

Adherence to Long-term Therapies Evidence for Action

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Adherence to long-term therapy, evidence for action is an excellent report about a worldwide problem of striking magnitude. There are ample reviews that show that adherence among patients suffering from chronic diseases average about 50% in the developed countries and the magnitude of this problem is of greater proportion in developing countries, given the paucity of health resources and inequities in access to health care. This is a comprehensive detailed report from the WHO, which sets out clear objectives and target audience. It provides a critical review of what is known about adherence to long-term therapies. The main target audience of this report is policy makers and health care managers who are in position to have an impact on national and local policies. It explains the ways that will benefit patients, health care systems and societies, with better health outcomes and economic efficiency. This report is also a very useful reference for scientists and clinicians in their daily work who are not only involved in the direct patient care but may also indirectly impact on the policies at the level of the institutions or at the government level. The main objective of the report is to improve worldwide rates of adherence to therapies commonly used in treating chronic conditions. It addresses the issue of system approach rather than the burden of problem of compliance placed on the patient. The four objectives that are laid out in detail summarizes the existing knowledge on adherence, increasing awareness among policy makers about the poor rates of adherence and its health and economic consequences, promote discussions and provide the basis for policy guidelines. The lay out of the book is easy to understand as it sets the stage by defining the disease status and the magnitude of the problem. In different sections it talks about the improving adherence rates and guidelines for the countries and then discusses the disease specific reviews of 9 common chronic conditions by identifying 5 dimensions of adherence: 1) social economic factors; 2) health system factors; 3) condition related factors; 4) therapy related factor; and 5) patient related factors.

It emphasizes the growing evidence, which suggest that because of the alarmingly low rate of adherence, increasing the effectiveness of adherence interventions may have a far

greater impact on the health of the population than any improvement in specific medical treatments. Based on the disease specific reviews and talking about the solution based on the 5 dimensions of adherence it lays out the plan for the policy makers, that the health care system must evolve to meet new challenges. It looks into the shortcoming of the existing systems where the systems directed appointment length does not allow time to adequately address adherence behavior. That the systems are the one that determine the fee structures, lack of financial reimbursement for patient counseling and education, which directly relates to decrease adherence-focused interventions. It tends to provide new challenges to understand and better evolve the health systems by sharing of information between the clinics and the pharmacies and the level of communication among patients. In reviewing this report, the health care providers, the policy makers and health managers tend to grasp the essential objectives of this report with specific take home messages that is: a) poor adherence to treatment of chronic diseases is a worldwide problem of striking magnitude; b) impact of poor adherence grows as the burden of chronic disease grows, as worldwide it is expected to exceed 65% in 2020; c) consequences of poor adherence to long-term therapies are poor health outcomes and increase health care costs; d) improving adherence also enhance patients safety; e) adherence is an important modifier of health system effectiveness.

In summary this is an excellent report which very well lays out the plan for discussion of the main concepts of definition of adherence and its relevance to epidemiology and economics. It gives important insight and guidance for the countries in order to put into context the real impact of adherence on health and economics. It helps readers with clinical practice to find it useful especially the section on disease specific reviews of 9 chronic conditions that are reviewed in depth. For the policy makers and health managers the annexes in the report which talks about the behavioral mechanisms provides interesting summary of the existing models for explaining people's behavior and behavioral interventions that have been tested for improving adherence rates. The annexes are in an easy format to understand the factors by condition

and dimensions and the interventions by conditions and dimension, which provide a very nice summary of all the factors and interventions discussed in this report.

The report succeeds in documenting the challenges involved at the personal level and at the level of establishing health care policy. It highlights the importance to understand that in the developed countries the epidemiological shift in disease from acute to chronic diseases for the past 50 years has rendered this kind of health care service delivery inadequate to address the health needs of the population. In developing countries the shift is occurring at much faster rate and it is imperative for the health care providers and the policy makers to define policies that will improve the health care system in their communities. The policy shift in the long run will not only be most cause effective but will also lead to better health care and patients safety.

The only shortcoming that is felt in this report is that it judges the outcome from the health care system mainly based on the model that currently exists in developed countries. It is difficult in the developing countries to change to model health care systems without enough resources and expertise at their disposal to properly follow this report to its letter and try to implement the changes that are really needed. But at the same time this also brings into light the essential policy shift that needs to occur in the developing countries now even if it takes longer to implement the policies in full to avoid enormous long term socio-economic burden.

Adherence to long-term therapies, evidence for action is a must read for all policy makers and health managers and is also very beneficial for clinicians as they are the direct care givers to monitor adherence and have the chance to influence the policy shift that needs to occur leading to better adherence to long term therapy and patient care.