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The Art of Adherence: Clinician Strategies for Enhancing Medication Compliance

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Goldberg:

Hi. This is CME on ReachMD. I'm Dr. Joe Goldberg, and joining me today is my friend and colleague, Dr. Manpreet Kaur Singh.

Welcome, Manpreet.

Dr. Singh:

Glad to be here, Joe. Thanks for having me.

Dr. Goldberg:

So in a short space of time, we're going to tackle a big, important topic that every one of you deals with to varying degrees of awareness, which is pharmacology adherence in our patients with depression and mood disorders. How do we identify shaky adherence? How do we broach the topic with patients? "You're taking all your medicines the way you're supposed to, right?" That's not the way to do that. How do we ally with our patients in being partners to help enhance adherence and track it?

Manpreet, your wisdom?

Dr. Singh:

Well, I don't know if I have any wisdom except to say that when I am curious with my patients, they really appreciate that. It's not a damning and shaming, but I'm curious about this. And sometimes medication nonadherence comes about based on withdrawal symptoms. So what's very easy to see when you see a patient with exacerbation of depression, sometimes actually that's triggered by nonadherence to an existing treatment, where the withdrawal looks exactly like a recurrent episode. And the patient might say things like, "This isn't working for me," or "I'm really struggling," and so engaging with them about the challenges, maybe normalizing how difficult it is. I talk about it from the perspective of how difficult it was for me to take prenatal care vitamins every day, just as an example of how we can align with our patients with just the act of taking medications every day and making that a human experience that can be difficult for anyone.

That opens the door for more curiosity. And I find that that helps to create an environment of safety to discuss things that may feel difficult. Because patients do feel oftentimes like they're performing for you, and they want you to feel good about treatment, just as much as they want to feel good about treatment. And so eliminating that by maybe providing them with a context, an ease of treatment that, you know, we're not here to judge, we're here to work collaboratively together and to align on a common goal. Those are all factors that I find typically helpful.

And so how about you, Joe? Of course you have wisdom on this, as well, I'm sure.

Dr. Goldberg:

Oh, indeed, yes, right. Well, so yeah, I think judgy belongs nowhere in this conversation. I'm not the police. I'm not there to check up on you. They may have the experience, though, that other stakeholders in their lives are, so I want to make sure that, you know, I don't sound like their dad or their spouse, like, "You're taking your meds, right?" or "You're having symptoms; that must mean you're not taking your meds, right?" Because it just elicits a defensive stance. So one thing I try to do is not let myself go there at all, but rather, again, I guess, to present myself as I'm here to help, and I'm here to make suggestions and offer ideas. You ultimately are in charge of you. And, you know, I can tell you what the pros and the cons are of a treatment.

And I'm interested in what your own attitudes are about medication. I know some people who think of medicines – Manpreet, when are you going to get rid of your eyeglasses? I see you're still wearing them. Where'd you go? You clearly have an investment in wearing them, as do I. Where are they? I can't find them. But you know, if it's valuable to you, I want to point that out. So one thing I'll say early on is, what is this doing for you? And if you're not sure, why would you take it? I mean, you'll do something, you'll wear your glasses or your hearing aids if you think they're really adding value. So I'll normalize the experience that it can be easy to forget or stop taking a medicine, particularly if you don't like something about it, like you're not sure that it's helping or you don't like a side effect.

And last but not least, if you are thinking about stopping medicines, one request: Loop me in. Maybe I can address reasons. Let me not be the outsider who doesn't know about this. If you've got an objection, tell me. I'll work with you as best I can. I'm here to try to make the experience as good as possible.

Well, there you have it, folks, our collective wisdom, the tip of the iceberg, at least, when it comes to medication adherence. So it's a complicated topic. There's a lot more we could say if we had more time, but unfortunately, we don't for now.

So thanks for joining us. We hope to see you again soon.

Dr. Singh:

Thank you.

Announcer:

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