



Tackling the adherence crisis

→ Kathy Redmond ■ EDITOR

Two recent reports are flagging up a problem of near crisis proportions that is leading to unnecessary disease progression, reduced quality of life or even death, and costs an estimated \$150–\$300 billion annually in the US alone. The US National Council on Patient Information and Education is talking in terms of “America’s other drug problem”; the WHO is calling it “a worldwide problem of striking magnitude”. Both refer to a growing crisis of ‘non-adherence’ – patients not sticking to their prescriptions – which has so far been overlooked as a serious public health issue, despite the high human and financial cost.

It has been estimated that on average only about 50% of patients take their medicines as prescribed, with rates varying across diseases, drug regimens and age groups. Older people, adolescents and those with chronic diseases requiring long-term treatment are thought most likely to stray from their prescriptions.

The problem is not confined to patients with less severe illnesses. In cancer, non-adherence rates ranging from 20% to 100% have been reported, including for adjuvant endocrine therapy, supportive care and treatment with oral targeted therapies. The situation is likely to get worse as more oral cancer drugs come on the market, particularly as many of them have no defined treatment timeframe.

Interestingly, the pharmaceutical industry, concerned that widespread non-adherence to prescriptions could impact on profits, has itself flagged this up as a major issue. Consultants *PriceWaterhouseCoopers* recently published a

report encouraging pharmaceutical companies to invest in developing monitoring and mnemonic devices to help patients stick to the instructions on the side of the box.

The reasons for non-adherence cited by the National Council on Patient Information and Education report, *Enhancing prescription medicine adherence: a national action plan* (<http://www.talkaboutrx.org>), include lack of awareness among clinicians about basic adherence management principles, poor communication between patients and clinicians, operational aspects of pharmacy and medical practice, and professional barriers.

The report sets out 10 recommendations, which include prioritising medicines adherence as a serious public health problem, providing comprehensive professional training in adherence management, sharing best practice in effective management approaches and increased funding for adherence-related research to help demonstrate what works.

Frontline health professionals will be key to making this action plan work. We are the ones who can help patients understand their disease and how the medication, taken correctly, can help, by giving them tailored information and taking time to talk everything through. We are the ones who can manage side-effects and can routinely check with patients how and when they take their medication. We are the ones who, when a patient fails to respond to a therapy, can pause to consider whether the problem may be adherence rather than lack of efficacy.

We need to do it – and do it now.