

Oral Therapy Adherence

The Oncology Nurse as the Agent of Change

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Objectives

- Identify the problem
- Discuss why patient adherence to prescribed oral medications is crucial
- Review advantages and challenges with oral oncolytic agents
- Discuss opportunities to support current guidelines for oral oncology medications

The Problem

The average
cancer patient
has 3 comorbidities

- CAD –Diabetes – other common illness
- Our patients are on an average of 15 medications prior to beginning cancer treatment –and those are just the ones they tell us about
- We add an average of 6 medication for treatment

Medication
Reconciliation

- 100 medication list reviewed and none of them matched what the provider thought the patient was on

The Problem

- Only HALF of all patients adhere to prescribed medication regimens
- Adherence rates vary from 15%-93%
- In CAD accounts for 125,000 deaths a year



The Problem

- Adherence in oral oncolytic agents vary from <20%- near 100%
- Reasons for nonadherence are varied and complex
- Consequences can be profound
 - Increase office visits
 - Increase hospital admits and length of stay
 - Decrease in survival

Why is this a Problem

- Currently 50 oral drugs for the treatment of cancer are FDA approved
- At least 25% of drugs currently being studied are oral
- Number expected to double by 2020
- Regimens for patients are getting more complex with time

Case Study- John

- 47 year old with a T-cell lymphoma
 - Started on Y at 400mg PO QDAY with food

What behaviors constitute nonadherence with medication regimen



Types of Nonadherence

- Failure to fill prescription
- Underuse- Omitting doses
- Erratic use
- Overuse
- Stopping medication without being told
- Taking medication with foods, liquids or other medications

Advantages and Challenges

ADVANTAGES

- Convenience and flexibility
- Less frequent clinic visits
- Gives sense of control
- Preferred by patients

CHALLENGES

- Self –management
- Patient education
- Bioavailability/ drug interactions
- Financial

ASCO and ONS Guidelines

- ⇒ ALL patients will be provided with educational materials
- ⇒ Education must include information on the preparation, administration and disposal
- ⇒ Learning assessment must be done and information given must be appropriate for their understanding

And there is More!

Practice MUST establish procedures for documentation and follow-up for patients who miss office visits and or treatments

Risk Factors for Nonadherence

Disease related

- Chronic
- Asymptomatic

Medication related

- Complex regimen
- Costly
- Side effects

Patient related

- Cognitive/physical impairment
- Polypharmacy
- Comorbid conditions
- Lifestyle
- Lack of insight into illness
- Lack of belief in tx
- Poor patient provider relationship
- Poor social support system

Predictors of Poor Adherence and Persistence

- Missed appointments
- Poor patient- healthcare provider relationship
- Adverse effects from medications
- Unfilled prescriptions
- Medication cost
- Lack of belief in treatment

Patient Selection

- Understanding of the importance of therapy
- How to integrate therapy into their lives
- Compliance issues with other medications
- Potential side effects
- Can patients swallow
- Where will they obtain medications
- Can they afford medications

The Ideal Patient



Issues that Impact Learning

- ◉ Readiness to learn
- ◉ Learning styles
- ◉ Past experiences
- ◉ Health beliefs
- ◉ Cultural attitudes
- ◉ Stress level
- ◉ Medical conditions



Issues Impacting Nursing Practice

- ◉ Who is responsible for educating patients
- ◉ Must be made a practice priority
- ◉ Cost- Time
- ◉ Communication to other staff
- ◉ Nursing education
 - On class of drugs
 - Teaching skills

Elements of Patient Education

Who

- Nurse
- Oncologist
- Pharmacist
- Patient
- Caregivers

When

- Separate patient education visit

Where

- Ideal to be in private area to reduce distractions

What

- Name (brand and generic)
- Dose
- Schedule
- Expected side effects
- How to contact providers
- How to store and dispose
- Provide printed education

Monitoring Adherence

- **Prescribe one 1 cycle of treatment at a time**
 - Allows for follow-up to monitor side effects and adherence
 - Fill prescription at one pharmacy
 - Pill counts
- **Telephone follow-up**
 - In one study problems were identified in 18% of calls- further education given to avoid problems

Strategies to Improve Adherence

Increase access

- Convenient follow-up
- Access to Pharmacist
- Acquisition of medication
- Telephone contact

Dosing plan

- Simplify treatment plan
- Pill boxes
- Reminders to take medications

Education

- On disease
- Side effects
- Proper use of medication

Resources

- Chemotherapy calendar
- Medication Diary
- Pill boxes



Methods of Measuring Adherence

- Self-report----open ended questions
 - Medication diary
 - questionnaire
- Pill counts
- Clinical response
- Microelectronic monitoring systems
- Prescription database

Nursing Resources

- ◉ Pharmacists
- ◉ Web sites for
 - Financial assistance programs
 - Educational tools
- ◉ Educational programs

Case Study- Maryann

- 55- year old woman with MBC
- Treatment regimen (21 day cycle)
 - Drug A 2150mg BID
 - Take 1-150mg and 4-500mg tab
 - Take within 30 min of breakfast and dinner
 - Take for 14 days and then 7 days off
 - Drug B 1250 mg QDAY
 - One hour before or after meals
 - 5 x 250mg tabs



Maryann

- Comes in for follow-up
- Using open ended questions you learn
 - She skipped several doses
 - Took medications together
 - She took for 10 days and then stopped
- What could be the reasons?

Maryann

- You learn that the reasons are complex and multifactorial
 - She lives alone, has a hard time keeping track of how to take medications or if she has taken them
 - Sometimes thinks she may not need them
 - Has had a lot of diarrhea
- So WHAT now?

Maryann

- Educate on importance
- Fill her pill box
- Make calendar
- Call every other day
- VNA?

- Adherence is an important factor in treatment effectiveness
- Barriers are multifactorial
 - Patient
 - Treatment
 - Healthcare system
- Oral agents are here to stay

Oral Therapy Adherence

You are the Change Agent