Half of all people with a chronic disease, such as diabetes, do not take their medications as prescribed.

More than 20% of new prescriptions are never filled.

Approximately 30% of people with diabetes report missing at least one dose of oral antihyperglycemic medication per month.

Poor medication adherence results in up to 69% of medication-related hospital admissions in the U.S. and at least 125,000 deaths per year.

The total healthcare costs related to poor medication adherence is estimated to be $317 billion annually.

The good news is that opportunities exist for healthcare providers to improve patient adherence to medications and lifestyle. The most effective interventions consider the relationship between medication-taking behaviors and patient understanding, beliefs, feelings and everyday life. Providers should develop and continually refine interviewing skills into structured, repeatable methods of asking questions the right way, identifying barriers and collaboratively working with patients to improve adherence.
CHARACTERISTICS OF PATIENTS AT HIGH RISK OF NON-ADHERENCE

Here are some common characteristics of a patient that may need assistance with understanding the role and importance their medications play in managing diabetes.

- Missed prescription refills
- Forgetfulness
- Poor eyesight
- Depression
- Language barrier
- Cultural gap
- Poor coping skills
- Missed appointments
- Multiple co-morbidities
- Lack of trust in the provider
- Lack of prescription drug coverage
- Poor understanding of medical condition
- Medical condition without symptoms

PREDICTORS OF POOR MEDICATION ADHERENCE

Additionally, there are statements that patients make that may indicate issues with medication adherence.

- Low literacy indicators:
  - Refuses to read labels or brochures in front of you (“I’ll read this when I get home”)
  - Uses excuses (“I forgot my glasses”)
  - Forms are poorly or incompletely filled in
  - Unable to name or identify medications
- Believes that medications either won’t improve their condition or can make it worse
- Believes that they can manage their diabetes without the help of medications
- Emphasizes side effects they have heard or read about
- Has concerns about the high cost of medications
**APPROACH TO MEDICATION ADHERENCE**

Approaching patients about adherence issues should be done in a manner that is nonaccusatory, allowing them to answer honestly and without fear of being reprimanded. The idea should be to inform and collaborate with the patient in order to help them get the most out of their medications. Here are some tips for communicating with your patients:

- **Avoid judgmental statements** and the use of the word “why” when possible.
- **Use motivational interviewing techniques** when discussing medication-taking behaviors. It is often the best way to obtain and impart key information in the shortest amount of time. Remember to listen more and talk less.
- **Ask open ended questions** whenever possible.
  - Do you know why your doctor prescribed the medications you are taking?
  - Can you tell me what each of them is for and how you are supposed to take them?
- **Assess patient beliefs and confidence** in taking their medications. For example, ask questions such as:
  - What do you know about insulin?
  - What do your friends say about insulin?
  - What do you think about using insulin?
- **Ask about the benefits** of taking medications correctly. Clarify understanding and include an honest assessment of the risks. Possible questions:
  - What are the benefits of taking your medicines as prescribed by your doctor?
  - What might happen if you take your medicines in ways not prescribed by your doctor?
- **Use plain language and avoid jargon.** Pair abbreviations (A1C, LDL, HDL, Lipids, etc.) with common terms that are relevant to the patient. Avoid explanations with complex physiology and too much data.
- **Have you read or heard anything lately that concerns you about your medications?**
• **Ask about missed doses the correct way.** Demonstrate that you understand that this sometimes happens but use it as an opportunity to probe reasons. Some examples:
  • Sometimes we get busy or for whatever reason we don’t take all the doses of our medicines.
  • How many times in a given week do you miss taking your medicines?
• **Guide the patient to revealing barriers** with taking medications. For example, ask questions such as:
  • What gets in the way of taking your medicine as prescribed? Common answers include travel, work schedules, falling asleep, getting kids off to school, etc.
• Cost is a frequent barrier. Ask whether the medication fits within their budget. If the answer is no or they are concerned, consider discussing options with the patient’s pharmacist. They can advise on combination medications, less expensive alternative medications due to generics or ranking on insurance tier levels, patient assistance programs, etc.
• **Help the patient arrive at solutions through brainstorming.** For example, ask questions such as:
  • What has helped in the past?
  • May I tell you what others have done? How would that fit into your plan?
• **Close the loop** by asking them to repeat the plan back to you. Also ask whether they have any additional questions.
• **Ask about medication adherence at every visit.**