



*Metrics: which compliance is important for the patient undergoing radiotherapy?*

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## TREATMENT COMPLIANCE: PRIORITIES OF CARE IN THE ELDERLY

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Giuseppe Colloca

# *Compliance & Non-Compliance*

Compliance is a medical term that means the degree to which a patient correctly follows medical advice.

It usually refers to taking medication, but may also mean use of medical appliances such as compression stockings, chronic wound care, self-directed physiotherapy exercises, or attending counselling or other courses of therapy.

# Non-Compliance: Why do some people not take their medication?

## Forgetfulness:

An elderly gentleman forgets to take his medication because he has memory problems due to the onset of dementia. He sometimes take the medication twice in the same day because he can't remember if he's taken it or not.





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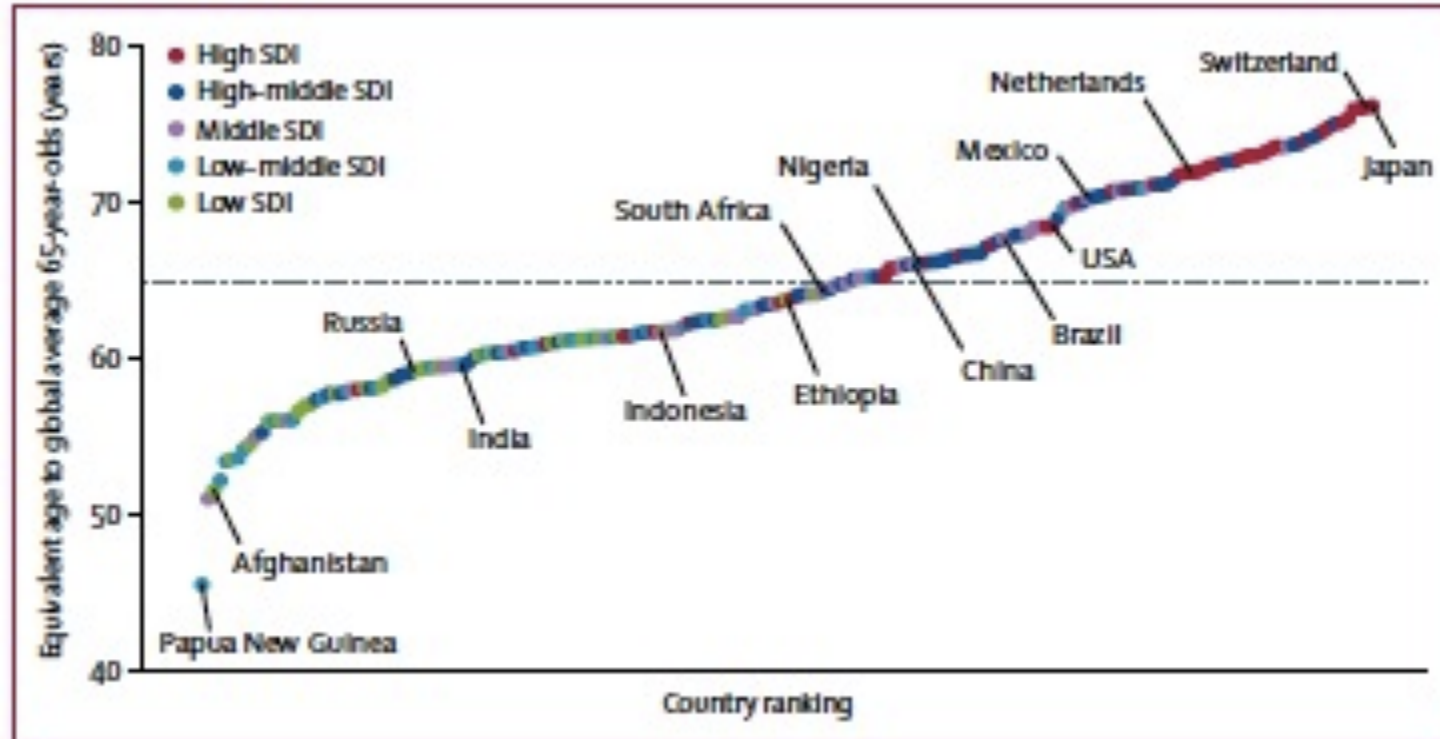


# WHEN SHOULD ONE BE CONSIDERED “OLD” ....

- 65 years
- 75 years
- 80 years
- It depends on...
- I am uncertain



# Measuring population ageing: an analysis of the Global Burden of Disease Study



*Lancet Public Health 2019; 4: e159-67*



# Boomers Turn 70

How this generation has influenced us all ... and how it will change the world again

by **Bill Newcott**, **AARP Bulletin**, January 2016 | Comments: 16





# FRAILTY and STRESS

Frailty is most obvious under “stress”

acute illness

new medications

surgery

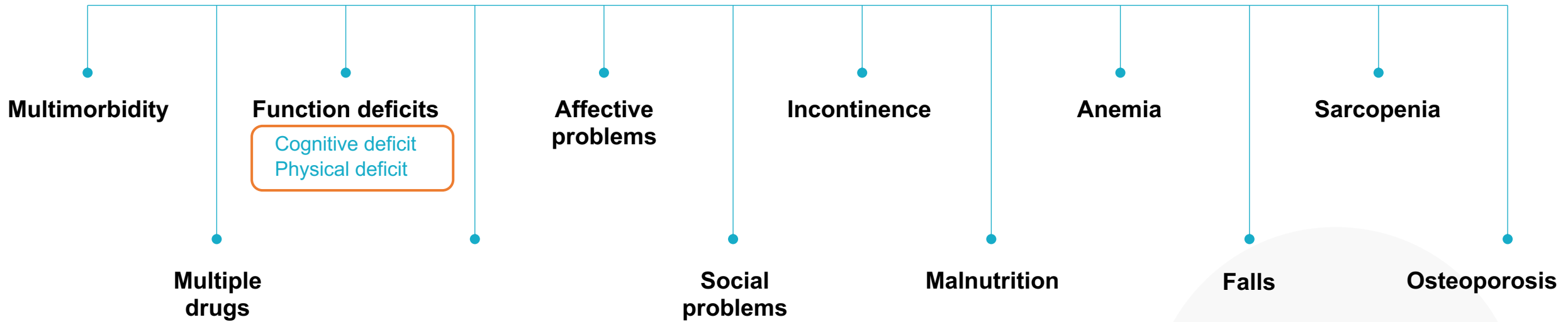
pain

change in environment or support

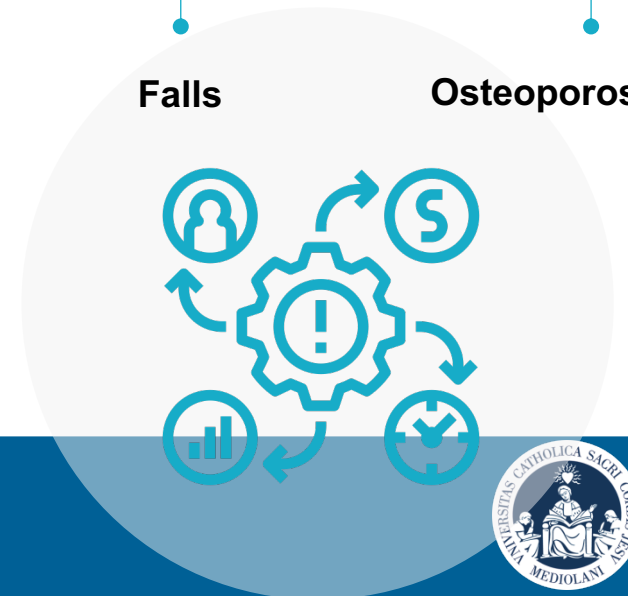
**CANCER** = Frailty Stress Tests

# The “Modern” Patient

## FRAILITY



Tinetti M, Studenski SA. *N Engl J Med* 2011;364:2478–81.



# Frailty - An Overlapping Concept

## AGING

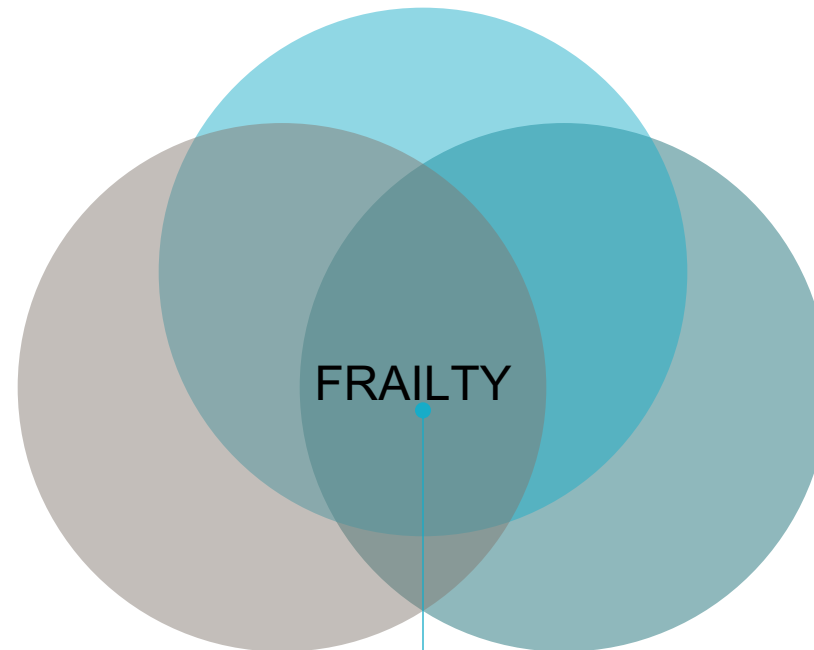
Increased vulnerability to disease and accidents over time

## DISABILITY

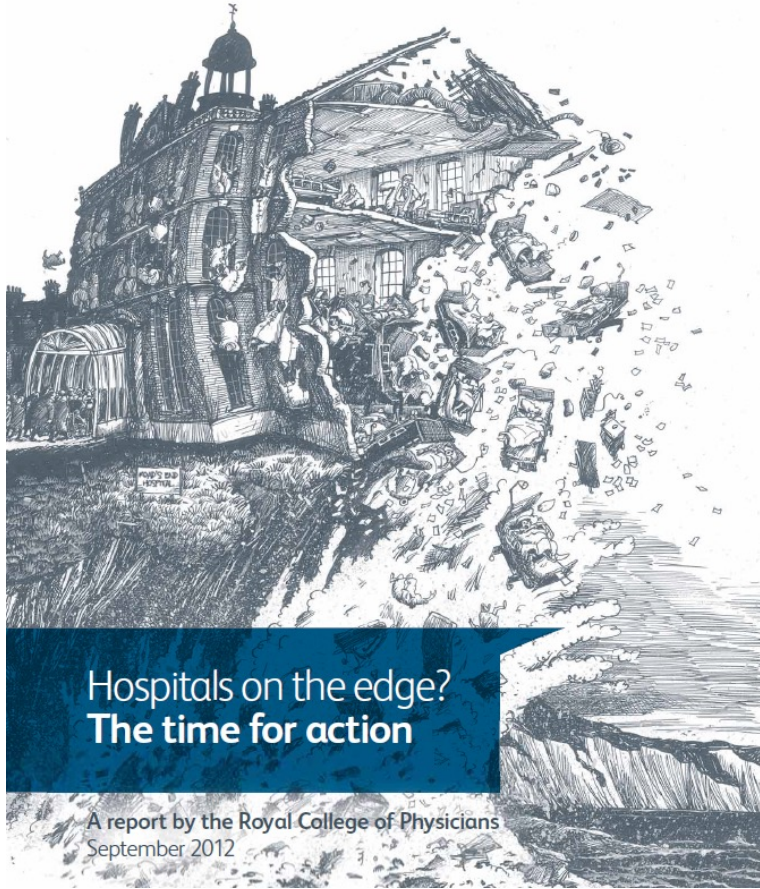
Functional limitations resulting from impairments

## COMORBIDITY

Disease processes resulting from biology and exposures



Multidimensional  
Unstable  
Heterogeneous



Hospitals on the edge?  
The time for action

A report by the Royal College of Physicians  
September 2012



**PATIENTS OVER 80:**

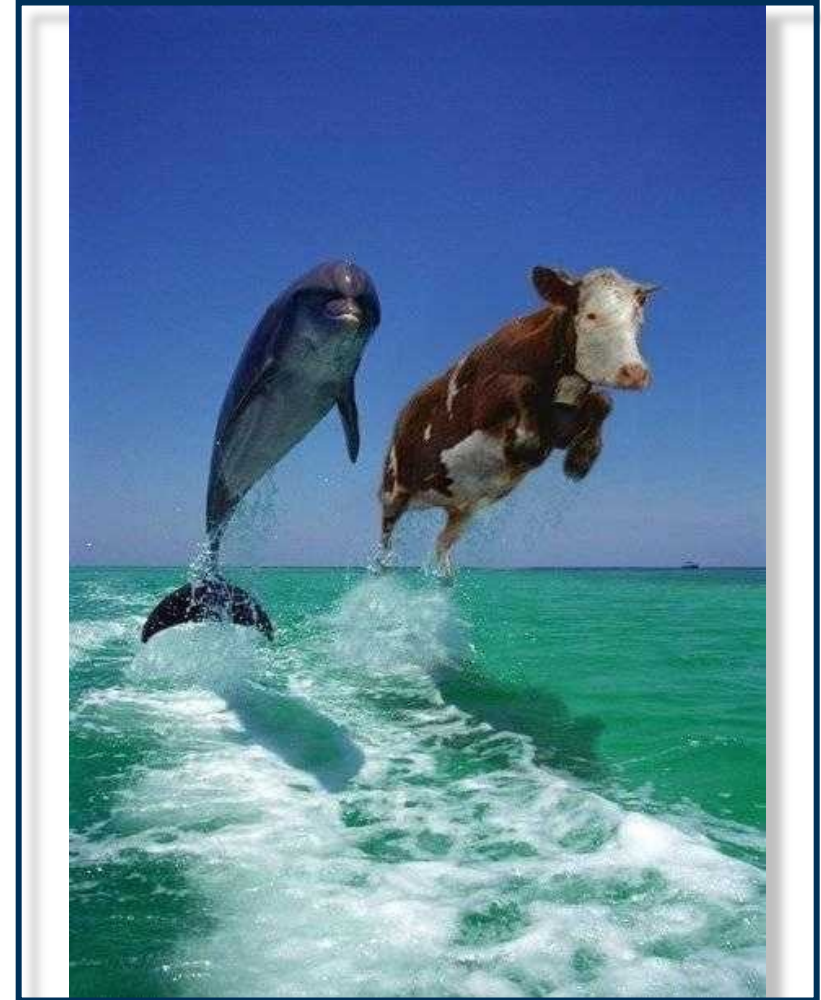
**OVER THE PAST 10 YEARS**



Royal College of Physicians. Hospitals on the edge? The time for action. Available at <https://www.rcplondon.ac.uk/guidelines-policy/hospitals-edge-time-action>.

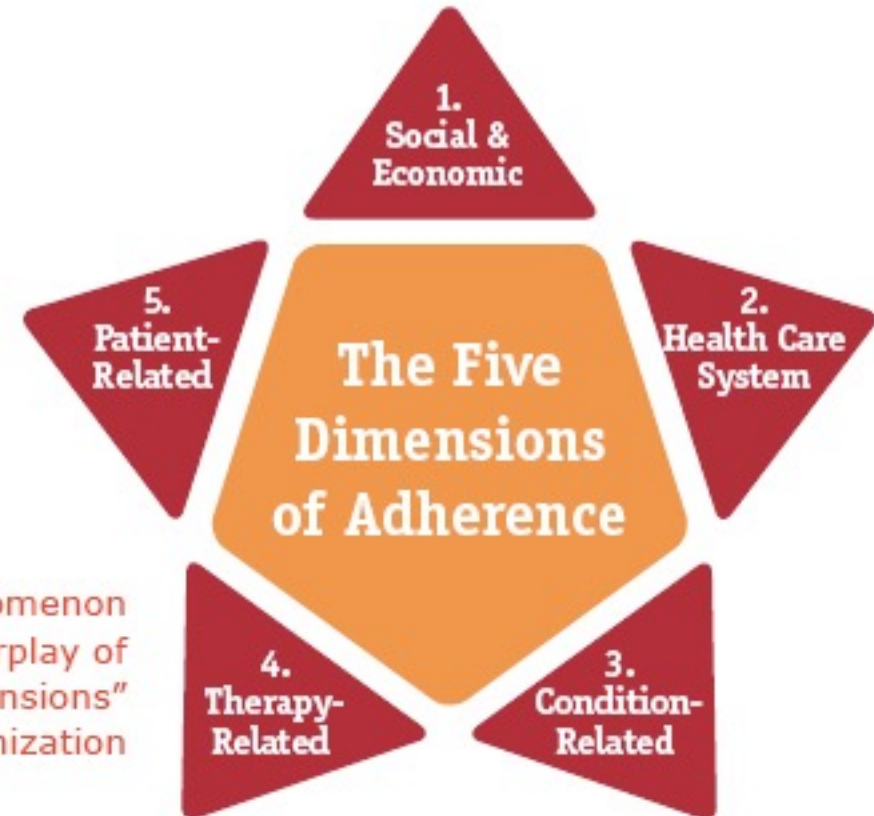
# ASSESSING THE OLDER PATIENT FOR CANCER TREATMENT

*Fitness does not mean  
you can all do the same exercise....*



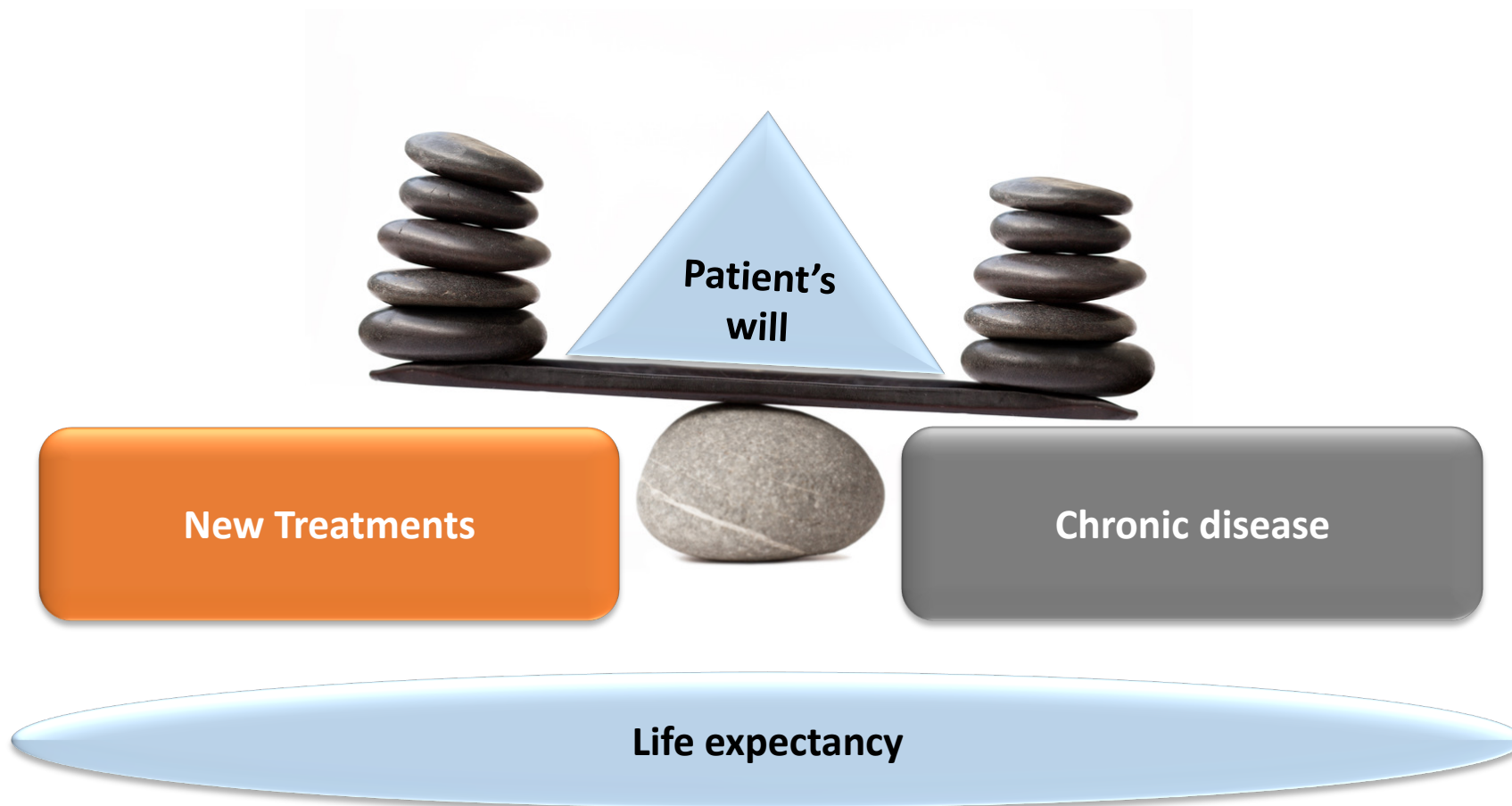
*“Adherence is the extent to which a person’s behavior [in] taking medication... corresponds with agreed recommendations from a health care provider”*

*(World Health Organization, 2003)*



Adherence is a multidimensional phenomenon determined by the interplay of five sets of factors, termed "dimensions" by the World Health Organization

*Persistence* is defined as the ability of a person to continue taking medications for the intended course of therapy. In the case of chronic diseases, the appropriate course of therapy may be months, years, or even the person's lifetime.



# 1 Social and Economic Factors

## BARRIER

## STRATEGIES

### Limited language proficiency

*Do not talk loudly or exaggerate speech*

Do not direct communication to companion

Provide written information

Use nonverbal cues and body language

*Use pictures, diagrams, or pictograms to help communicate information*

*Verify understanding by having the person "teach back" the instructions they have been given*

Reinforce information with a family member if available and appropriate

### Low health literacy

*Create a "shame free", safe environment where the person feels comfortable talking openly*

*Use plain language instead of technical language or medical jargon*

Give clear verbal instructions

Provide information written at a lower level; use large font size

Use video instruction

Telephone follow-up to determine how the person is doing



## 2 Health Care System-Related Factors

### BARRIER

### STRATEGIES

#### **Provider-patient relationship**

Establish a positive, supportive, trusting relationship with the patient

*Involve the patient in the decision-making process*

Assess the patient's understanding of the illness and treatment

Clearly communicate the benefits of treatment

*Involve the patient in setting treatment goals*

*Assess the patient's readiness to carry out the treatment plan*

Identify and discuss any barriers or obstacles to adherence the patient may have and formulate strategies for overcoming them with the patient

*Tailor made treatment*

Reduce complexity

#### **Provider communication**

*Adopt a friendly rather than a business-like attitude*

Spend some time conversing about nonmedical topics

Avoid medical jargon

Use short words and short sentences

Give clear instructions on the exact treatment regimen, preferably in writing

Repeat instructions

Make advice as specific and detailed as possible

Ask the patient to repeat what has to be done

Source: Krueger et al., 2005

Source: Gottleib, 2000

### 3 Condition-Related Factors

**Chronic conditions and lack of symptoms**

**Depression**

**Psychotic disorders**

**Cognitive Impairment**

**Developmental disability**

### 3 Condition-Related Factors

#### BARRIER

**Therapy for asymptomatic conditions  
Preventative therapies with no  
immediately discernible benefit**

**Chronic or long-term therapy**

#### STRATEGIES

*Inform about disease process, importance of treatment or prevention,  
and consequences if not treated*

*Reinforce benefits of prevention/treatment versus risks*

Simplify regimen

Refer to support group

Use reminder strategies

Involve family members

Cue medication taking to daily tasks or routine

## 4 Treatment-Related Factors

### BARRIER

### STRATEGIES

#### **Complexity of treatment regimen**

Identify and discontinue unnecessary medications  
Reduce dose frequency for medications where possible; Identify medications prescribed to treat the side effects of other medications  
Introduce reminder strategies tailored to the individual, such as pill organizers, calendars, phone reminder systems, etc.

#### **Lack of immediate benefit of therapy**

Educate about what to expect from treatment (e.g., how medication works, time to onset of effect, expected goals of therapy, how to monitor for effectiveness)

#### **Chronic or long-term therapy**

Simplify regimen  
Refer to support group  
Use reminder strategies  
Cue medication taking to daily tasks or routine

#### **Actual or perceived unpleasant side effects**

Educate about what to expect from treatment and risks vs. benefits Suggest ways to manage minor side effects

#### **General treatment regimen concerns**

Involve person in determining goals of therapy  
Address medication-related issues that make adherence difficult,



## 5 Older Patient-Related Factors

Physical factors

Psychological/behavioral factors

Visual Impairment

Hearing Impairment

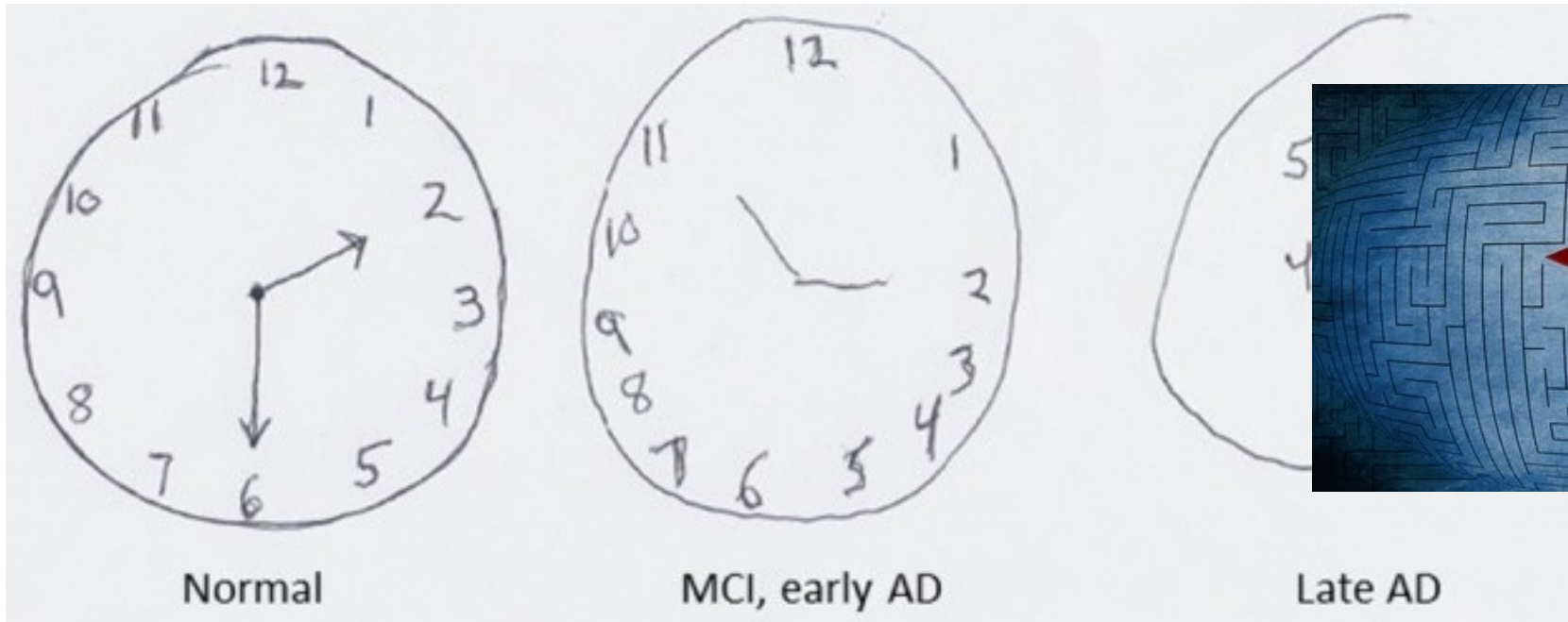
Cognitive Impairment

Impaired Mobility

Dexterity

Swallowing Problems

## 5 Patient-Related Factors



# *Reasons for non-compliance*

Poor rapport with physician

Few symptoms

Chronic illness

Prescription not collected or not dispensed

Purpose of treatment not clear

Perceived lack of effect

Real or perceived side-effects

Instructions not clear

Physical difficulty in complying (e.g. travel to place of treatment)

Unattractive place

Complicated regimen

Cost of treatment

# Reasons that increase compliance:

Patient feels ill

Clear instructions

Simple treatment schedule

Short time spent in waiting room and family atmosphere

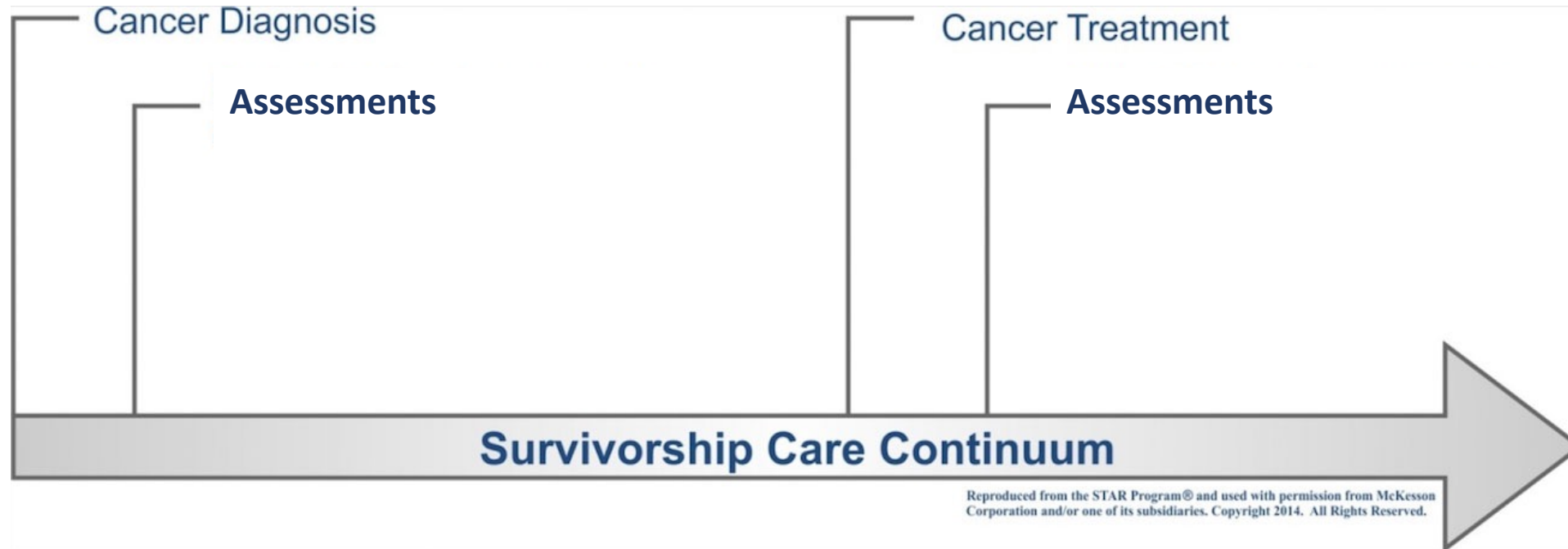
Physician recommending one change at a time

Benefits of care outweigh costs

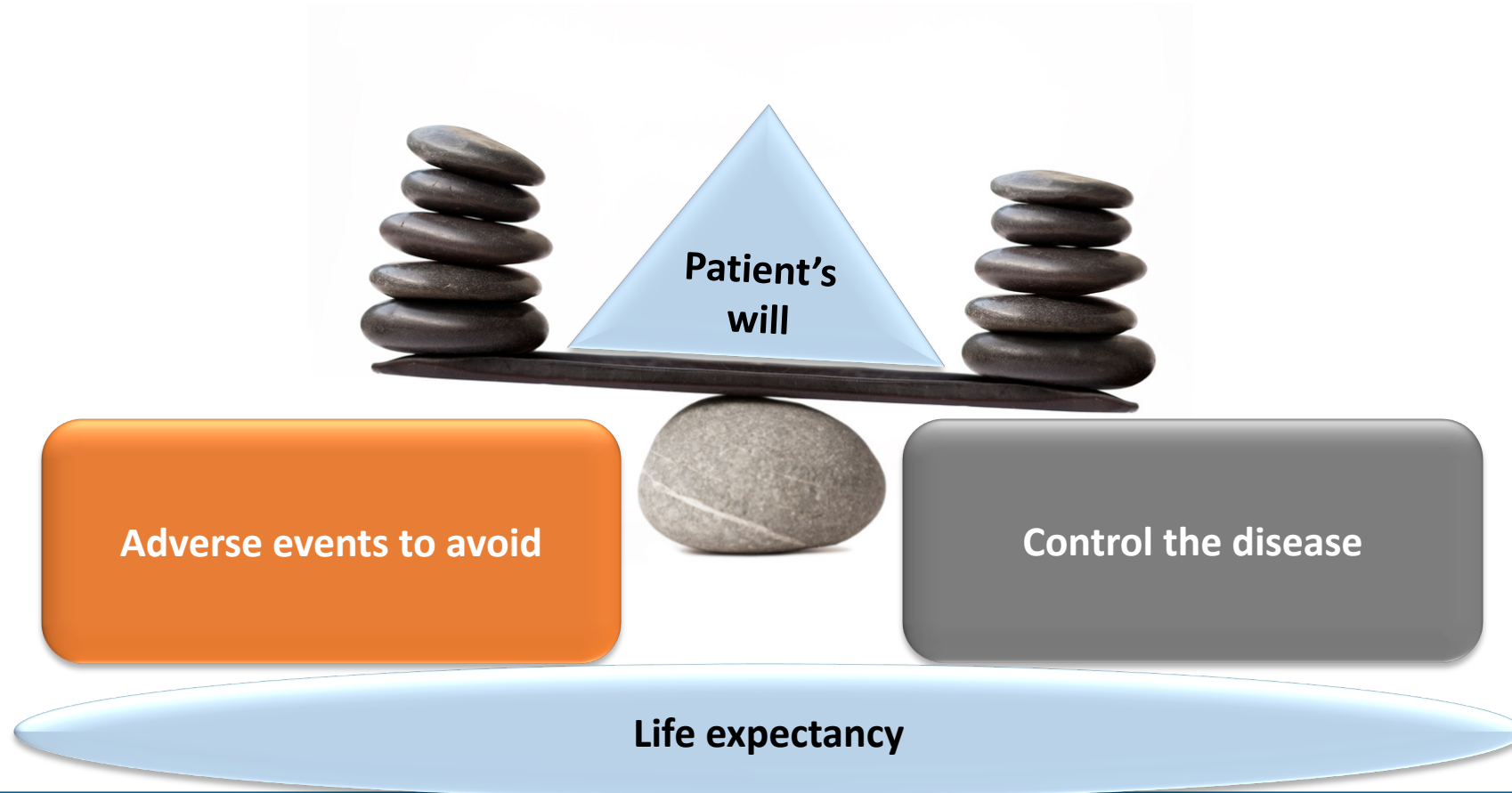
Peer support



# Cancer Care Continuum



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