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Reprint

Effective Pharma Adherence Programs Start With the Patient

By **Jack Barrette**

Patient compliance may be a core objective for pharma marketers, but an international quorum of compliance experts at the recent eyeforpharma Patient Compliance 2004 conference in London agreed that the very term "compliance" is incorrect. In 22 in-depth presentations over 2 days, 30 speakers and panelists agreed that marketers need to stop analyzing compliance, and start understanding patients.

Compliance – The "C Word"

The basic tenet of compliance is outdated, implying that physicians should dictate treatments to patients, who will either do as they are told (comply) or do wrong. Leaders in the pharmaceutical consumer relationship field reject compliance as an unworkable concept which fails to recognize not only changes in how we all consume health care, but also the vast differences in how individuals relate to their condition and their medications.

New terms—adherence, to combine the proper self-administration of treatment with a patient's sticking with it; and concordance, which describes an agreement between a physician and a patient on how to manage their condition—all point to the need for true consumer relationship marketing to drive pharma's TRx programs.

Definitions:

- **Compliance:** % of doses taken as prescribed while patient is actively taking drug
- **Persistence:** number of days from first dose until patient stops taking drug
- **Adherence:** % of doses taken as prescribed for entire period of study (compliance + persistence)
- **Concordance:** physician-patient plan for medications

The Psychology of Compliance

The recent World Health Organization (WHO) report "Adherence to Long-Term Therapies" estimates that between 30 and 50% of medicines prescribed for long-term illness are not taken as directed.

Speaker John Weinman of the Psychology Department (at Guy's) IOP, Kings College, London, explored the issue of non-adherence, largely misunderstood by pharma marketers. Weinman cited numerous studies indicating that "the non-adherent patient" is largely a myth, as there are no consistent relationships between non-adherence and:

- Gender
- Education
- Intelligence
- Marital status
- Occupation / income
- Ethnic background
- Personality type
- Type of disease
- Type of treatment

Patient beliefs—about both their illness and their treatment—hold the key to understanding patient adherence behaviors. Illness perceptions seem to show consistent relationships to coping and outcomes; a study of Myocardial Infraction (MI) patients, for example, show-ed their beliefs about MI were strong predictors of their attendance at rehab, return to work, behavioral outcomes, and recovery of physical and psychological function.

But general patient views about medications, as well as specific patient views about prescribed medication, are distinct from their views of their illness.

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Specific beliefs about medicines prescribed for a particular illness can be strong predictors of a patient's adherence. These attitudes include:

- **Necessity**: Patient beliefs about the necessity of a prescribed medication for maintaining health
- **Concerns**: Patient fears about potential negative effects of the medication

A patient's understanding of the necessity for their medication has been shown to be among the strongest predictor of future adherence. Driven in part by their understanding of their illness ("asthma is a long-term problem I must manage"), necessity can overcome some levels of concern to drive adherence ("because asthma is dangerous, I need my medications and the side effects are worth it").

General concerns about medicines as a whole also break down into two primary areas:

- **Overuse**: patient perception that medicines are over-prescribed by physicians
- **Harm**: patient fears that medicines are essentially harmful, addictive poisons

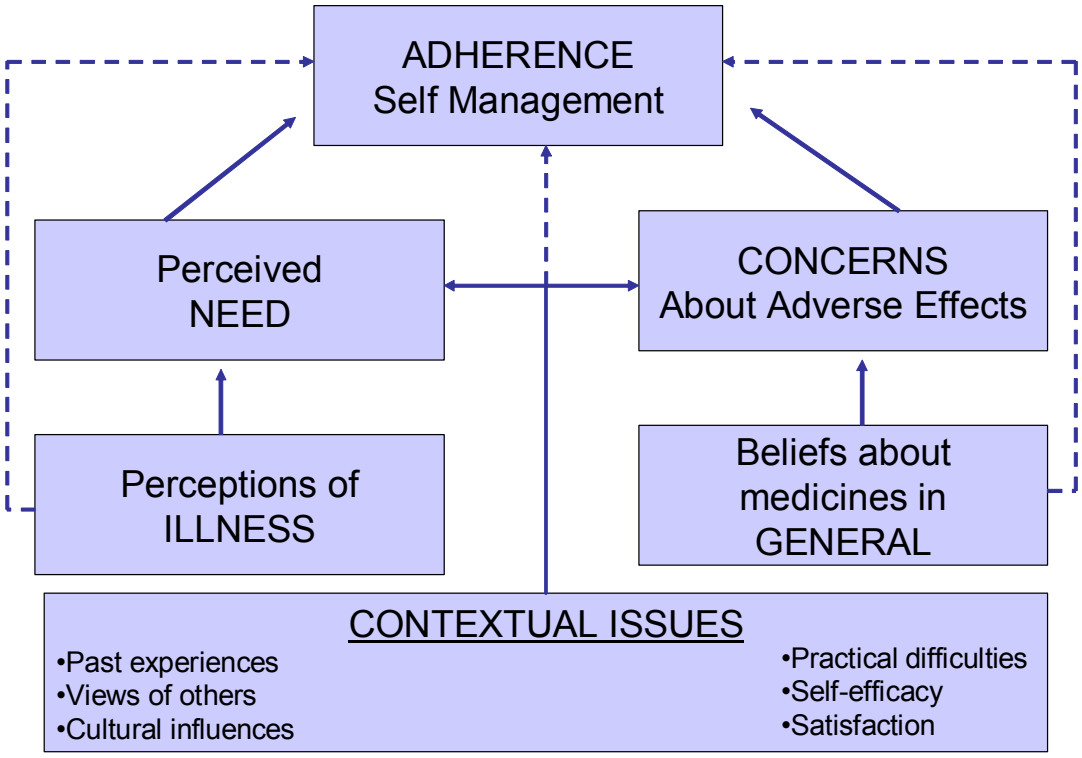
Weiman and colleague Rob Horne (Centre for Healthcare Research, University of Brighton) have developed an extended adherence model which maps patients' common sense ideas about their illness and treatment (see Figure below). They believe these ideas:

- Influence adherence
- Have an internal logic
- Are influenced by symptoms
- May differ from the "medical view"
- May be based on mistaken beliefs/premises
- May not be disclosed in a physician consultation
- Are not set in stone and may be changed

Understanding Patients Leads to Informed Adherence

To facilitate informed adherence, marketers must start with a better understanding of patients' perspectives on illness and treatment. Then, the same "Perceptions and Practicalities" approach which Weinman and Horne espouse for physicians seeking adherence should translate to more effective programs for pharma marketers:

- Demonstrate a clear common sense rationale for the NECESSITY of your product
- Elicit and proactively address concerns
- Continually work toward more convenient and clear regimens



An extended adherence model Horne 2002

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