

# How to Increase Patient Adherence to Therapy

Megan Brown, MD



*How do we increase patient adherence to therapy? As dermatologists, we will see thousands of patients over the course of our careers, most with treatable conditions that will improve with therapy and others with chronic or genetic conditions that will at least be made more tolerable with therapy. Approximately half of patients with chronic conditions are adherent to therapy. Why some patients adhere to treatment and others do not can be difficult to understand. The emotional makeup, culture, family background, socioeconomic status, and motivation of each person is unique, which leads to complexity. This column is not meant to answer a question that is both complex and broad; rather, it is meant to survey and summarize the literature on this enigmatic topic.*

*Cutis.* 2016;98:E24-E25.

**H**ow do we increase patient adherence to therapy? This question fascinates me. As dermatologists, we will see thousands of patients over the course of our careers, most with treatable conditions that will improve with therapy and others with chronic or genetic conditions that will at least be made more tolerable with therapy. Only 50% of patients with a chronic condition are adherent to therapy.<sup>1</sup> Why some patients adhere to treatment and others do not can be difficult to understand. The emotional makeup, culture, family background,

socioeconomic status, and motivation of each person is unique, which leads to complexity. This column is not meant to answer a question that is both complex and broad; rather, it is meant to survey and summarize the literature on this topic.

## Education

Health literacy is defined as cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand, and use information in ways that promote and maintain good health.<sup>2</sup> Greater health literacy leads to improved compliance and health outcomes.<sup>3,4</sup> When we take the time to educate patients about their condition, it improves health literacy, treatment compliance, and patient safety and satisfaction, factors that ultimately are linked to better health outcomes.<sup>3-8</sup>

There are many practical ways of educating patients. Interestingly, one meta-analysis found that no single strategy is more effective than another.<sup>6</sup> This analysis found that “[c]omprehensive interventions combining cognitive, behavioral, and affective components were more effective than single-focus interventions.”<sup>6</sup> The Centers for Disease Control and Prevention (CDC) website is an excellent source of information on how to educate patients and increase patient treatment compliance.<sup>2</sup> The CDC website offers a free tool kit on how to design educational information to your target audience, resources for children, a database of health-related educational images, an electronic textbook on teaching patients with low literacy skills, a summary of evidence-based ideas on how to improve patient adherence to medications used long-term, and more.<sup>2</sup>

## Facilitating Adherence

The World Health Organization (WHO) emphasizes 5 dimensions of patient adherence: health system,

---

Dr. Brown is from the Department of Dermatology, University of California, San Diego.

The author reports no conflict of interest.

Correspondence: Megan Brown, MD, 8899 University Center Ln, Ste 350, San Diego, CA 92122 (mmb005@ucsd.edu).

socioeconomic, condition-related, therapy-related, and patient-related factors.<sup>9</sup> Becker and Maiman<sup>5</sup> summarized it eloquently when they wrote that we must take “clinically appropriate steps to reduce the cost, complexity, duration, and amount of behavioral change required by the regimen and increasing the regimen’s convenience through ‘tailoring’ and other approaches.” It is a broad ultimatum that will require creativity and persistence on the part of the dermatology community.

Some common patient-related factors associated with nonadherence to treatment are lack of information and skills as they pertain to self-management, difficulty with motivation and self-efficacy, and lack of support for behavioral changes.<sup>9</sup> It is interesting that low socioeconomic status has not been consistently shown to portend low treatment adherence. It has been shown that children, especially adolescents, and elderly patients tend to be the least adherent.<sup>9-11</sup>

### Dermatologists Take Action

As dermatologists, the WHO encourages us (physicians) to promote optimism, provide enthusiasm, and encourage maintenance of healthy behaviors.<sup>9</sup> Comprehensive interventions that have had a positive impact on patient adherence to therapy for diseases such as diabetes mellitus, asthma, and hypertension may serve as motivating examples.<sup>9</sup> Some specific dermatologic conditions that will benefit from increased patient adherence include acne, vesiculobullous disease, psoriasis, and atopic dermatitis. We can lend support to efforts to reduce the cost of dermatologic medications and be aware of the populations most at risk for low adherence to treatment.<sup>9-12</sup>

### Final Thoughts

As we work to increase patient adherence to therapy in dermatology, we will help improve health literacy, patient safety, and patient satisfaction. These factors are ultimately linked to better health outcomes. The

CDC and WHO websites are excellent sources of information on practical methods for doing so.<sup>2,9</sup>

### REFERENCES

1. Haynes RB, McDonald H, Garg AX, et al. Interventions for helping patients to follow prescriptions for medications. *Cochrane Database Syst Rev*. 2002;CD000011.
2. Centers for Disease Control and Prevention. Health literacy. <http://www.cdc.gov/healthliteracy/index.html>. Updated January 13, 2016. Accessed September 23, 2016.
3. Berkman ND, Sheridan SL, Donahue KE, et al. Low health literacy and health outcomes: an updated systematic review. *Ann Intern Med*. 2011;155:97-107.
4. Pignone MP, DeWalt DA. Literacy and health outcomes: is adherence the missing link? *J Gen Intern Med*. 2006;21:896-897.
5. Becker MH, Maiman LA. Strategies for enhancing patient compliance. *J Community Health*. 1980;6:113-135.
6. Roter DL, Hall JA, Merisca R, et al. Effectiveness of interventions to improve patient compliance: a meta-analysis. *Med Care*. 1998;36:1138-1161.
7. Renzi C, Abeni D, Picardi A, et al. Factors associated with patient satisfaction with care among dermatological outpatients. *Br J Dermatol*. 2001;145:617-623.
8. Stewart MA. Effective physician-patient communication and health outcomes: a review. *CMAJ*. 1995;152:1423-1433.
9. World Health Organization. Adherence to long-term therapies: evidence for action. [http://www.who.int/chp/knowledge/publications/adherence\\_full\\_report.pdf](http://www.who.int/chp/knowledge/publications/adherence_full_report.pdf). Posted 2003. Accessed September 23, 2016.
10. Lee IA, Maibach HI. Pharmionics in dermatology: a review of topical medication adherence. *Am J Clin Dermatol*. 2006;7:231-236.
11. Burkhart P, Dunbar-Jacob J. Adherence research in the pediatric and adolescent populations: a decade in review. In: Hayman L, Mahon M, Turner R, eds. *Chronic Illness in Children: An Evidence-Based Approach*. New York, NY: Springer Publishing Company; 2002:199-229.
12. Rosenberg ME, Rosenberg SP. Changes in retail prices of prescription dermatologic drugs from 2009 to 2015. *JAMA Dermatol*. 2016;152:158-163.