Concordance involves a shared approach to medication

From compliance to concordance

When medicines are administered in hospital there is a high degree of certainty that they are given to and taken by the correct patient. However, in the community, this is less certain, and a high proportion of patients do not take or use their medicines in the way they are prescribed, intentionally or otherwise.

Non-compliance can be unintentional (where a patient forgets to take a medicine) or intentional (where they decide not to). The causes of non-compliance are complex, particularly when it is intentional, and contributory factors include: pharmacy (multiple drug therapy), complicated regimens (for example, several medicines with differing dose intervals), unpleasant side-effects, and cognitive problems or physical disability that prevent the patient from taking the medicines.

Managing non-compliance

Patients who are known to be at risk of non-compliance should have each medicine reviewed to assess:

- Appropriateness: is it still required?
- Safety: is it likely to interact with any other medicines?
- Effectiveness: is the patient taking it?
- Medicines that are required should be given in the smallest dose and in a form that keeps the number of daily doses to one or two.

Compliance aids, such as Dosette boxes, can be used. These enable patients’ weekly medicines to be dispensed into a single container and give some patients valuable help in complying with prescribed regimens.

However, compliance aids should not be seen as a solution for all patients. The decision to use them should only be made after a full assessment has explored whether:

- The patient is able to open the device and get the medicines;
- The patient understands how the medicines are organised in the device;
- Arrangements are in place for the device to be refilled on a weekly basis.

Patient-practitioner partnership

Research on medicines compliance has demonstrated the importance of the relationship between the patient and the healthcare provider in determining the level of compliance with medication (Horne et al, 2005).

Concordance is a shared process leading to an agreement between the patient and prescriber about the aims of treatment and how these are achieved. The process enables the patient to participate fully and to influence the outcome.

A significant part of such agreements depends on what information patients are given to inform their decisions. The European Union requires patient information leaflets to be given with every medicine. However, patients believe written medicines information is of little value (Raynor et al, 2007). It is essential that whenever patients are given information they have an opportunity to discuss it with an appropriately qualified practitioner. Medicine self-administration schemes have become an increasingly popular way of addressing this by encouraging patients to manage their own medicines during hospital stays.

![Dosette boxes may be used after patient assessment to aid medication adherence](Image)

POINTS TO CONSIDER

- Is it unintentional? Did the patient simply forget to take a prescribed medicine?
- Is it intentional? Did the patient consciously decide not to take medicines?
- Does the patient understand what the medicine is for?
- Is the patient prescribed multiple drugs?
- Are the dose regimens complicated?
- Is the patient experiencing unpleasant side-effects?
- Is the patient unable to take medicines because of cognitive problems or physical disability?

References


Raynor DK et al (2007) A systematic review of quantitative and qualitative research on the role and effectiveness of written information available to patients about individual medicines. Health Technology Assessment; 11:5. tinyurl.com/information-prescribing

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