



# **Adherence Therapy in people with schizophrenia: a multinational project**

**World Mental Health Day 2009, Cyprus**

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Pastor Friedrich von  
Bodelschwing (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

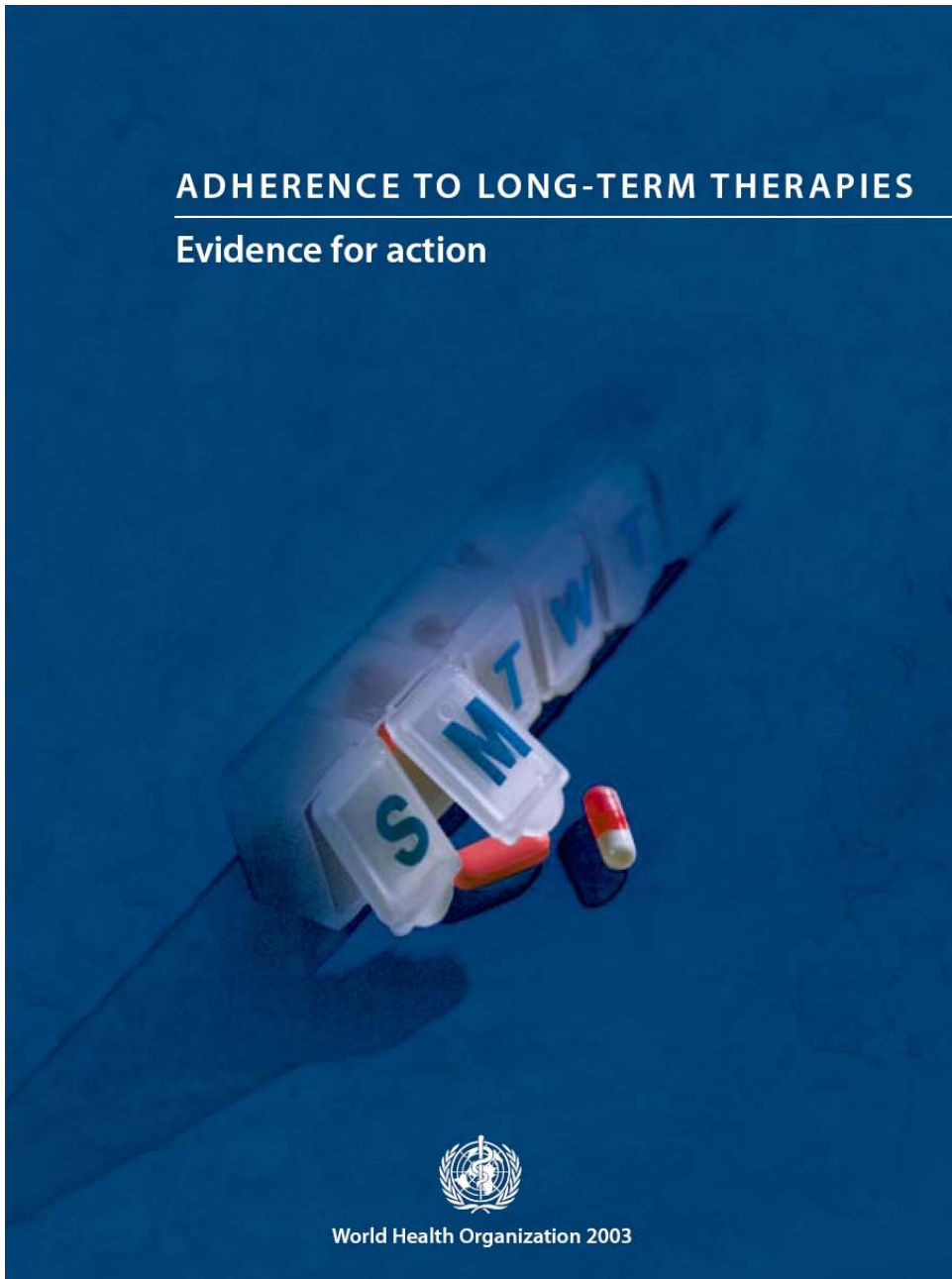
- The extent to which the patient's behaviour matches agreed recommendations from the prescriber – emphasises the patient's freedom to decide whether to follow the prescribers recommendations and that failure to do so should not be a reason to blame the patient

# 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

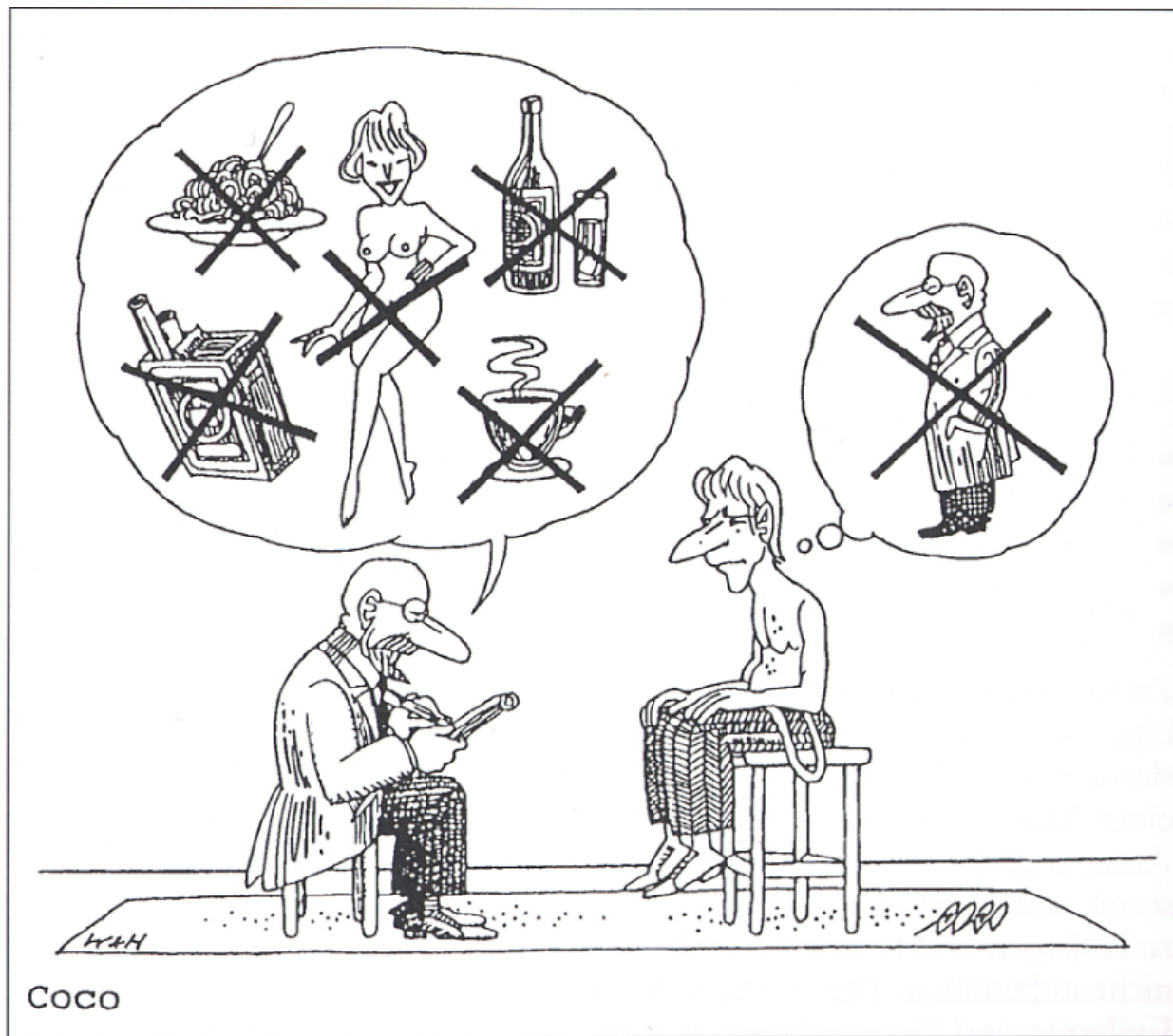
Evidence for action



World Health Organization 2003

# Medicine Adherence - Key Points

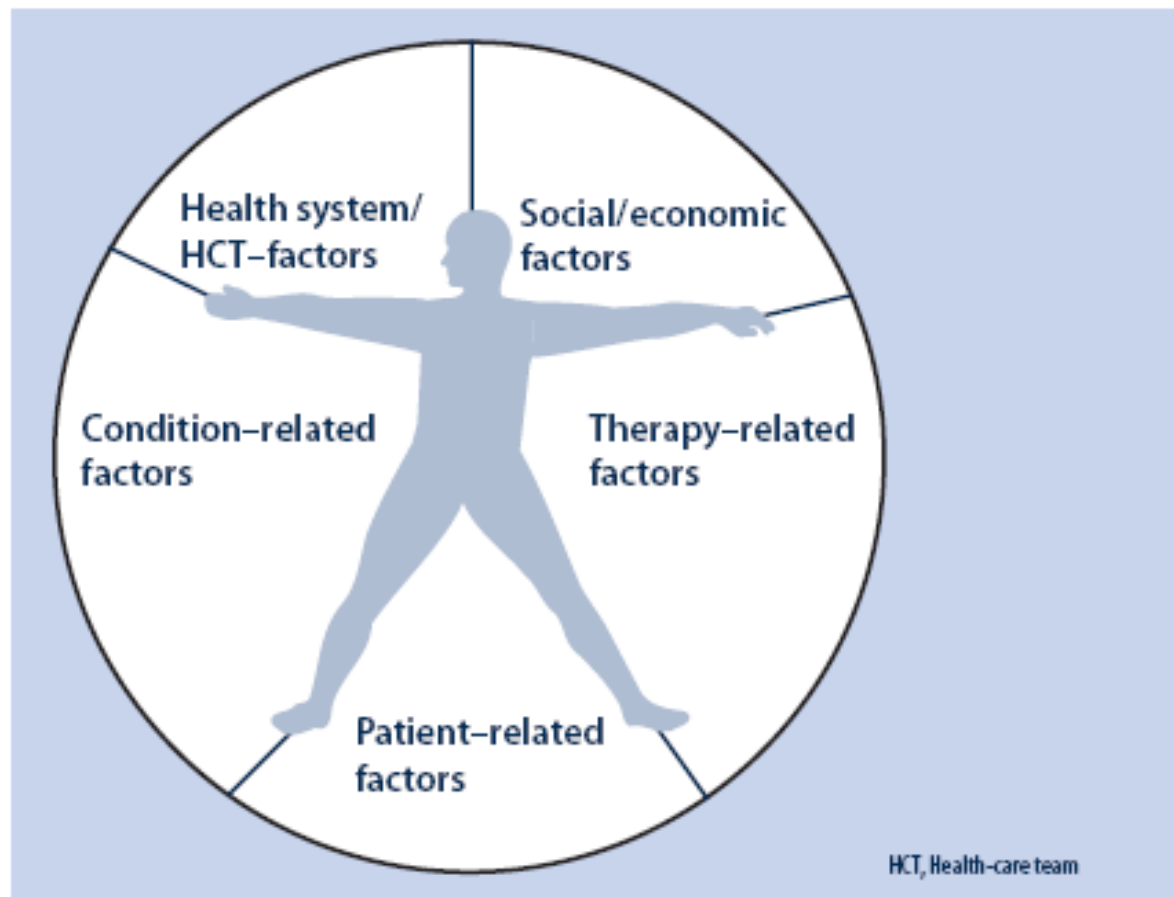
- 50% of medicines prescribed for long term conditions are not taken as recommended
- Non-Adherence falls into two categories
  - Intentional (patient decides not to follow)
  - Unintentional patient wants to follow but has practical problems
- Non-adherence is linked to patients beliefs and concerns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



Coco

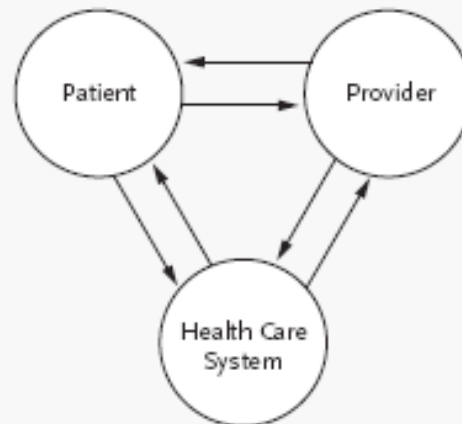
**Adherence?**

# The five dimensions of Adherence



(WHO, 2003)

Poor provider–patient communication  
Patient has a poor understanding of the disease  
Patient has a poor understanding of the benefits and risks of treatment  
Patient has a poor understanding of the proper use of the medication  
Physician prescribes overly complex regimen



Patient's interaction with the health care system  
Poor access or missed clinic appointments  
Poor treatment by clinic staff  
Poor access to medications  
Switching to a different formulary  
Inability of patient to access pharmacy  
High medication costs

Physician's interaction with the health care system  
Poor knowledge of drug costs  
Poor knowledge of insurance coverage of different formularies  
Low level of job satisfaction

**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)

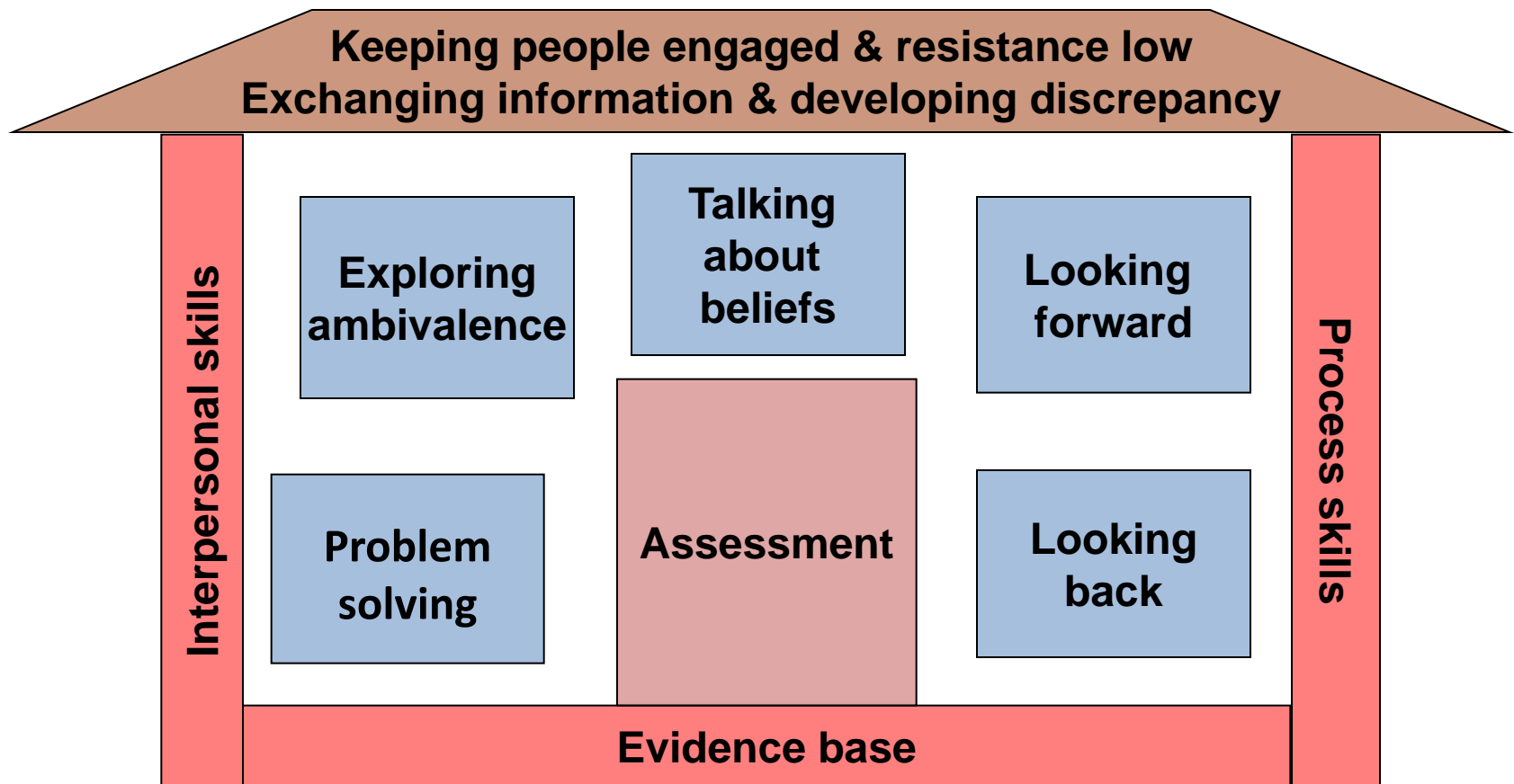


# Adherence Therapy as an evidence-based approach

# Adherence Therapy

- **Focus on communication**
- **Manualised**
- **One-to-one**
- **Trained therapist**
- **Movational Interviewing**
- **CBT**
- **Eight sessions**
  - 5 in Hospital
  - 3 at home
- **20-50 minutes in length**

# Foundation skills, key skills, assessment and intervention skills



# 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”

Edited by  
**John R Cutcliffe**  
**Martin F Ward**



# KEY DEBATES IN PSYCHIATRIC/ MENTAL HEALTH NURSING

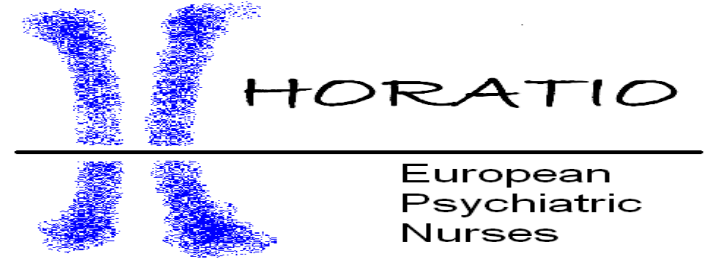
Forewords by **Sandra P. Thomas** and **Antony Sheehan**

CHURCHILL  
LIVINGSTONE  
ELSEVIER

„**Care** is often viewed as something we do for people, rather than with people. This is an unashamedly paternalistic view. This kind of care infantilises people: maintaining them in a state of dependency“



# Thank you very much



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