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RECONCEPTUALIZING MEDICATION ADHERENCE: SIX PHASES OF DYNAMIC ADHERENCE

R. Gearing¹, L. Townsend², M. Mackenzie¹, A. Charach³

¹Columbia University, New York, NY, ²Rutgers University, Newark, NJ, USA, ³The Hospital for Sick Children, Toronto, ON, Canada

Introduction: Nonadherence is the Achilles heel of effective psychiatric treatment. The meaning of the term “adherence” has evolved over time and is now associated with a variety of definitions and measurement methods. This has resulted in a poorly operationalized and non-standardized term that is often interpreted differently by providers and patients.

Objectives/Aims: This abstract aims to: 1) describe changes in the concept of adherence; 2) present a more comprehensive definition of adherence which recognizes the influence of patient-provider transactions; 3) introduce dynamic adherence, a six-phase model, which incorporates the influence of transactional processes and econometrics on patients' adherence decisions; and 4) provide recommendations for providers to improve their relationships with patients and in turn, medication adherence.

Methods: A review of the scientific mental health literature.

Results: Despite the prevalence, seriousness, and costs associated with medication nonadherence, the construct of adherence remains poorly operationalized and lacks cogent standardization. Drawing from psychiatric research, a dynamic model of medication adherence across six phases is presented.

Conclusions: This model of adherence highlights the importance of the patient-provider relationship and the transactional processes that comprise what is a dynamic developmental system. Dynamic adherence is intended to foster movement toward a more coherent and unified set of definitions and clinical strategies that will provide the potential to more fully elucidate the risk and protective mechanisms impacting adherence, and the subsequent development and refinement of best practices in increasing the odds of stable medication adherence.