Adherence

JEFF REITER, PhD, ABPP
Mountainview Consulting Group, Inc.
Non-adherence Comes in Many Flavors

• Psychotropic medications
• Non-psychotropic medications
• **Self-management for** chronic disease (e.g., testing for diabetes)
• **Preventive procedures** (e.g., screening for colon health)
• **Lifestyle change for prevention** (e.g., quit smoking)
Key Areas to Assess

- **Understanding** of the requested change
  - What, why, how, when
- **Experience to date** with the requested change
- **Importance** to patient
- **Confidence** for change
- Perceived barriers: **support system**
- Perceived barriers: **resources** (e.g., access to fresh foods, parks, $ to buy medications)
Interventions to Promote Adherence

• Directly stems from assessment results
  • Education *(what, why, how, when)*
  • Motivational interviewing
  • Connection to values
  • Involvement of support system
  • Problem-solving barriers
Evidence
Primary Care and Adherence

• **RCT of depressed PC** patients who received psychologist-delivered CBT and adherence
  • **91% of those electing to use meds** adhering at 4 months
• **USPSTF** recommends brief counseling for:
  • Obesity, Breastfeeding promotion, Alcohol misuse, Skin cancer prevention, Diet and activity for CVD prevention, STI prevention, Tobacco cessation (adults, peds)
Training PCPs to Involve a BHC

- **Scrub schedules** (e.g., for uncontrolled hypertension)
- Brief didactics on adherence
- Work this in to visits even when not requested
- Group medical visits (with PCP)
- **Develop pathways** for relevant conditions

*Adherence is a common problem, but often missed as a PCBH referral opportunity*