Improving Patient Compliance

A Q&A with Sandy Marchese Johnson, MD

Whether you’re treating a pediatric patient for atopic dermatitis, acne, or even fungal infections, ensuring patient compliance with a treatment plan is key to successful outcomes. Compliance issues can be challenging in this patient population because you are not just dealing with the patient, but with their caregivers as well. With very young patients, the parents need to understand the treatment regimen and be willing to help their children and ensure compliance.

With adolescent patients, it’s still often important to involve the parents or caregivers in the treatment plan, but empowering teens to take responsibility for their care may lead to better outcomes.

Sandy Marchese Johnson, MD, a dermatologist who practices in Ft. Smith, AR, says that in her practice she has noticed that teens with acne who are able to follow an acne regimen tend to be successful students and then successful adults.

Dr. Johnson shared some of the strategies she uses to help pediatric patients be compliant and get the best results possible.

Practical Dermatology*: When devising a treatment plan, do you provide patient handouts with instructions for how to follow the treatment regimen? Should doctors ask the families if they think the treatment protocol will work within their lifestyle or ask if they foresee any challenges that you might be able to help them work around?

Dr. Johnson: At the time the treatment plan is developed, Dr. Johnson says she provide patients with a written treatment plan, and she keeps a copy of the treatment plan in the patient’s chart as well.

In an effort to determine if patients will have any trouble following their treatment regimen, communication is key.

“We give treatment plans by spoken word and written word. We ask if they foresee any issues and ask if they will be able to comply,” says Dr. Johnson.

Practical Dermatology*: When explaining a treatment plan, how important is it to educate parents (caregivers) and the patient? Do you have any specific tips you offer families for remembering to use their medication?

Dr. Johnson: Some physicians offer suggestions for using tools like calendars, stickers, or text reminders to keep patients on track.

“We sometimes discuss this,” says Dr. Johnson, but says she emphasizes the team approach to care with the patient as the most important player. “We also discuss how we as the skin care doctor is only one person on their team. They should think of us as their coach or personal trainer. To see the results, they have to do the work.”

Practical Dermatology*: How much of hindrance is the cost of medication in compliance?

Dr. Johnson: “Cost is becoming a bigger issue. It is amazing how much more difficult it is to obtain some medicines this year than it was the same time last year,” Dr. Johnson says. “We are thankful triamcinolone has not increased too much in cost.”

Encouraging Compliance

Treating Pediatric Patients:

Recent research, news, and tips to improve outcomes.
Practical Dermatology*: When treating conditions like atopic dermatitis that need long-term maintenance, how often do you schedule follow-up visits? How do you check if patient are being compliant?

Dr. Johnson: It can be helping if patients bring in medications so physicians can check how much they’ve used, or if the patient or caregivers can discuss how they’ve been using medications at home. “We love when patients do these things,” says Dr. Johnson. Again, she says the first follow-up appointment for most patients is about two months after the initial appointment. And then she tailors how frequently to schedule follow-up appointments from there based on the severity of the condition and compliance.

Practical Dermatology*: In the case of treating adolescents – who may be more or less bothered than their parents about their condition– can you offer any tips for how to empower the patient to take charge of their treatment plan and remain compliant?

Dr. Johnson: Adolescent patients have to be empowered with the responsibility for caring for their skin and following their treatment regimen. These patients will likely be more invested in their treatment and will likely see better results. “Having two teenagers personally, they have to take ownership,” Dr. Johnson stresses. “I will not put on the medicine for my own kids let alone for my patients.”

Sandy Marchese Johnson, MD practices in Ft. Smith, AR.

Prescription Preferences

A new study shows that how a dermatology prescription is written affects adherence. Adewole S. Adamson, MD, assistant professor of dermatology at the University of North Carolina School of Medicine, found that patients who were given electronic prescriptions were more likely to pick up and fill their dermatological prescriptions than those given paper prescriptions.

For the study, published in JAMA Dermatology, Dr. Adamson used data from a dermatology clinic in a large urban county health system in Texas to measure primary nonadherence, which is defined as not filling and picking up all prescriptions within one year of the prescription date. Medication nonadherence is associated with poorer clinical outcomes, but not many studies have been conducted to examine factors influencing nonadherence in dermatology, Dr. Adamson said.

For the study, Dr. Adamson conducted a medical records review of a group of new patients who were prescribed dermatologic medication at a single hospital outpatient clinic from January 1, 2011 through December 31, 2013. More than 4,300 prescriptions were written for 2,496 patients. Of those, 803 patients received electronic prescriptions, while 1,693 received paper prescriptions.

The study found that there was a 16 percent reduction in primary nonadherence when the prescription was in electronic format compared with a traditional, paper prescription.

Rates of primary nonadherence decreased in patients older than 30, but increased in patients who were 70 and older.

Evaluating Written Eczema Action Plans: Likely Benefits

Noting that the use of written action plans has improved outcomes in chronic diseases that require a similar approach as the treatment of atopic dermatitis, researchers conducted a systematic review to evaluate the effect of a written eczema action plan in managing atopic dermatitis and to identify what makes and action plan effective for children with eczema. Only two trials were identified as eligible, which the researchers said highlights the need for more research on EAPs.

The results, which were published in Pediatric Dermatology (Vol. 33 No. 2 e151–e153, 2016), found...
that although evidence examining EAPs is limited, there is promise of benefit. The researchers concluded that “future randomized trials examining validated EAPs should aim to evaluate objective clinical improvement and subjective patient and caregiver perception using validated scales.”

In a follow-up Letter to the Editor, authors commented that an electronic version of a written eczema action plan might lead to further improvement and patient compliance with treatment regimens. Citing research that shows 69 percent of 12- to 15-year olds have access to smartphones, the authors suggest photographs of treatment plans could act as portable reminders, and also suggest the use of appropriate apps to remind patients (and parents) about treatments. The authors of the letter said they believe technology like this can help enhance patient adherence and treatment outcomes.

AAD Offers Resource for Atopic Dermatitis Patients

Earlier this year, the American Academy of Dermatology launched an Atopic Dermatitis Patient Education Program, a resource it says it designed to help AAD members educate their patients about atopic dermatitis.

Jenny Murase, MD, assistant clinical professor of dermatology, University of California, San Francisco, with support from the AAD and funding from Sanofi and Regeneron Pharmaceuticals, worked to create a video to educate patients about atopic dermatitis highlighting the role dermatologists play in helping patients manage their atopic dermatitis. Videos address what atopic dermatitis is, what causes it, how it is diagnosed, available treatments, and tips for coping with the condition.

The videos are posted to both the Academy’s website (www.aad.org/ADeducation) and YouTube Channel (https://www.youtube.com/user/AcademyofDermatology). Dermatologists are encouraged to refer patients to these sites.

Isotretinoin and Nonadherence

Therapeutic success with isotretinoin, the gold standard treatment for severe recalcitrant nodular acne and acne that is refractory to other treatments, depends on reaching a target dose over several months. Treatment success can be difficult due to compliance issues and the need for monthly follow-up. A study presented as a poster at the 74th Annual Meeting of the American Academy of Dermatology, examined isotretinoin adherence and factors associated with nonadherence.

Medical records of 544 patients prescribed isotretinoin between 2010-2015 at UCLA Dermatology Clinic were reviewed. Of the 392 patients who met inclusion criteria, 67 percent demonstrated adherence. For every year in age, odds of nonadherence increased by 3 percent. The review found that sex and previous isotretinoin courses did not significantly affect adherence. Of the 130 nonadherent patients, 56 percent were lost to follow-up with almost one-third dropping out during the first month of treatment. Of the remaining patients, 27 self-discontinued therapy. The most commonly cited causes were side effects, never starting therapy, mood changes, and iPLEDGE difficulties. Physician recommended dis-
Overcoming Hurdles to Acne Treatment Adherence

There are several hurdles in adhering to acne treatment. Being able to recognize these hurdles and finding appropriate solutions may be as important to treatment outcomes as choosing the right medication to prescribe, according to the results of a recent study published in *Patient Preference and Adherence* in October.

Researchers searched PubMed database and of the 419 search results, 29 articles were reviewed to identify hurdles to adherence and corresponding solutions.

The study found the hurdles to primary nonadherence where the medication is not even started include:

- Lack of knowledge,
- Confusion about usage,
- A weak physician—patient relationship,
- Fear of adverse reactions, and
- Cost.

Secondary nonadherence hurdles where the medication is started but not taken as directed include: lack of results,

- Complex regimens,
- Side effects,
- Busy lifestyle,

SHARE YOUR COMPLIANCE TIPS

**Simple Treatments, Successful Results**

Treating children and adolescents can be challenging—and nonadherence is often one of the biggest contributing factors to lack of treatment success. Do you have tried-and-true strategies for helping keep your patients on track with treatment regimens? Sticker charts? Text/Calendar reminders? Regular follow-up appointments or phone calls to check in? Medication measurement tools? Share your best tips with us on how to enhance the chances of patient compliance—we’ll report the results in an upcoming issue of *Practical Dermatology*.

Email editor@bmctoday with your best compliance tips!

BY THE NUMBERS

41.5% Percent of patients with topical corticosteroid concerns (TCC), according to a recent study that assessed the prevalence, characteristics, and sources of TCC in a dermatological population and the impact of written and oral patient information on TCC for patients with atopic dermatitis.

28.3% Percent of patients who experienced TCC-related non-adherence.

Topical corticosteroid concerns for patients with atopic dermatitis lead to non-adherence with poor disease control and increased health care costs. According to this study, the leading concerns were skin atrophy, systemic effects, and impairment of the immune system. The most frequent sources of TCC were negative reports by media, family, or friends. Both written and oral patient information significantly reduced TCC.