

# Researchers still searching for ways to help patients take their meds

May 13 2011, By Becky Ham

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Clinicians have tried a variety of ways to encourage people to take prescribed medicines, but a new research review says it is still unclear whether many of these interventions have been effective.

Many programs to encourage proper [medicine](#) use — from counseling to programs that help [patients](#) use their own medicines in the hospital to drug fact sheets to prescription-refill reminders — have not been studied well enough yet to determine how well they work, according to Sophie Hill, Ph.D., a research fellow at La Trobe University in Australia and co-author of the review.

Some strategies appeared effective, Hill said, but “what is clear from this accumulated evidence is that there is not one single approach that appears effective across all clinical situations or for all outcomes.”

Hill and colleagues’ review appears in the latest issue of The Cochrane Library, a publication of the Cochrane Collaboration, an international organization that evaluates medical research. Systematic reviews draw evidence-based conclusions about medical practice after considering both the content and quality of existing medical trials on a topic.

“Many strategies exist to help people to use medicines safely and effectively, but research in the area is not well organized,” Hill said. “This can make it difficult for policy makers, health professionals and others to find and use the evidence about what works and what does not.”

To bring some clarity to this picture, the Cochrane researchers analyzed 37 systematic reviews on medicine-use interventions. Just over half of the studies reported how effective the interventions were in helping patients take their medications as prescribed.

“Studies consistently show that up to half of patients do not take their medicines as prescribed,” Hill said, making adherence a cause for concern.

Sometimes it’s difficult for patients to adhere to a medication schedule — and sometimes patients deliberately do not take their medicines as prescribed. Strategies need to address this phenomenon as well, said Rebecca Snead, executive vice president and CEO of the National Alliance of State Pharmacy Associations.

Some patients might stop taking their medications if they do not get “immediate gratification from it,” Snead said. “They may think that all medicine should have that antibiotic, pain-reliever type of effect.”

Others, worried about the costs of prescription drugs, could stop taking their medicines to stay within their monthly budgets. Prescribers often are not aware of this problem, Snead said. “The reality of it is that a prescriber doesn’t know often what the burden is going to be” for a patient, she said. “He or she doesn’t know about the person’s co-pay, if they have prescription insurance or if the drug is covered on their formulary.”

Simplified doses, assessment of medicines by pharmacists and programs to help patients manage their medicines all showed some promise with regard to adherence and other health outcomes, Hill and her colleagues concluded, but other programs including counseling, reminders and even financial incentives had less consistent effects on medication use.

Very few of the systematic reviews looked at how these strategies fared with children, caregivers and people taking multiple medications for multiple conditions, Hill said.

**More information:** Ryan R, et al. Consumer-oriented interventions for evidence-based prescribing and medicines use: an overview of systematic reviews. *Cochrane Database of Systematic Reviews* 2011, Issue 5.

Provided by Health Behavior News Service

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