A Case of Unintentional Nonadherence

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One day, as I was standing in line at the local pharmacy, I noticed an elderly woman who was visibly upset. She had stopped by to pick up medication for her husband. The woman began crying as she spoke with the pharmacist who stated the provider was unable to refill her husband's medication without seeing him first. The woman explained he was recovering from a serious infection. It was hard for her to arrange her transportation to the pharmacy and even more difficult to get her weak husband in a car for an office visit. She was then asked to step to the side as the pharmacist phoned the provider's office with this information to again request a refill.

It was obvious that the woman was very upset so I sat next to her. She explained to me that her husband had been suffering with peripheral neuropathy for several years, and his health began to rapidly decline over the past few months as he was hospitalized with pneumonia. During the hospital stay, he was seen by a pain specialist and prescribed a medication to treat the painful neuropathy once a day at bedtime. Within one week, the pain improved so much that his wife, who takes the same medication three times a day, phoned the prescriber's office to inform them how well the medication worked to relieve his symptoms. She asked the office staff if they could increase the medication to 3 times a day, which they did. Unfortunately, she didn't realize that no one ever called her back. Now he is out of the medication that helped his painful neuropathy symptoms and she is afraid that he won't get the medication that he needs, and will go back to suffering with neuropathic pain.

This scenario likely occurs more than we realize. It reminded me of a paper that I published in *JADPRO* in 2012 regarding the topic of medication self-management and adherence (Faiman, 2012). There are numerous factors to consider with regards to adherence to therapy, attending office visits, and receipt of general health care. Intentional nonadherence is when individuals actively choose to go against the recommendations of their healthcare team. An example would be to not take a medication as prescribed because an individual does not think the medication is needed. Unintentional nonadherence occurs when an individual does not intend to go against the recommendations of the health-care team, such as in this scenario. The wife thought she was doing the right thing by phoning the office, but underestimated the importance of monitoring the new medication.

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When considering factors that contribute to adherence to treatment, technological reminders and flexible scheduling with telehealth or in-person visits can be effective (Kurtin et al., 2016). I spend a lot of time creating calendars for patients, reinforcing the risks and benefits of treatment for prescriptions, and discussing the importance of communication between the patient and caregivers, either in person or through remote telemonitoring. Despite one's best efforts, it is inevitable that some individuals will not be able to take medication or treatment as health-care providers intend, and miscommunication can negatively affect our patients and the team.

Unfortunately, the kind woman in the pharmacy experienced emotional distress over this unintentional nonadherence and the perceived risk of her husband not receiving the medication he needed to treat neuropathy symptoms. In addition, the logistical problems with getting him to the office for a visit were overwhelming. Fortunately, the pharmacist was able to arrange a future phone visit with the patient and refilled the medication while the spouse was at the pharmacy, which made everybody happy. I am hopeful that we, as advanced practitioners, can always be sensitive to the needs of patients and caregivers and the many factors that contribute to adherence.

IN THIS ISSUE

We have a great March issue addressing a variety of topics. Speaking of adherence, learn about the impact of a pharmacist-led oral chemotherapy program on chronic myeloid leukemia patient satisfaction, adherence, and outcomes in the Research and Scholarship section. Also, Tsui and colleagues present findings on an evaluation of the use of corticosteroids for the management of immune-mediated adverse events for cancer patients treated with immune checkpoint inhibitors. Ferrell, a key expert in palliative care, and her colleagues discuss the integration of palliative care in the role of the oncology advanced practice nurse. Eidenberger reports on patient-reported outcome measures with secondary lower limb lymphedemas, and Dell dives into a trending topic of medical marijuana for supportive oncology. Especially relevant to the readers, Zucker addresses an advanced practice role that alleviates burnout and maintains quality of care. Learn about the drug caplacizumab for acute thrombotic thrombocytopenic purpura in Prescriber's Corner, and test your knowledge on biliary stricture in Diagnostic Snapshot.

I hope you enjoy these articles and find knowledge in this issue to help you in your daily activities, research, and clinical practice.

References

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