupting; side tracking
- Ignoring; inattention; non-answer

Simply being aware that the worker can increase or reduce resistance can help conversations about medication flow more easily. In addition to being vigilant for signs of resistance, there are three useful strategies for dealing with resistance

- emphasising personal choice and control
- backing off and coming alongside the patient.
- reassessing how important it is for the patient to take medication and how confident they are in taking medication

Emphasising personal choice and control
Worker: "Last week when we met we agreed that we would have a chat about the not so good and the good things about your medication".
Patient: "I don't want to talk about my medication today".

Good response……
Worker; "I wonder what you would find most useful to talk about today".

Backing off and coming alongside
Worker: "You seem to be saying that you can see the need to take your antidepressant medication for at least the next six months".

Patient: "That is not what I said at all".

Good response……..
Worker: "I'm sorry I seem to have miss understood. Lets go back and see where I went wrong. Is that OK with you?"

Reassess importance and confidence
Worker: "You have very strong views medication. Most of them seem to be negative. Are there any positive things about medication?"

Patient: "No there are not"

Good response……

Worker: "You seem to be very clear that there is nothing good about medication. Perhaps it would be helpful if we talked a bit about how important you rate medication and perhaps about how confident you are about taking medication?"

Key points

Each time you meet with a patient to talk about medication you should:
- Use your interpersonal skills
- Structure your time; set an agenda (process skills)
- Exchange information and deal with resistance.

We will now describe a adherence assessment and five key skills that can be used to provide focus to discussions about medications.

Adherence assessment (Appendix 1 and 2)

The assessment section (appendix 1) has a list of questions to ask the patient about their medication and their thoughts about their treatment. The aim is to produce a short summary about the patients' view of their treatment and the importance and confidence they assign to taking medication. A detailed and through assessment is a critical part of the adherence approach.

We have also provided a shortened version of the adherence assessment (appendix 2) for workers to use if they have a brief opportunity to talk to patients about their medication. Although useful this assessment does not provide the detail contained in the main tool.

The assessment can be done informally and should be conversational. The worker should take time to introduce the assessment and why it may be helpful for the patient to spend some time talking about their medication.

Some adherence assessment don'ts and dos

Don't
- Assume that you know what the patient thinks about medication or the side effects they may experience.
- Give advice
- Use a dichotomous model of compliance, i.e. patients either want to take medication or they don't
- Assume that the patient will do anything you say because you are the expert

Do
- Listen carefully and have a conversation
- Use open questions, and then follow the patient's responses carefully

Importance, confidence and satisfaction

In our experience importance, confidence and satisfaction with medication have been shown to influence patient's decisions about taking or not taking medication. If a patient does not think that medication is important, is not confident in their ability to take it or is not satisfied then they are unlikely to be ready to take it. Within the adherence assessment patients are asked to rate on a ten-point scale:
- How important they think it is for them to take medication.
- How confident they are in taking medication.
- How satisfied they are with their medication.

It can be beneficial to spend some time with patients talking about importance, confidence and satisfaction. Re-rating importance and confidence regularly will be an important indicator for both the worker and patient, reinforcing the progress that has been made. We have described below some useful questions that may guide your discussions around importance; confidence and satisfaction.

Useful questions (adapted from Rollnick et al 1999)

Explore importance
- What would have to change/be different for it to become much more important for you to take medication?
- What would have to change/be different for you to seriously consider taking medication?
- Why have you placed yourself at that particular point on the importance scale?
- What would have to change/be different for your importance score to move up from x to y?
- What concerns do you have about your medication?
- If you were to take your medication what would you be like?
- Where does this leave you now?

Build confidence
- What would make you more confident about taking medication?
- Why have you placed yourself at that particular point on the confidence scale?
- How could you move up higher from x to y?
- How can I help you succeed?
- What are some of the practical things that you would need to do to help you be better at taking medication

Discussion satisfaction
- What would have to happen for you to be more satisfied with your medication?

Five key skills

We will now describe five core key skills that workers can use when talking to patients about their medication. The five key skills are

- Problem solving (appendix 3)
- Looking back (appendix 4)
- Exploring ambivalence (appendix 5)
- Talking about beliefs (appendix 6)
- Looking forward (appendix 7)

Ideally the worker should work through all five interventions. However, it is acknowledged that, because of time constraints, it will sometimes be necessary to select specific key skills to use. Each key skill is described in some detail and there is a template in the appendix of this manual to guide your meeting. We have also provided an example of a completed template that you may find useful.

Key skills 1: Problem solving

("Appendix 3: Problem solving" on page 34)

If any practical problems have been identified in the assessment stage such as difficulty getting prescriptions or problem remembering to take pills, these need to be remedied using a problem solving approach before moving on. It is more empowering for the patient if they are central to the problem solving process. Any problem the patient identifies can be worked through in this way, The workers role is to facilitate this process

- The patient describes their problem and goal using their own words.
- They then brainstorm all the possible solutions to the problem.
- The patient writes down the good and the not so good things about each solution.
- The patient then chooses what they think is the best solution and identifies steps they need to undertake to put this solution into action.
- A date is then set to review this plan.

We have provided a template in appendix 3 that we have found useful when problem solving with patients.

Some problems solving don'ts and dos.

Don't
- Tell the patient how to solve his/her problem
- Set a vague goal for example "I want to get rid of all my side effects".

Do
- Choose a goal that is specific, measurable, achievable, realistic, and time orientated.
- Review progress in subsequent sessions

Key skill 2: Looking back

("Appendix 4: Looking back" on page 36)

Exploring previous experiences of treatment may teach patients what treatment strategies in the past have worked well and those that have not worked so well. This should help develop an awareness of the importance of taking medication to maintain health. However, it is possible that by looking back over repeated illness episodes patients' confidence in managing their own illness might be undermined. Be aware that repeated failures may diminish self efficacy. Look for positives no matter how small to try and boost patients self-esteem and self efficacy.

The patient should identify when the illness started and plot the course of their illness and the positive and negative effects of treatments over time. Close attention should be paid to helping the patient identify when their symptoms have been particularly good and when they have been not so good. The worker should make detailed notes with the patient and try to work logically through the patients experiences (appendix 4 is a template to help you structure this activity). Once you have completed the looking back exercise you should ask the patient to comment on any themes that have

emerged during the exercise (e.g. “my symptoms were worse when I tried to stop medication”)

Some looking back don’ts and dos

Don’t
- Talk about “failure” or discuss what the patient “did wrong” last time

Do
- Be positive, emphasise the things that have worked well
- Talk about what treatments have been helpful
- Ask what can be incorporated into a new plan
- Focus on things in the past that are under the patients control
- Emphasise any link between stopping medication and relapse

Key skill 3: Exploring ambivalence

(“Appendix 5: Exploring ambivalence: taking medication” on page 37)

Most patients have a degree of uncertainty or ambivalence about taking medication, this is perfectly normal. Exploring and resolving ambivalence is key to helping patients make an informed decision about whether or not to take medication.

It has proved extremely useful to work with patients to list the:
- Not so good and good things about taking medication
- Good and the not so good things about stopping medication.

The aim is to help the patient to explore their personal reasons for taking or not taking medication. As such it is not rigid and rational like an accountant’s balance sheet, but is often riddled with unique perceptions and idiosyncrasies. Appendix 5 at the back of the manual is a template that may help you to structure this activity.

Some exploring ambivalence don’ts and dos

Don’t
- Argue in favour of taking medication
- Argue in favour of stopping medication
- Tell the patient the advantages of taking medication
- Tell the patient they are going to do a cost benefit analysis

Do
- Introduce the strategy: ask the patient “would you like to spend 5-10 minutes talking about the less good and the good things about your medication”
- Provide structure, listen, summarise
- Start with the less good things about medication (to leave them thinking about the good)

There is an obvious overlap between ambivalence and discrepancy.
Without some discrepancy, there is no ambivalence.

Developing discrepancy

Developing discrepancy refers to the inconsistencies between the current beliefs and behaviours the patient has and what their goals are. Simply put the inconsistencies between what people say and what they do. The worker needs to draw the patients attention to discrepancies that they may have described during the exploring ambivalence exercise. The aim is to increase awareness of the costs or consequences of the patient’s current behaviour or attitudes by the patient presenting their own reasons for taking medication.

Dialogue box
Worker: "So from your point of view you are saying that you want to stop medication and try and manage your asthma through changes in your diet".
Patient: "That's right I will continue to use my blue one (ventolin) but will stop my brown one (becotide)".
Worker: Do you think there are any risks in stopping the brown inhaler?
Patient: "I suppose so, when I have tried to stop in the past I have had a couple of bad attacks".
Worker: "So you are aware of the risks but you still want to stop".
Patient: "I suppose so"
Worker: "You suppose so. You sound a bit unsure".
Patient: "I don't want a bad attack again I just don't like the idea of being on medication for life".
Worker: "So what do you want to do"?

Key skill 4: Talking about beliefs

"Appendix 6: talking about beliefs and concerns" on page 39

From the adherence assessment you will have identified a range of beliefs that may influence patients decisions about taking medication. It is important to talk about and explore these beliefs. Practically you should invite the patient to talk about beliefs that will have will negatively impact on their views about medication and consequently their health. There is a template at the back of the manual that may help you to structure this activity. Patients are asked to rate how convinced they are that their beliefs is accurate on a percentage scale (0%=not accurate at all, 100% extremely accurate). If the accuracy (or conviction) of their beliefs is less than 100%, the user can then be asked to explore the reasons why they think their belief is accurate and also why they believe it might not be accurate. The belief can be redefined as being an understandable response to a particular experience. If the patient is 100% convinced that their belief is true it is advisable not to explore it.

Some talking about beliefs don'ts and dos

Don't
- Argue with the patient

Do
- Ask the patient for their thoughts about medication
- Encourage the patient to think about evidence for and against each belief
- Summarise regularly

Key skill 5: Looking forward

"Appendix 7: Looking forward" on page 40

In order to help patients develop an understanding of the long term need for medication patients should be asked to set themselves a goal or target that they would like to achieve and any potential barriers that might be in the way and need to be addressed. For example, staying out of hospital, returning to work, running a marathon. A problem solving approach can then be used to identify broad and specific tasks that need to be undertaken to achieve the goal or target. This approach affords the opportunity to talk about the importance of maintenance treatment in order to achieve self-identified goals. It also helps to build the patients confidence that they will be able to achieve those goals and reframes that medication can be part of an enabling process to achieve a goal rather than a disabling process that some patients see medication as being. It is also useful at this point to discuss with the service user their choice of treatment should they experience a worsening of symptoms in the future.

Some looking forward don'ts and dos

Don't
- Tell the service patient what they goal should be

Do
- Ask the patient what goal they would like to achieve?
- Explore with the patient what has been helpful in the past that might help them achieve their goal?
- What needs to happen for them to achieve their goal?
- What might get in the way of then achieving their goal
- How might medication fit into their future plans?
- What contingency plans need to be made?

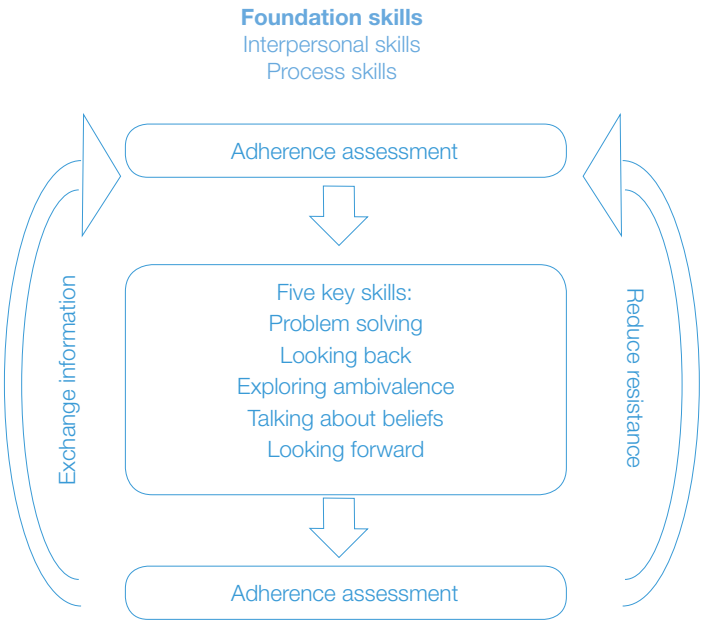
Evaluation

This is essentially a repeat of the assessment phase. The evaluation is informal, conversational and collaborative. The aim is to reflect on progress made with the patient. It is not a test to see if you are a good worker!

Pulling it all together

Hopefully what we have described is a logical and practical approach to talking to patients about their medication. Workers need to make good use of interpersonal skills, structure their time effectively, reduce resistance and exchange information. We have also set out a adherence assessment tool and five key skills: problem solving; looking back; exploring ambivalence; talking about beliefs; looking forward. Figure 1 is a diagram that represents our adherence therapy approach.

Figure 1: The adherence model



4. OPPORTUNITIES TO USE ADHERENCE THERAPY

Workers will have a variety of opportunities to talk to patients about their medication. You may only have a one off opportunistic meeting with a patient, or you may have regular contact with a patients to. Whenever opportunities present you can make use of this flexible adherence therapy approach. Below we have set out how you might adapt our approach to a variety of situations. Remember no matter how much time you have you should always make use of the assessment and always use the foundation skills.

	One off contact	**Regular contact**
Goal	Screening and alerting	Screening and assessment
		Planed discussion about medication using five key skills
Information	Provided or exchanged	Exchanged
Problem solving	You may identify important or potentially serious problems	The patients prioritises problems from a list that you have draw up together.

Continuing Practice development

Continuing practice development is important to ensure that skills that workers have developed in training are effectively and safely put into practice. It can be useful to talk about specific supervision questions with a colleague or “buddy”.

Conclusion

This manual describes a structured adherence approach that aims to help people manage their medication more effectively to improve their health and wellbeing. It is built around interpersonal and process foundation skills. Exchanging information and dealing with resistance. Adherence assessment and five key skills.

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Appendix 1: Concordance assessment

Patients name: _____

Workers name: _____

Date of assessment: _____

The questions below serve as a template to guide your conversation with the patient about their views and experiences of taking medication. It is important to emphasise the collaborative nature of this discussion and that the aim is not to force or compel patients to take medication if they do not want to. This assessment could be sent to patients in advance of you seeing them.

INFORMATION ABOUT YOU

How old are you? _____ years

Are you:
1. Male
2. Female

How do you describe your ethnic background? _____

Do you:
1. Live alone
2. With someone else

Employment status _____

PRACTICAL CONSIDERATIONS
What medications are you currently taking that have been prescribed by a Doctor or Nurse?

Medicine one		**Medicine two**	
Name	_____	Name	_____
How much	_____	How much	_____
How often	_____	How often	_____
How long	_____	How long	_____

Medicine three

Name	_____	Name	_____
How much	_____	How much	_____
How often	_____	How often	_____
How long	_____	How long	_____

What is your view about why these medications been prescribed for you?

_____
_____
_____
_____
_____

What has the Doctor or Nurse told you about why these medications have been prescribed for you?

_____
_____
_____
_____
_____

GETTING MEDICATION

Where do you get your prescriptions(s) from?
1. General Practitioner
2. Specialist Consultant
3. Nurse
4. Repeat prescription(s) (no contact with Doctor)

Do ever have any problems getting your prescription(s)?

_____
_____
_____
_____
_____

Where do you get your medicines from?
1. I collect them from the local chemist
2. A family member or friend collects them for me
3. The pharmacy service delivers them to my house
4. A nurse brings them to me
5. Other _____

TAKING MEDICATION
It is common for people not to take medication from time to time for lots of reasons e.g. forgetting to take it.

How do you remember to take your medication?
1. Making a note on a calendar or in a diary
2. Reminded by a family member or friend
3. Pill (dosset) box
4. Text/pager message
5. With meals
6. Linked to a daily event (e.g. getting up in the morning)
7. Other _____

How many doses of medication do you miss in the average week?
1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Other _____

Do you have problems swallowing medicines?
1. Yes
2. No
3. Not applicable

Do you have a problem taking lots of pills at the same time?
1. Yes
2. No
3. 3Not applicable

Are you aware of other ways of taking medication e.g. as a liquid?
1. Yes
2. No
3. Not applicable

Do you have problems opening your medicine bottle?
1. Yes
2. No
3. Not applicable

What else do you do to help you cope with your illness or problems?
1. Complementary therapies (e.g. homeopathy)
2. Self prescribed medication (e.g. from pharmacy)
3. Medication obtained from the Internet
4. Drink alcohol
5. Talking to family and friends
6. Smoke cannabis
7. Exercise
8. Diet

What other coping strategies do you use that are not listed above?

SIDE EFFECTS

Has anyone explained to you the potential side effects that you can get from your medication(s)?
1. Yes
2. No

What information would you like about the possible side effects from your medication?

What side effects are you getting from your medication(s)?

	How problematic is this side effect (1=not problematic – 10=very problematic)									
Side effect	1	2	3	4	5	6	7	8	9	10

Do these side effects put you off taking medication?
1. Yes
2. No
3. Not applicable

What strategies do you use to help you cope with the side effects that you experience?

What are the benefits of taking this medication?

IMPORTANCE

Generally how important is it to you to take your medication(s)?

1	2	3	4	5	6	7	8	9	10
❍	❍	❍	❍	❍	❍	❍	❍	❍	❍

< Not important Very important >

Why did you place yourself at that particular point on the scale?

What would have to change for it to become more important for you to take your medication?

CONFIDENCE

Generally how confident are you that you will be able to take your medication as prescribed?

1	2	3	4	5	6	7	8	9	10
❍	❍	❍	❍	❍	❍	❍	❍	❍	❍

< Not confident Very confident >

Why did you place yourself at that particular point on the scale?

What would have to change for you to become more confident in taking your medication?

SATISFACTION

Generally how satisfied are you with your medication?

1	2	3	4	5	6	7	8	9	10
❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
< Not satisfied									Very satisfied >

Why did you place yourself at that particular point on the scale?

What would have to change or be different for you to be more satisfied about your medication?

BELIEFS

Listed below are some different attitudes or beliefs that people sometimes hold. Read each statement carefully and decide how much you agree or disagree with each statement.

Belief	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I have faith in the person who prescribes my medication (prescriber)		X			

Beliefs

Belief	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I have faith in the person who prescribes my medication (prescriber)					
Family and friends believe that medication is good for me (environmental)					
I need to keep taking medication even when the symptoms have gone (illness)					
I will take my medication if I am told to by a Doctor or Nurse (prescriber)					
If I stop medication my illness will get worse (Illness)					
I think my illness will go away by itself (illness)					
Medication will enable me to achieve things in the future (treatment)					
If I take medication my illness will get better (treatment)					
I believe that it is necessary to take medication (treatment)					
I will keep taking medication even if I get side effects (treatment)					
Taking medication is a sign of weakness (Person)					
I take medication of my own free choice (person)					
Taking medication is unnatural (person)					
The positive effects of medication will wear off over time (treatment)					
I am concerned about becoming addicted to medication (treatment)					
Medication gives me control over my illness (Person)					
I have long term health problems (illness)					

What other thoughts or concerns do you have about your medication?

As a result of today's conversation what is working well with your medication?

As a result of today's conversation what problems have you identified that need further discussion?

Summary of assessment

Practical considerations

Getting medication

Taking medication

Side effects

Importance

Confidence

Satisfaction

Beliefs

What is working well/what needs to be discussed

---------- ---------- ---------- ----------
Completed by (worker) Date Completed by (patient) Date

Appendix 2: Brief adherence assessment/screening tool

INFORMATION ABOUT YOU

How old are you? _____ years

Are you:
1. Male
2. Female

How do you describe your ethnic background? _____

Do you:
1. Live alone
2. With someone else

Employment status _____

What medications are you currently taking that have been prescribed by a Doctor or Nurse?

Medicine 1		**Medicine 2**	
Name	_____	Name	_____
How much	_____	How much	_____
How often	_____	How often	_____
How long	_____	How long	_____

IMPORTANCE

Generally how important is it to **you** to take your medication(s)?

1	2	3	4	5	6	7	8	9	10
❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
< Not important									Very important >

Why did you place yourself at that particular point on the scale?

_____
_____
_____

What would have to change for it to become more important for you to take your medication?

_____
_____
_____

CONFIDENCE

Generally how confident are you that **you** will be able to take your medication as prescribed?

1	2	3	4	5	6	7	8	9	10
❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
< Not confident									Very confident >

Why did you place yourself at that particular point on the scale?

_____

_____

_____

What would have to change for you to become more confident in taking your medication?

_____

_____

_____

SATISFACTION

Generally how satisfied are **you** with your medication?

1	2	3	4	5	6	7	8	9	10
❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
< Not satisfied									Very satisfied >

Why did you place yourself at that particular point on the scale?

_____

_____

_____

What would have to change or be different for you to be more satisfied about your medication?

_____

_____

_____

Appendix 3: Problem solving

Brief adherence assessment/screening tool

What is the problem?

What is your goal?

List all the possible solutions for achieving your goal?

What are the not so good and good things about each solution?		
Solution	Not so good	Good

What is the best solution?

Action plan
1
2
3
4
5
6

Review date:

Appendix 4: Looking back

Appendix 5: Exploring ambivalence: taking medication

Not so good	Good

Exploring ambivalence: stopping medication

Good	Not so good

Appendix 6: talking about beliefs and concerns

Belief or concern_____

Conviction rating (0-100%) _____

For	Against

Conviction rating (0-100%) _____

Appendix 7: Looking forward