

# Management of Non Adherence in The Geriatric Population

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# Why do we fear the non adhering patient?

1) Our total commitment and total way of being is that our patients do well under our care.

What percentage of all human beings are non adherent?



# Udell Principle.

- 100%
- We are all non adherent to medical instructions to some degree

# Secondary reason why we fear the non adhering patient

- 1) Patients and their families may hold us responsible if there is a poor outcome even if the patient did not adhere to our directions.
- 2) Litigation from the patient and/or the family.

# Clinical problem

- Outside of the hospital environment we don't have absolute control over whether patients will follow our orders.



# Paper Published June 15, 2017 by Drs. Armstrong, Et Al.

- “Diabetic Ulcers and Their Recurrence”
- Non Adherence is a cause of many recurrent foot ulcerations.

The structure of this presentation in progress will be to:

Develop a **TEAM APPROACH** to the management of the non adhering patient

To explore a new approach to the management of the problem



# The old “selfish” approach to management of the non-adhering patient

- Show the patient the door.
- Why might this approach be problematic in this year?

# Problems with discharging a non – adhering patient

- We don't practice medicine in a vacuum.
- We are part of a global community of health care providers
- If we discharge a patient, that patient will do what?

# A Better Approach Is To:

- View non- adherence as a human pathology and BE A DOCTOR.



# What do we mean by team?

- Doctor
- Front Office
- Medical assistants
- Maybe family members

Is non-adherence purely a  
podiatric problem?

# Paper in the NEJM revealed:

- After being discharged from the hospital, after having a myocardial infarction, guess what percentage of people adhered to taking the prescribed medications designed to prevent another heart attack?



The background of the slide is a deep blue color, representing a vast body of water. On the left side, there is a bright, glowing area where the sun is reflecting off the water's surface, creating a shimmering effect. The overall scene is serene and expansive.

LESS THAN FIFTY PERCENT

# Old Theory

- Insurance co-payments were the cause of non compliance

Special Article

# Full Coverage for Preventive Medications after Myocardial Infarction

Niteesh K. Choudhry, M.D., Ph.D., Jerry Avorn, M.D., Robert J. Glynn, Sc.D., Ph.D., Elliott M. Antman, M.D., Sebastian Schneeweiss, M.D., Sc.D., Michele Toscano, M.S., Lonny Reisman, M.D., Joaquim Fernandes, M.S., Claire Spettell, Ph.D., Joy L. Lee, M.S., Raisa Levin, M.S., Troyen Brennan, M.D., J.D., M.P.H., William H. Shrank, M.D., M.S.H.S., for the Post-Myocardial Infarction Free Rx Event and Economic Evaluation (MI FREEE) Trial

N Engl J Med  
Volume 365(22):2088-2097  
December 1, 2011



The NEW ENGLAND  
JOURNAL of MEDICINE



# Conclusions

- The elimination of copayments for drugs prescribed after myocardial infarction did not significantly reduce rates of the trial's primary outcome.



# Non-adherence Is A Complex Issue

- Monetary considerations is only one piece of the puzzle. What are some other causes of non-adherence to medical advice?
- By focusing on some of the key problems that cause the problem we might **as a team** be able to come up with better solutions to increasing patient compliance

# Four Causes of Non Adherence in the Geriatric Population

- Dementia
- Arthritis
- Visual Problems
- Fixed incomes and rising costs of medications.
- No pain



# Dementia

- Forget to take meds at their appropriate times
- Forget to follow orders such as dressings.
- Forget to show up for follow up visits
- Patient may not understand how serious the condition is especially if it is not painful.

# Progressive at different rates for different people

- Our job is to assess if the patient can follow our orders and if not, make appropriate recommendations to family.
- Speak the patients nurse or support person.

# Medications for Dementia

- May slow the downward decline in some patients.
- A referral to a neurologist or geriatric physician is advisable.



# Arthritis

- Osteoarthritis
- Impact on Podiatric orders.

# Impact

- If you are telling a person to apply medications to the bottom of the feet and they cannot bend, there is a problem.
- This can apply to an ulceration, infection or foot or nail fungal infections.

# Solutions

- Ask the patient support person, (spouse, aide, or child) to apply the meds
- Arrange for home health nursing to apply meds.



# Visual

- Diseases such as cataracts, macula degeneration or hyperopia etc
- Impact: Pt cannot see where they are applying meds or read directions.  
(Example of a doctor who called me in a state of anxiety)
- Solution is to arrange for them to see an eye care professional

# Fixed Income Issues

- Impact: Pt may not want to buy the medication you prescribed or might lie about it.
- Solution: Have patient bring meds with them and check for usage.
- Contact patient's family if you believe the patient is in danger. (Not taking antibiotics)

# No pain

- Human beings are motivated by either pleasure or the avoidance of pain.
- Examples – Pts will take opioids and other pain killers. What about neuropathic ulcerations?



# Another Issue Which Might Interfere With Following Orders

- Patient might be a caretaker for a sick spouse and may inclined to ignore their own health matters or in the case of podiatry, not stay off of his or her feet.

# Pill Regimens

- New York Times December 22, 2015 article titled “ Confusing Pill Regimens Need a Dose of Reality” by Paula Span

- Organize a patient's pills in drug store available pill dispensing units which give the day and times for taking each medication.





# Case Scenario

- Patient with painful peripheral neuropathy. We prescribe Lyrica BID.
- Patient is taking 10 other pills a day for hypertension, diabetes, heart disease, Prostate enlargement etc. Even a person 20 years old could get confused.

# Another Way to Increase Adherence with Pill Taking

- Another effective method is to write orders not as "BID" or "QID" but use terms "Morning", "Noon", "Evening" and "Bedtime." – Study By Dr. Wolf at the National Institutes of Health.
- Wolf also showed that making the letters larger on the bottles helped.



# A concept from England is called “Concordance.”

- Converting the situation from a doctor giving an order and the patient adhering to the doctor and patient discussing the matter and the doctor and patient having a partnership about the patient’s well being and role of medications and treatment in reaching that goal.

# Why Concordance is effective

- It involves the patient in his or her own health
- It insures that before the patient leaves they understand their medical situation thoroughly and the pros and cons of treatment.

# Downside to Concordance

- It requires doctors to talk to their patients and spend more time explaining things.
- It converts doctors into educators as opposed to “order givers.”
- Some patients may need a stern “order giving” doctor.



# Concordance In the Elderly

- Depends on the mental state of the patient

# Case

- A sixty eight year old male whose father recently died of colon cancer was advised to have his first colonoscopy. I was the third doctor to give him this advice. This advice has been going on every 8 weeks for over a six years.
- Reason: Early Colon CA is painless. The test is frightening.

# Case

- 68 year old male with diabetes who had ulcerations which were treated well after a bypass procedure, wound care and orthotics. He presented three years later with this:





- He was not using emollients dispensed
- The dry skin lead to fissures which ulcerated in two parts of his feet.
- Regranex was prescribed along with a referral back to his vascular surgeon
- RX- Regranex – Non adherence due to cost
- Vascular surgeon did addition work but sent him back with a guarded prognosis

Within a very short time











- He was sent back to his vascular surgeon and ultimately went on to a BK
- Could early adherence prevented this?????

# A note about emollients and urea creams

- Don't minimize these products
- There are excellent products sold by Bako solutions (with urea), Gordon labs, Blaine labs etc that we should all be dispensing from our offices
- Why dispense – we can monitor adherence!!!!
- The front office can monitor this!!!!!!!!!!!!

Next Case

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- Middle aged male, diabetes, smokes a pack a day.
- Had a bypass and graft five years prior which failed.
- He was scheduled for revision surgery and signed himself out of the hospital
- He would also stop coming to us for wound care and return a month with the same dressings on

- He was sent to a second vascular surgeon who scheduled him for a shunt and did not show up the day of surgery due to the cost of car fare to the hospital
- Using concordance we worked with him for over a year and got him to be relatively compliant and he has agreed to follow through with a third vascular surgeon



# Same patient 2016

- Developed new ulcer did not follow through, it became infected, did not follow through with any doctors. He had massive osteo of the calcaneous.
- Pt called me bedside for advice on whether to elect for a BK
- Pros and Cons of a BK at this point in time:

# Advice When Encountering A Non Adherent Patient

- Document the facts but never use the term non adherence in your notes.

# Summary

- Non Adherence is a form of psychopathology or behavior caused by extenuating circumstances.
- Attempts should be made to manage it not dismiss the patient.
- Concordance has been shown to be effective in many but not all cases
- Document, Document, Document



The background of the image is a serene landscape featuring a clear blue sky with wispy white clouds at the top, and a vast, calm blue ocean below. The horizon line is visible in the middle of the frame. The word "THANKS" is prominently displayed in the center-left area of the image.

**THANKS**