Adherence Therapy in people with schizophrenia: a multinational project

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Pastor Friedrich von Bodelschwingh (1831 - 1910)
Ever since Eve ate the forbidden fruit it has been metaphorically clear that people sometimes prefer not to follow instructions.

(Barry Blackwell, 1992)
Objectives

• A Nursing Intervention as an example to enhance nursing practice in Europe
• What is „Adherence“?
• Adherence Therapy as an evidence-based approach
• What we learned so far
A Nursing Intervention as an example to enhance nursing practice in Europe

- Developed in the UK by Richard Gray
- Visitation from the Institute of Psychiatry
- Transfer of the Intervention into German language and system
- Multicenter Study (Germany – Switzerland)
- Train the Trainer
What is „Adherence“?
Adherence, Compliance, Concordance – Key Concepts
Compliance

• The extent to which a patient’s behaviour matches the prescriber’s advice
Adherence

- The extent to which the patient’s behaviour matches agreed recommendations from the prescriber – emphasises the patient’s freedom to decide whether to follow the prescribers recommendations and that failure to do so should not be a reason to blame the patient
Concordance

• A complex idea relating to the patient/prescriber relationship and the degree to which the prescription represents a shared decision, in which beliefs and preferences have been taken into consideration
ADHERENCE TO LONG-TERM THERAPIES

Evidence for action

World Health Organization 2003
Medicine Adherence - Key Points

• 50% of medicines prescribed for long term conditions are not taken as recommended
• Non-Adherence falls into two categories
  – Intentional (patient decides not to follow)
  – Untintentional patient wants to follow but has practical problems
• Non-adherence is linked to patients beliefs and concerns
• Patients view may change over time
• Non-Adherence should not be seen as a patient’s problem
Adherence?
The five dimensions of Adherence

(WHO, 2003)
Figure 2. Barriers to Adherence.
The interactions among the patient, health care provider, and health care system depicted are those that can have a negative effect on the patient’s ability to follow a medication regimen.
“The need to develop strategies to improve adherence is an essential element in reducing the global burden of disease”

(WHO, 2003)
Adherence Therapy as an evidence-based approach
Adherence Therapy

- Focus on communication
- Manualised
- One-to-one
- Trained therapist
- Motivational Interviewing
- CBT
- Eight sessions
  - 5 in Hospital
  - 3 at home
- 20-50 minutes in length
Foundation skills, key skills, assessment and intervention skills

Keeping people engaged & resistance low
Exchanging information & developing discrepancy

Interpersonal skills
- Problem solving
- Exploring ambivalence

Process skills
- Talking about beliefs
- Looking forward
- Looking back

Evidence base
- Assessment
What we learned so far

• After specific training nurses are able to undertake Adherence Therapy
• Nurses like the clear structure of the Intervention
• Patients tell the truth and develop new strategies
• We had to learn to accept a “no“
“Care is often viewed as something we do for people, rather than with people. This is an unashamedly paternalistic view. This kind of care infantilizes people: maintaining them in a state of dependency”
Thank you very much

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