

Das Konzept der Adherence – Einführung in das Thema

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Begrifflichkeiten

Compliance

The extent to which a patient's behaviour matches the prescriber's recommendations

1976 legendäre Kritik von Sackett und Haynes an der Compliance-“Theorie“

Terminologiekriege?

*„Treatment compliance (also called adherence, concordance or persistence with treatment decisions...“
(Grol/Wensing/Eccles 2004)*



Adherence

The extent to which a person's behavior –taking medication, following a diet and /or executing lifestyle changes, corresponds with agreed recommendations from a health care provider

(Haynes and Rand – zugleich Grundlage für WHO)

Adherence-Forschung über 30 Jahre...

Dunbar J (1980)

Adherence to medical advice: a review. International Journal of Mental Health, 9, 70-87

Zolnierek H et al (2009)

Physician Communication and Patient Adherence to Treatment: A Meta-Analysis. Medical Care, 47, 826-834



Concordance

The intention is to form a therapeutic alliance – to help the patient make as informed a choice as possible about the diagnosis and treatment. Although this alliance is reciprocal, the most important determinations are made by the patient.

We called this model "concordance."

(Marinker 1997)



Shared Decision Making

Shared decision making is an approach where clinicians and patients communicate together when faced with the task of making decisions, where patients are supported to deliberate about the possible attributes and consequences of options, to arrive at informed preferences in making a determination about the best action, which respects patient autonomy, where this is desired, ethical and legal.

(Elwyn, Strüngmann Forum 2009)

Weder – noch, sondern Schulung?

„Compliance and Adherence are Dysfunctional Concepts in
Diabetes Care“

Anderson/ Funnell



Plädoyer für Strategie des Self Management

Expliziter Ansatz: evidenzbasierte, strukturierte und
publizierte Schulungsprogramme (in begrenzter Zahl
vorhanden)



Patient-centered medicine

1. Exploring both the disease and the illness experience
2. Understanding the whole person
3. Finding common ground
4. Incorporating prevention and health promotion
5. Enhancing the patient-doctor relationship
6. Being realistic

Stewart M et al

Die „andere“ Haltung (Stone et al 1998)

- ❑ Was hoffen Sie, das ich heute für Sie tun könnte?
- ❑ Sie haben ja schon Erfahrungen mit Ärzten – was denken Sie, wie Sie am besten klar kommen?
- ❑ Ich finde es schwierig fortzufahren, wenn ich weiß, dass Sie eine andere Sicht der Situation haben als ich.
- ❑ Ich frage mich, ob wir so gut zusammen arbeiten wie es vielleicht möglich wäre.
- ❑ Gibt es irgend etwas an diesem Punkt, was ich tun könnte, damit wir besser zusammen arbeiten?
- ❑ Das muss sehr schwierig für Sie sein. Das tut mir leid.
- ❑ Es fällt Ihnen offenbar schwer, darüber zu sprechen. Kann ich es irgendwie für Sie einfacher machen?
- ❑ Ich habe jetzt eine Erklärung gefunden, was das Problem ist (Vorstellen der ärztlichen Diagnose). Wie passt das dazu, was Sie bisher darüber gedacht haben?

Theorie und Praxis: work in progress

Adherence:Stand der Forschung

„...most interventions are eclectic in nature and not strictly representative of one theoretical mainstream. In addition, there are effective adherence interventions, e.g. technical solutions, without an explicit theoretical explanation of the operating mechanisms...“

Van Dulmen et al 2008

Adherence to drug therapy and mortality: „the healthy adherer“

➡ ...good adherence was associated with lower mortality (odds ratio 0.56, 95 % confidence interval 0.50-0.63). Good adherence to placebo was associated with lower mortality (0.56, ci 0.43 to 0.74, as was good adherence to beneficial drug therapy (0.55, ci 0.49 to 0.62). Good adherence to harmful drug therapy was associated with increased mortality (2.90, ci 1.04 to 8.11).

➡ ...supports the existence of the „healthy adherer“ effect, whereby adherence to drug therapy may be a surrogate marker for overall healthy behaviour.

Simpson et al 2006

Cochrane Database Syst Rev 2008

Interventions for enhancing adherence to prescribed medications

For **short-term** drug treatments, counseling, written information and personal phone calls helped.

For **long-term treatments**, no simple intervention, and only some complex ones, led to improvements in health outcomes. They included combinations of more convenient care, information, counseling, reminders, self-monitoring, reinforcement, family-therapy, psychological therapy, mailed communications, crisis interventions, manual telephone follow-up, and other forms of additional supervision or attention.

Even with the most effective methods for long-term treatment, **improvements in drug use or health were not large.**



Feine Beobachtungen

„Rezepte schreiben ist leicht,
aber im übrigen sich mit den Leuten verständigen,
ist schwer.“

Franz Kafka

Ein Landarzt

Leipzig 1918

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Vielen Dank...

...für Ihre Aufmerksamkeit

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