



# Drug compliance and counselling for patients with depression

Pharmacy intern

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- Background
- Causes of non-compliance
- Identifying non-compliant patients
- Strategies to improve compliance
- Compliance clinic in KH



# Background

- Compliance problems:
  1. Estimated 10-60% patients with mood disorder have adherence problems
  2. Depression itself is a risk factor
  3. Increased risk of relapse

1. Thase ME. Relapse and recurrence in unipolar major depression: Short-term and long-term approaches. *J Clin Psychiatry* 1990;51(suppl):51-57.



# Background

- Counselling by pharmacist on drug treatment in patients with depression:
  1. Improve attitude of patients towards medication
  2. Improve adherence, particularly new users
  3. Improve in clinical benefits observed in severely ill patient
    1. Brook O et al. Impact of coaching by community pharmacists on drug attitude of depressive primary care patients and acceptability to patients; a randomized controlled trial. *Gen Hosp Psychiatry*. 2004 May-Jun;26(3):210-8
    2. Peveler R et al. Effect of antidepressant drug counseling and information leaflets on adherence to drug treatment in primary care: randomized controlled trial. *BMJ*. 1999;319:612-615



# Causes of non-compliance

- Patient reported causes of non-compliance:
  1. Trouble remembering to take medication as prescribed
  2. Gained a lot of weight
  3. Couldn't have an orgasm
  4. Lost sex drive
  5. Tired during the day
  6. Cut down, because they feel better
  7. The drug isn't working



# Causes of non-compliance

1. Adverse effects

2. Lack of knowledge

3. Nature of disease or other comorbidities

4. Personal beliefs

5. Relationship with healthcare professionals

6. Others

- Too long waiting time, cost, complex regimen

1. Concordance with antidepressant medication in primary care. Nurs Stand. 2006 Sep 6-12;20(52):35-40.
2. Kaplan EM. Antidepressant non-compliance as a factor in the discontinuation syndrome. J Clin Psychiatry. 1997; 58 (suppl 7):31-36
3. Fawcett J. Compliance definitions and key issues. J Clin Psychiatr. 1995; 56 (suppl 1):4-8
4. Kathryn KB et al. Strategies to improve medication adherence in patients with depression. Am J Health-Syst Pharm 2003;60:2601-2605



# Identifying non-compliant patients

Early indicators:

1. Failure to attend scheduled appointments
2. Lack or loss of response to adequate treatment

Useful questions:

1. How are you taking this medications?
2. Have you ever forgotten to take your meds?
3. Are you experiencing any adverse drug reactions?
4. How are you feeling since you start the meds?



# Strategies to improve compliance

- Compliance increase with information provided
- An intervention comprising education, eliciting and addressing specific concerns

Maidment R et al. Just keep taking the tablets: adherence to antidepressant treatment in older people in primary care. *Int J Geriatr Psychiatry*. 2002 Aug;17(8):752-7





# Strategies to improve compliance

- Types of interventions:
  1. Scheduled clinic visits and counselling
  2. Information leaflets
  3. Telephone follow up



# Strategies to improve compliance

- General measures:
  1. Actively engage the patient in the treatment plan
  2. Encourage patients to discuss compliance issue and concerns
  3. Explain time lag in clinical response to the medication and transient side effects
  4. Give the patient written instructions
  5. Provide a number for the patient to call if questions or problems occur
  6. Simplify regimen, fit the treatment with patients lifestyle
  7. Reinforce compliance achievements

1. American Psychiatric Association. *Practice Guideline for the Treatment of Patients with Major depression*. 2nd Edition, 2000.
2. Kathryn KB et al. Strategies to improve medication adherence in patients with depression. *Am J Health-Syst Pharm* 2003;60:2601-2605



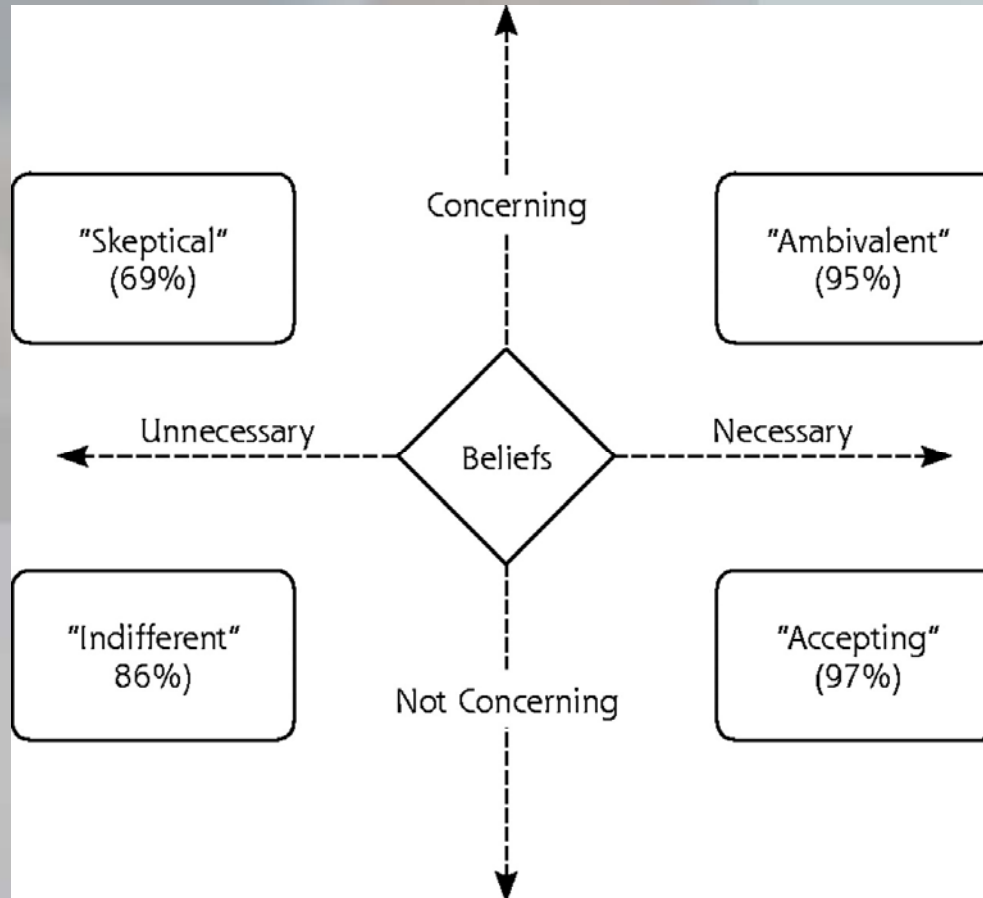
# Strategies to improve compliance

- Treatment beliefs
- Medication use and managing side effects



# Strategies to improve compliance

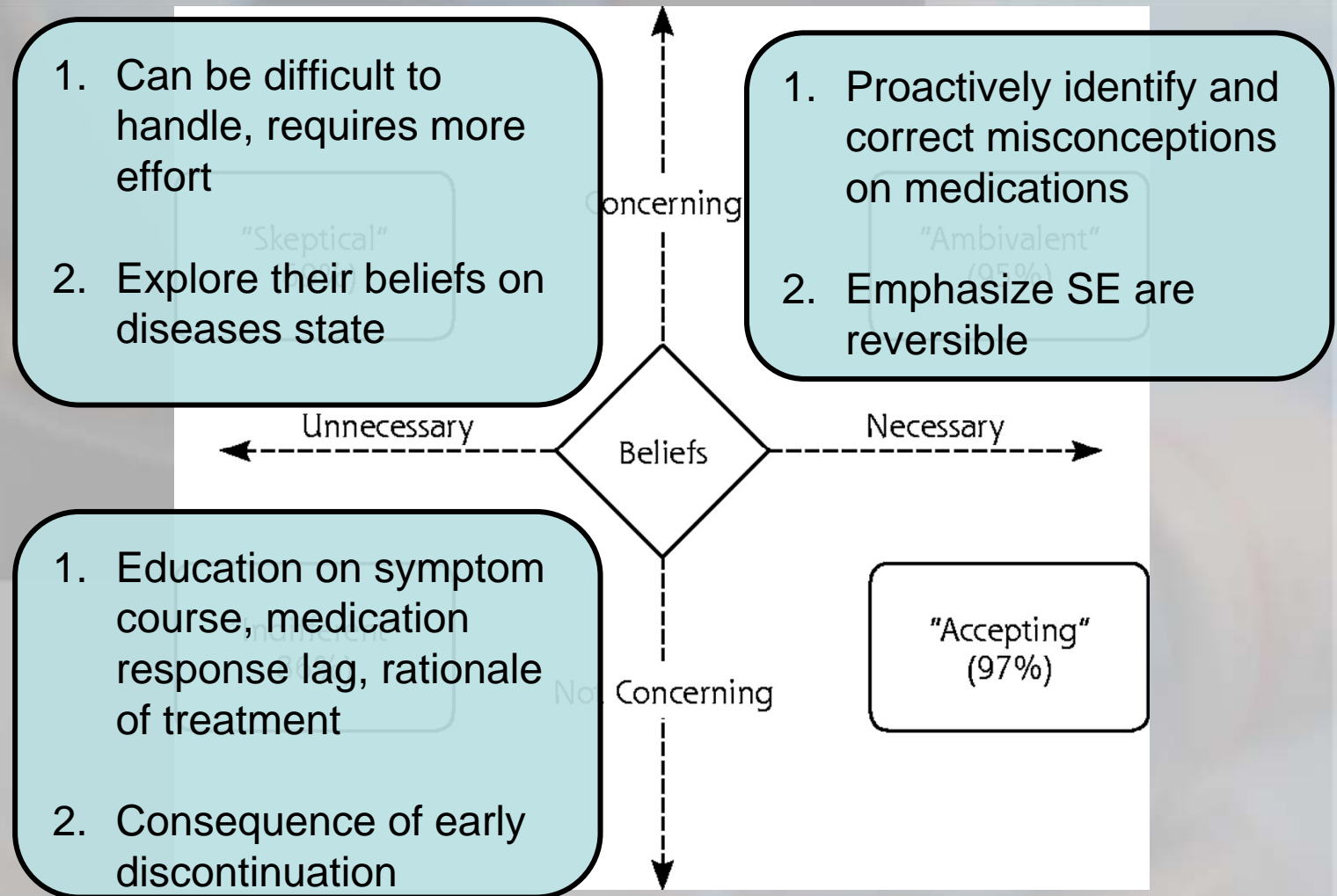
Patient treatment beliefs and adherence:



Aikens JE et al Adherence to maintenance-phase antidepressant medication as a function of patient beliefs about medication. *Ann Fam Med.* 2005 Jan-Feb;3(1):23-30.



# Strategies to improve compliance





# Misconceptions and practical tips

## Treatment beliefs:

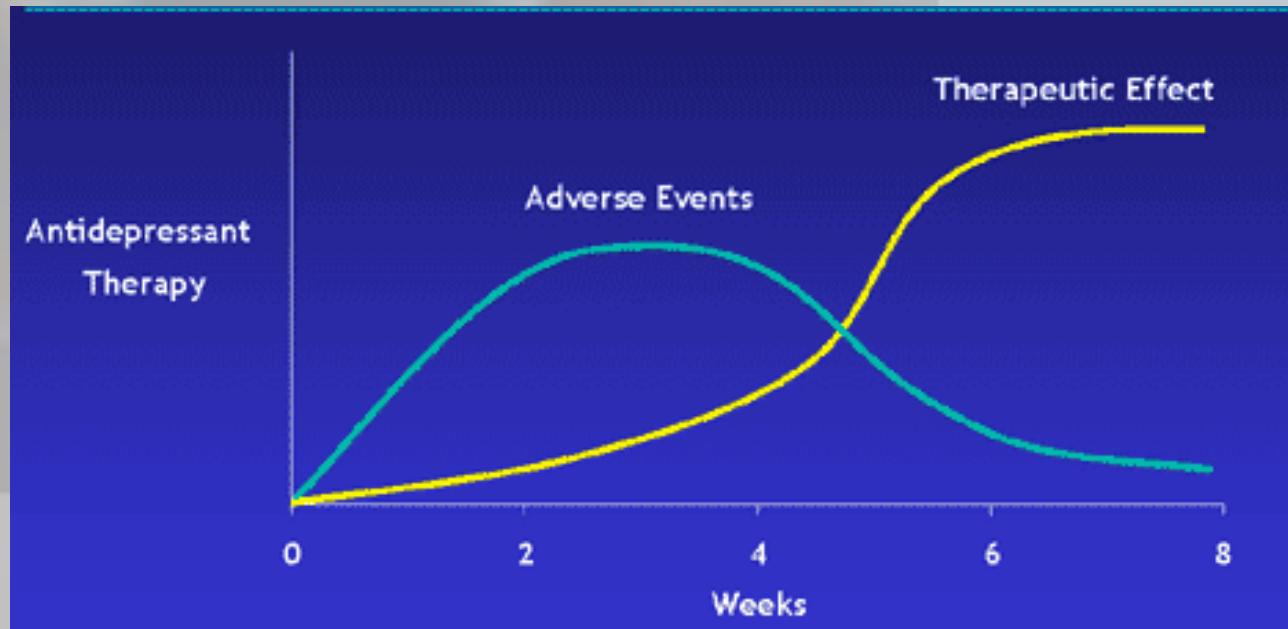
### Counselling points

1. Discuss epidemiology (400,000 HK people)
2. No one know the exact cause of depression
3. Associated with imbalance of chemical in brain
4. Having depression is not your fault
5. Emphasis depression is a medical condition just like DM and asthma



# Strategies to improve compliance

## Managing side-effects



Discontinuing or switching selective serotonin-reuptake inhibitors  
SA Bull, EM Hunkeler, JY Lee, CR Rowland, TE Williamson, Schwab JR, and SW Hurt *The Annals of Pharmacotherapy*. Vol. 36, No. 4, pp. 578-584



# Strategies to improve compliance

- Managing medication side effects
- Acute side effects
  1. GI distress
  2. Agitation
  3. Insomnia/somnolence
  4. Headache
  5. Drug mouth
  6. Dizziness
  
- Long term side effects
  1. Sexual dysfunction
  2. Weight changes
  3. Sleep disturbances





# Strategies to improve compliance

- Pharmacists advices on side effects management:

## Sleep disturbance:

1. Sleep hygiene
2. Timing of dosing

## Weight gain:

1. Monitor weight change pattern
2. Lifestyle changes (Avoid

## Sexual dysfunction

1. Wait for tolerance
2. Minimize alcohol and cigarettes

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# Misconceptions and practical tips

- Medication use:

## Counselling points

1. Antidepressants will not cause dependence, they do not need increasing dose to maintain “same effect”
2. Emphasize the importance of continuing treatment
3. Do not stop the treatment even you feel better



# Compliance clinic in KH

- Set up in Dec 2006
- Objectives:
  1. Educate patient on the disease and medication
  2. Identify and resolve potential causes of compliance failure



# Compliance clinic in KH

- Scope of Service:
  1. Patient with major depressive disorder
  2. Patients referred by MO
  3. Monday to Friday (AM and PM)
  4. Max 4 patients/day



# Compliance clinic in KH

- Logistics:
  1. 3 counselling sessions (15-30min) will be provided normally
  2. Patient will complete an assessment form



### Assessment Form for Health and Treatment Beliefs

Health Beliefs		Patient's response	
		Agree	Disagree
1	Depression is due to character flaw or weakness		
2	People of all backgrounds, lifestyles and ethnicities suffer from depression		
3	Sad events are the chief cause of depression		
4	There is a hereditary factor in depression		
5	Sometimes I feel low and having blues, it means I have depression		
6	Depression can be due to an unknown cause		
7	The most common presentation of depression is low mood		
Treatment Beliefs		Patient's response	
		Agree	Disagree
1	The Doctor has made a correct diagnosis		
2	Medication does not help my condition. I can get over it myself		
3	The success of drug treatment depends on patient's adherence to drug therapy for an adequate duration of time		
4	The earlier the treatment for depression, the better it is		
5	Antidepressants are "stimulants" and may cause physical dependence		
6	Antidepressants could change a person's personality		
7	Antidepressants may take several weeks of continuous use before symptoms improve		
8	Adverse effects of antidepressants will subside when the body is getting used to the drug		
9	Antidepressants can be taken on an "as required" basis. I can stop taking them when I feel better		
10	Antidepressants should not be taken for a long time		
11	While taking antidepressants, I do not have to watch what I eat or drink		



# Compliance clinic in KH

- Logistics:
3. Leaflets, pictograms, pill box and drug taking record form will be given to aid counselling
  4. Schedule next session and provide an patient appointment card
  5. Compliance clinic record will be completed and feedback to MO



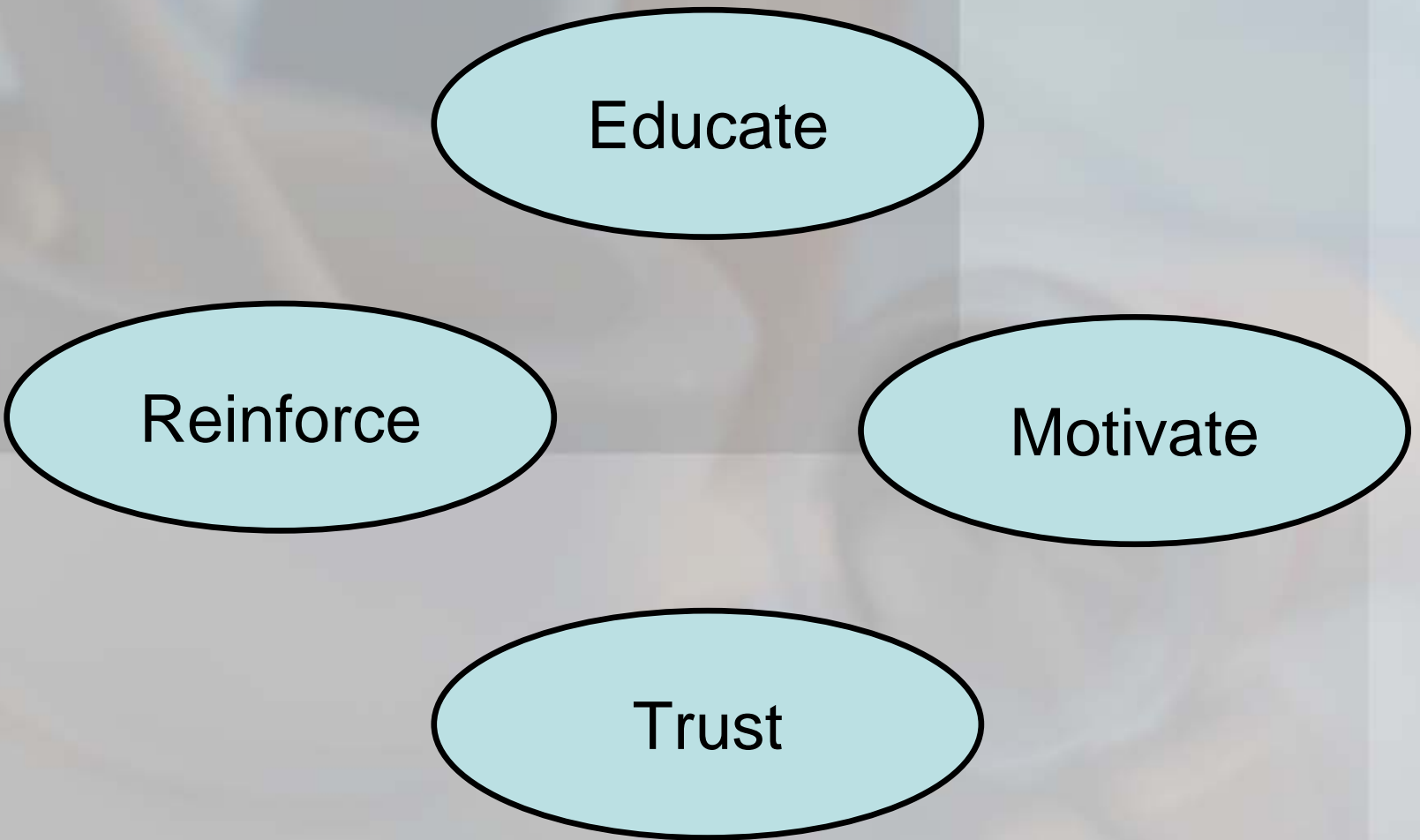
# Compliance clinic in KH

- Key points in counselling:
  1. Nature of diseases
  2. Use and action of antidepressants
  3. Drug administration
  4. Precautions





# Conclusions





# Scenario

- A middle-aged woman presented at pharmacy counter:
- Drug Hx:  
Sertraline 50mg daily
- She is concern about hepatotoxic effects of the drug
- She would like pharmacy staff to confirm the drug is 100% safe to liver



Thank you