

Helping to Improve Antidepressant Medication Compliance

Studies have shown that up to 70% of patients treated with antidepressants are not compliant in some manner with taking their medication.^{1,2} The following are some of the common reasons for medication noncompliance:

1. Medication side-effects;
2. Expense of treatment;
3. Decisions based on personal value judgment, religious, or cultural beliefs about the advantages and disadvantages of the treatment;
4. Maladaptive personality traits or coping styles;
5. Presence of co-morbid psychiatric/medical problems (i.e., substance/alcohol abuse).³

To facilitate compliance, the treating clinician must accomplish three objectives:

1. Develop an alliance with the patient;
2. Enable the patient's support system; and
3. Tailor the medication regimen to fit the convenience and lifestyle of the patient.³

Provider discussions to inform patients about depression in a collaborative treatment environment have the potential to significantly improve treatment adherence and outcome. Verbal instructions are forgotten 50% of the time. Consider giving strong educational messages both verbally and in writing to develop and maintain compliance. Some important messages and ideas for enhancing and maintaining compliance taken from nationally recognized guidelines such as the depression treatment guideline from the American Psychiatric Association include:⁴

1. Actively engage the patient in the treatment plan;
2. Ask about prior use of antidepressants;
3. Give the patient written instructions;
4. Provide a number for the patient to call if questions or problems occur ;
5. Keep dosing regimen as simple as possible;
6. Review medication use and any side effects at scheduled follow-up visits;
7. Explain it may take 2-4 weeks before seeing any clinical response to the medication;
8. Have the patient call if he/she is thinking about stopping the medication;
9. Review other potential causes of noncompliance such as perceived lack of benefit from the treatment, financial/environmental obstacles, and motivational factors.
10. When appropriate, select medications on formulary to help minimize the prescription cost for the patient.

¹ Katon W, et al. Adequacy and duration of antidepressant treatment in primary care. *Med Care* 1992; 30:67-76.

² Lin EH, et al. The role of the primary care physician in patient adherence to antidepressant therapy. *Med Care* 1995; 33:67-74.

³ Kaplan and Sadock's Comprehensive Textbook of Psychiatry 2000. Section 27.1; Lippincott, Williams and Wilkins.

⁴ American Psychiatric Association. *Practice Guideline for the Treatment of Patients with Major depression* 2nd Edition, 2000.

"CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.