

NON-ADHERENCE WITH THERAPY IN COPD PATIENTS – HOW TO MANAGE?

Prof Dr Hem Shanker Sharma

Received:- 05/09/2023

Revised:- 14/09/2023

Accepted:- 23/09/2023

Address for Correspondence:

MD, FICP, Dr. REEJA K ANTONY, PG Dept of
Medicine, JLNMC, Bhagalpur

ABSTRACT

Chronic obstructive pulmonary disease (COPD) is a chronic respiratory disorder characterized by persistent and progressive airflow obstruction, affecting approximately 10% of adults worldwide. There are lot of barriers in the effective management of disease as adherence to treatment from the patient's side is very low. In this article we are going to see what all are these and how to manage them.

INTRODUCTION

Chronic obstructive pulmonary disease (COPD) is a highly prevalent disease worldwide and contributes to high mortality, morbidity and also cost within the medical system. As we all know that COPD is a disease which needs prolonged usage of drugs in various types, we often face problem with managing non adherence with treatment. Let us look into which all are those barriers and how to find solutions for them.

Adherence to medications in COPD has been notoriously low, with reports of 15 – 30% adherence (1). If we are not properly managing this problem, it will increase burden in healthcare system. We need to make adherence practices a priority in healthcare, particularly in diseases like COPD where it has a huge impact in outcome of the disease itself. Knowing the problems and thinking about how to tackle them by introducing appropriate changes is a must.

PROPER COMMUNICATION

Even though it is easy to talk about building up good rapport with patient and maintain proper communication, often it is difficult to follow. There should be adequate exchange of information between patient and healthcare provider.

As COPD is a disease where frequent exacerbations are expected, patient should have a thorough knowledge of the symptom onset and when to contact the treating doctor. It is important for patients to know that no symptom is too small to

be mentioned to the healthcare personnel and it could be a crucial part in the better management of the disease. Dose increments, change of drugs etc., will be possible only if patients are available for doctors during symptomatic periods. Regular follow ups and asking patients about their drug intake will enable physicians to make sure about adherence.

EDUCATING PATIENTS

Patient education is the most appropriate intervention to improve adherence and its implementation in current management of COPD is a need to meet. We know that the key objective for patients with COPD is the prevention of exacerbations and hospital readmissions. And this is possible only by strict adherence to drugs. As COPD management includes lots of devices for drug delivery, patient need to be aware about their use. Every respiratory device requires special training to ensure that the recommended dose of medication is delivered to the patient's lungs and outcomes are optimized. Physical demonstration is always the most effective way of ensuring proper inhaler technique and also provide them with written instructions that explain proper technique. Important point is asking the patient to demonstrate himself or herself before leaving doctor's office. Necessary corrections of technique can be made then itself. Do not hesitate to change the device and try another one if patient is unable to use properly. There are many different inhalers and nebulizers available in the market.

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How to cite this article:

Sharma HM
Non-adherence With Therapy In Copd Patients –
How To Manage?

Patient's convenience matters in adherence; therefore, personalization of device selection is important.

In a study conducted by Goris et al (2), patient education using direct demonstration and educational videos increased the accuracy of inhaler use by 82.4% in all educated groups. The incidence of exacerbations was only found in 5% of patients who were given education in contrast to 50% of patients who were not given an education.

FINANCIAL BURDEN

COPD results in significant financial burden to both the patient and society. These are mainly due to expenses on medication, hospitalizations and travels for the same. Drugs and consumables costs are the major cost driving factors. In addition to this, an important thing which we cannot neglect is that COPD patients are mainly the ones which face productivity losses due to compromised quality of life and inability to work. Lack of financial support to these patients by concerned organizations and government sector leads to discontinuation of therapy and contacts with healthcare system. Assessing the cost of the management of COPD in a public hospital can help policy makers and government with allocation of resources and cost reduction on areas which needed. This can lead to increased adherence to treatment from the patient's side.

INTENSIVE REGIMENS

Management of COPD is complex as far as concerning about the treatment pattern and much important is sticking to these intensive regimens. Patients do not follow their treatment recommendations. It could be either intentionally or unintentionally. The society in which patients live in and cultural background influence their beliefs regarding medicine intake and the importance of adhering to that consistently. Therefore, it is important to give them a basic education regarding how medicine works, how important it is to reduce number of exacerbations etc. Once the experience relief from the proper and adequate usage of medicine, that itself will motivate them to follow the same always. In the event of non-adherence which is unintentional especially in elderly patients and those with complex medication regimens, the use of adherence aids such as medication lists, timers and dosage boxes will be good (3). This will be helpful for people especially with cognitive impairment.

COMORBID DISEASES

COPD patients often may have other co

morbidities also like hypertension, diabetes mellitus, coronary artery disease and so on. In one study, 78% of participants with COPD had one or more co morbidities, compared with about 50% of participants without COPD (4). These patients are getting lot more prescriptions at a time to follow for different diseases. This could be a main reason for non-adherence to COPD drugs without of which increased frequency of exacerbations can occur. So as physicians what we can do is, to have an overall awareness about patient's health status and to bring necessary changes in prescription like adding more combination drugs, medicines which need less frequent doses and keeping number of medicines to the minimum as needed. These steps will certainly encourage patient to take their COPD medications and inhaler use sufficiently as there is a less burden of medicines.

PERSONAL FACTORS AFFECTING DISEASE MANAGEMENT

COPD patients are the ones mostly affected physically, psychologically and financially. Life stresses from COPD, reduced mobility and productivity due to symptoms cause embarrassment and depression in patients. This can significantly disrupt their social relationships and personal life itself. COPD patients need family and social support. Lack of social support has been identified as a barrier to active self-management of diseases (5) resulting in lower mood and motivation to engage in self-care. Encouraging family members especially partners or children to come with patients during frequent visits to doctor is important. Discussing health condition of the patient and educating family members how they can be of great help in the management of disease by providing help physically and emotionally to the patient can bring a lot of positive changes. Health organizations and government should make decisions regarding allowing special provisions and reimbursements whenever needed to boost the confidence of patient about their self. If patients are not in a condition to come to hospital frequently, due to various reasons, home based interventions and pulmonary rehabilitations can be done. Governmental schemes focusing on elderly patients may complement family support and help patients to preserve the independence.

CONCLUSION

As we have discussed above, COPD is a disease which is to be managed not only with drugs.

It needs a wholesome approach starting from building up a good rapport with the patient to the decision making of policy makers or government to bring adequate changes in the current system. Patient education regarding the behavior of pathology and importance of medication adherence is a crucial thing in the management. Support from family and society cannot be overlooked. Considering all these things in the back of mind and wise clinical decision making along with an empathetic heart will make better physicians for the effective management of COPD.

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