Improving adherence

Lesson 5.2.3 | Health psychology

Core ideas

Adherence can improve when patients understand what the treatment is for, how to follow it and what problems to expect.

Patient-centred communication helps by checking concerns, inviting questions and agreeing a realistic plan rather than simply giving orders.

Simplifying a treatment regimen can reduce unintentional non-adherence by making doses, timings and instructions easier to manage.

Reminders, prompts and packaging aids can support memory, especially when treatment has to be repeated over time.

Behavioural methods such as contracts, goal-setting, rewards and self-monitoring can turn advice into specific actions.

Follow-up, social support and problem-solving can help patients continue treatment when side effects, cost or daily routines get in the way.

Key terms

Adherence intervention: A strategy designed to help patients follow agreed medical advice.

Patient-centred communication: Communication that explores the patient's concerns, preferences and understanding.

Regimen simplification: Making a treatment plan easier to follow by reducing complexity.

Reminder: A prompt that helps a patient remember a dose, appointment or health action.

Behavioural contract: An agreement that sets out a specific health behaviour and commitment.

Self-monitoring: Recording one's own health behaviour or symptoms to guide change.

Social support: Help from other people that makes treatment easier to continue.

Follow-up: Later contact that checks progress, problems and next steps.

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Further detail and evidence

Key study: Yokley and Glenwick (1984) tested community interventions to increase preschool immunisation, applying prompts and reinforcement to health-service use.

Families of 1,133 preschool children lacking required immunisations were randomly assigned to six public-health conditions.

Conditions were general prompt; child-specific prompt; specific prompt plus easier clinic access; specific prompt plus monetary incentive; contact control; and no-contact control.

The independent variable was intervention package; the outcome was immunisation attendance rather than stated intention.

Except for general prompting, interventions showed some improvement over controls. Monetary incentives plus specific prompts had the largest effect, followed by easier access and specific prompts alone.

Behavioural contracts agree a clear action, monitoring and consequence. Prompts cue the action at a relevant time; customising the regimen fits it around the person's practical needs. A useful intervention addresses the cause of non-adherence rather than adding an unrelated reward.

Chaney et al. (2004) tested the Funhaler with young children using asthma inhalers. A whistle/spinner provided contingent feedback for appropriate breathing. Parent reports favoured easier use and better adherence compared with the usual device. The short home comparison and parental report limit conclusions about long-term clinical improvement.

Yokley and Glenwick compared six community conditions for families whose preschool children lacked immunisation. Specific prompts, improved access and monetary incentives can change different barriers. The strongest attendance effect was associated with the incentive condition; a general prompt alone was not sufficient.

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Applying the ideas

A calendar reminder may help someone who intends to attend but forgets. Easier clinic access helps a practical obstacle, and an engaging child device changes the immediate experience of treatment. A contract should specify what counts as adherence and how both parties will review difficulties.

Evaluation and connections

The conclusion supports tailored, practical interventions: reminders may be insufficient when barriers remain.

Random allocation and behavioural records support application. Combined packages do not isolate every mechanism; one community and health behaviour limit generalisation.

Evaluate child-research ethics, parental decisions, incentives and controls. Clinic attendance is not the same as complete long-term adherence.

Randomised community conditions support comparison and real attendance is a behavioural outcome. Incentives can impose costs and may not persist after removal. Parent reports can be optimistic and short comparisons are vulnerable to novelty. Evaluate treatment adherence, appointment attendance and health outcomes separately.