Strategies for Improving Medication Adherence for Mental Health

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Disclosures

- Julie Dopheide reports no conflict of interest, real or apparent, and no financial interest in any company, product or service mentioned in this activity, including grants, gifts, stockholdings, and honoraria.
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Augustus F. Hawkins Mental Health Center
Center for Community Health (CCH)
World Health Organization
Definition of Adherence

“the extent to which a person's behavior – taking medication, following diet, and/or executing lifestyle changes – corresponds with agreed recommendations from a health care provider”
Learning Objectives

1. Describe the variables contributing to medication nonadherence or misuse in patients with mental health disorders

2. Compare strategies for improving medication adherence
Outline

- Contributors to Nonadherence
- Tools to Improve Medication Adherence
- What works in patients with Mental Illness?
  - Evidence for specific populations
  - Diagnosis
  - Medication
- Share your Successes!
Consequences of Medication Nonadherence in Mental Health

- Relapse
- Rehospitalization
- Incarceration
- Suicide
- Poor quality of life

Hamann J, Psychiatrist/Patient Responses Nonadherence Psych Services 2014
Contributors to Nonadherence……..
More contributors to nonadherence……..
Psychotropic Misuse

- Cognitive impairment leads to errors
- Opening capsules and snorting contents
- Crushing tablets and injecting contents
- Self-dose escalation
- Mixing with alcohol and illicit drugs
- Sharing with friends and family
- Selling

Gearing RE et al. Reconceptualizing Med Adherence Harv Rev Psych 2011
# Medication Adherence Tools

**RxCalendar**

**VALPROIC ACID SYRUP 250 MG/5ML**

**Rx ID:** 1102-542

Date Prescribed: 2/14/2011

Dispensed: 28

Instructions: orally.

<table>
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<th>Sun</th>
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In the event of adverse reactions, contact the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.
Monitoring Adherence

- Medication Event Monitoring (MEMS)
- Pill counts
- Check refills
- Phone contacts
- Periodic blood levels

Brain C et al. European Neuropsychopharmacology 2014
MEMs used to monitor adherence in schizophrenia

- N = 117 outpatients with schizophrenia, Sweden
- Monitored 12 months, pill count, blood levels
- MEMs correlated with pill counts, not levels
- 27% non-adherent

Brain C et al. European Neuropsychopharmacology 2014
What works to improve adherence...
Kelly Gable PharmD, BCPP

- Establish a Therapeutic Alliance
- Patient Engagement
- Person-Centered Communication Style
- “We don’t manage a person’s illness, they do”
- “Tell me more about your med experience”
- “Would it be okay for me to tell you about Li?”

Motivational Interviewing

“The Spirit of MI”

- Provider assists the patient/client
  - Navigate ambivalence
  - Set goals
- Takes time, trust, forward thinking
- Empathy
- Resist the “righting reflex”

Meeting in the Middle
Transactional Elements: Patient-Provider

Gearing RE et al. Reconceptualizing Med Adherence Harv Rev Psych 2011
Shared Decision Making Demonstrated Effective for Engagement

- N = 128 Community mental health clients
  - Schizophrenia (72), bipolar (18), MDD (30), Other (8)
- Methods: review of audio recordings - psychiatric visits at 3 Community mental health centers
- Shared decision making scale used for assessment
- Complex decisions more often involved shared decisions between patient/client and provider
- More agreement when patient choices fully explored

### Rochester Participatory Decision Making Scale

<table>
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<th>Number</th>
<th>Clinician is rated on the following: “0, 0.5, 1.0”</th>
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<tbody>
<tr>
<td>1</td>
<td>Explain the clinical issue or nature of decision</td>
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<td>2</td>
<td>Discussion of uncertainties of the situation</td>
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<td>3</td>
<td>Clarification of agreement</td>
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<td>4</td>
<td>Examines barriers to follow-through - treatment plan</td>
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<tr>
<td>5</td>
<td>Gives patient opportunity to ask questions</td>
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<td>6</td>
<td>Medical language matches patient understanding</td>
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<td>7</td>
<td>Asks “Any questions?” and encourages discussion</td>
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<tr>
<td>8</td>
<td>Asks open-ended questions</td>
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<tr>
<td>9</td>
<td>Checks his/her understanding of patient’s point of view</td>
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</table>
Schizophrenia - Adherence

- Review of 19 studies (n=2337 patients)
- Brief Psychoeducation (10 sessions or less) decreases relapse and improves medication compliance in the short-term
- Results not robust, higher quality studies needed

Zhao S et al., “Psychoeducation for people with serious mental illness” Cochrane Database 2015
Bipolar Disorder – adherence most challenging

- Factors associated with non-adherence: young age, single, rapid cycling illness, active substance use, depression severe
- Psychoeducation individually and in group settings can improve adherence
- Including family and friends beneficial, Family focused therapy (FFT)

Arvillommi P, Predictors of Adherence  J Affective Disorders 2014
Balancing Cost-Effective Treatment for PTSD with Patient Choice

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⁴Case Western Reserve University, Cleveland, OH

Using evidence to challenge assumptions, advance policy and reshape health care
Study Overview

• Doubly Randomized Preference Trial

• Does patient choice matter in Quality of Life?
• Is it cost-effective to give patients their choice?

• Randomization: treatment of choice (n = 97) or to be randomly assigned treatment (n = 103)

• In the choice arm, 61 persons chose prolonged exposure and 36 persons chose pharmacotherapy with sertraline

• In the no-choice arm, patients were randomized to either prolonged exposure therapy (n = 48) or pharmacotherapy with sertraline (n = 55)

• Measured costs & quality of life July 2004 – January 2009
Scatter Plot of Incremental Costs and Incremental QALYs: PE vs. SER

Prolonged exposure therapy (PE) or Sertraline (SER)

PE less costly more effective
Incremental QALY Scatter Plot of Incremental Costs and Incremental QALYs: Choice vs. no Choice

Choice is less costly more effective
Summary of Results

- Individuals more adherent to their treatment choice
- Giving people choice of treatment is cost-effective
  - Giving people choice of therapy more often than not cost less but in some cases did not improve their health.
- Giving people PE (instead of SER) is also cost-effective
  - At all cost levels PE was either dominant (cost less and more effective) or involved a cost to achieve a QALY
Telemed Collaborative Care Successful-Improving PTSD Outcomes/Adherence

- N= 267 Veterans randomized to TOP or UC and followed for 12 months (2009 – 2011)
- Nurses, pharmacists, psychologists, psychiatrists all interacting with patient via Telehealth
- Attendance at 8 or more sessions of cognitive processing therapy significantly predicted improvement in PTSD

Nonadherence Impacts Treatment of all Behavioral Health Diagnoses

- Depression – pharmacist-run clinics associated with improved adherence
- OCD – aggressive/violent obsessions and severe hoarding worse adherence
- ADHD – parents need education and support
- TBI – Dementia – caregiver education/support

Wang I, Dopheide J, Gregerson P. J Urban Health 2011
Finley P, Crismon L, Pharmacotherapy 2003
Palli SR, J Child & Adolescent Psychopharmacology 2012
Santana L, J of Psychiatric Practice 2013
Take Home Message

- Investigate and address reasons for nonadherence/misuse of psychotropics
- Establish and maintain patient/client engagement in treatment/recovery
- Employ multiple strategies aimed at improving adherence and patient health outcomes.
Share your Successes!