

Researchers develop strategy to improve patient adherence

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Physicians can help their patients follow prescribed treatments and achieve healthier results – particularly in chronic disease management – by using a three-pronged strategy developed by a team of researchers from the University of California, Riverside, Texas State University-San Marcos, and La Sierra University in Riverside, Calif.

The Information-Motivation-Strategy (IMS) Model – developed after synthesizing findings from more than 100 large-scale studies and meta-analyses conducted between 1948 and 2009 – appears in the peer-reviewed journal *Health Psychology Review*.

Nonadherence costs the U.S. health care system between \$290 billion and \$300 billion annually and wastes an estimated 275 million medical visits every year, according to study authors Robin DiMatteo of UC Riverside, Kelly Haskard-Zolnierek of Texas State University and Leslie Martin of La Sierra University. Haskard-Zolnierek and Martin earned their Ph.D.s in psychology at UC Riverside.

The World Health Organization estimates that in developed countries half of patients with chronic disease do not adhere to prescribed medication regimens; the number is far worse in developing countries.

"When regimens are more complex and intrusive patients are more prone to forget what they are supposed to do and are less likely to be able to carry out the directives that they do recall. Patients carry out prescribed regimens less effectively when they view their health problem



as less severe," the authors wrote in their paper, "Improving Patient Adherence: A Three-factor Model to Guide Practice."

Nonadherence often is unrecognized by patients and their clinicians, according to DiMatteo, the study's lead author. "Patients often misunderstand the value of following medical recommendations accurately and physicians often overestimate patient adherence or cannot determine which patients are having adherence difficulties."

The model identifies three categories to guide providers and patients toward adherence: Information, Motivation and Strategy.

- Information Many patients are incapable of understanding the health information they receive. Recommendation for clinicians: Communicate information effectively to patients. Build trust and encourage patients to participate in decision-making and to be partners in their own health care. Ask patients to share why and how they will carry out their treatment recommendations. Listen to patients' concerns and give them full attention.
- Motivation Patients only follow treatments they believe in. Motivating patients to follow treatment recommendations is important. Recommendation: Help patients to believe in the efficacy of the treatment. Elicit, listen to and discuss any negative attitudes toward treatment. Determine the role of the patient's social system in supporting or contradicting elements of the regimen. Help the patient commit to adherence and to believe that they are capable of doing it. Be aware of and sensitive to patient's cultural beliefs and practices, and view treatment through a cultural lens to make sure that recommendations do not conflict with cultural norms.



• Strategy – Concrete barriers represent a common set of obstacles to adherence, such as the cost of medications, unreliable transportation to make appointments, mental health issues and complex treatment regimens. Patients need a workable strategy to follow treatment recommendations. Recommendation: Help overcome practical barriers that make it difficult for patients to effectively carry out a course of action. Identify individuals who can provide concrete assistance. Identify resources to provide financial aid or discounts. Provide written instructions/reminders. Sign a behavioral contract. Offer links to support groups. Provide electronic reminders or follow-up phone calls.

The IMS Model emphasizes the importance of patient-practitioner relationships for effectively informing, motivating and strategizing with patients. It also is a useful tool for targeting patient needs, focusing on elements that are essential to achieving individual <u>patient adherence</u>, and ultimately optimizing health outcomes, the researchers wrote.

"Nonadherence is a complex problem and addressing it requires the efforts of both patients and clinicians, as well as all members of the health care team and the individuals who are part of patients' everyday lives," they said.

Provided by University of California - Riverside

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