Patients' understanding, preferences and decision-making strategies for lipid-lowering and antihypertensive medication.

Researchers

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Background

The problem of poor medication adherence is well documented although the reasons for this are not fully understood. Practical and psychological barriers may intervene to compromise adherence at many behavioural stages, including prescription encashment, accurate and timely compliance with prescribed drug regimen and persistence with treatment. Such barriers include poor knowledge about the condition or its treatment, inappropriate attitudes towards medication, cognitive biases affecting judgements of personal risks and benefits, and problems with the organisation of medication taking. Interventions to improve compliance have addressed such cognitive, attitudinal and behavioural aspects, although the success, even of multifaceted interventions, has been limited. To date most studies designed to understand non-adherence have been conducted from the perspective of patient-centred care and shared decision-making, focusing on the success of health professionals in communicating information to patients and negotiating mutually acceptable treatment options. Models of professional behaviour developed in response to such research include the 'concordance' approach advocated by the recent Royal Pharmaceutical Society working group on medication adherence.

Of the practical barriers to medication adherence, multiple drug regimes are a major problem, particularly where the dosage frequency of alternative treatments varies. This can be confusing for patients and may lead to particular difficulties for those with a busy lifestyle or cognitive impairment. An innovative approach, which has recently sparked controversy, is the so-called 'polypill', whereby multiple medications are contained within one capsule for convenient use. The clinical benefits of such an approach are as yet unclear and further randomised controlled trials are required. Moreover, its implications for patient satisfaction and adherence behaviour have not been established. While the rationale appears obvious, patients have complex reasons for taking or not taking their medications and these may differ between different drugs for different conditions; hence the assumption that added convenience will improve satisfaction and adherence may be flawed. The aim of this study is therefore to explore patient's current attitudes and experience of adherence to these drugs and their attitudes and beliefs about a combined pill.

Aims of Study

- To explore perceived barriers and facilitators to medication adherence, with particular reference to polypharmacy and dosage frequency.
- To assess patients' understanding of cardiovascular risks, in relation to global and individual risk factors.
- To understand patients' individual strategies for adherence (or non-adherence), and the decision making behind these.
- To examine patients' perceptions of the relative benefits and costs of combination drug therapy for hypercholesterolaemia and hypertension.

Methods of Working

The study will take place in two UK locations: Tayside, Scotland and London/South east of England. These represent both urban and rural localities, and socio-demographic profiles broadly representative of the UK as whole. The study will consist of two stages. Stage 1 will consist of an initial phase using qualitative methods to identify key beliefs, attitudes and behaviours for the survey in stage 2. Stage 2 will involve a survey of patients in both Scotland and England in order to identify the frequency of views identified in stage 1 and examine differences between subgroups.

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