

Medication Non-adherence in Individuals with Serious Mental Illness

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Disclosures

- I have no disclosures that are relevant to the topic of this presentation.

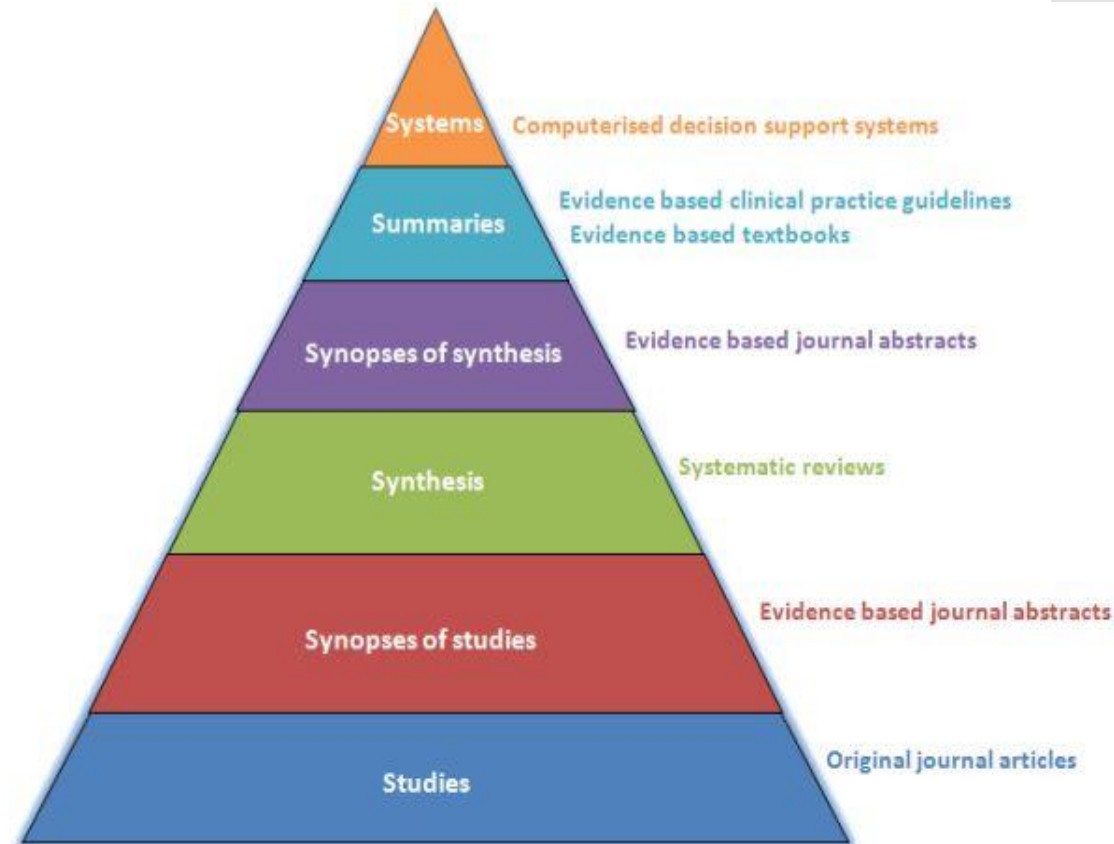
Objectives

- Discuss best practices and common medications used for serious mental illness
- Describe medication non-adherence, its predictors, and best practices for management, including long-acting injectable antipsychotics
- Evaluate barriers to medication use in serious mental illness

Best Practices for Treatment of SMI

Treatment Guidelines

- American Psychiatric Association (APA)
- British Association of Psychopharmacology (BAP)
- Canadian Network for Mood and Anxiety Treatments (CANMAT)
- National Institute for Health and Care Excellence (NICE)
- VA/DoD Clinical Practice Guidelines
- World Federation of Societies of Biological Psychiatry (WFSBP)



Examples of Medication Use in SMI

Antidepressants

- Fluoxetine (Prozac®)
- Venlafaxine (Effexor®)
- Bupropion (Wellbutrin®)
- Esketamine (Spravato®)

Mood Stabilizers

- Lithium (Lithobid®)
- Valproic acid (Depakote®)
- Lamotrigine (Lamictal®)

Antipsychotics

- Haloperidol (Haldol®)
- Risperidone (Risperdal®)
- Aripiprazole (Abilify®)
- Clozapine (Clozaril®)

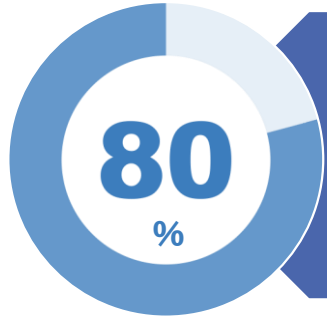
Medication Non- Adherence in SMI

Non-adherence rates among patients with severe mental illness ranges between 30 and 65%

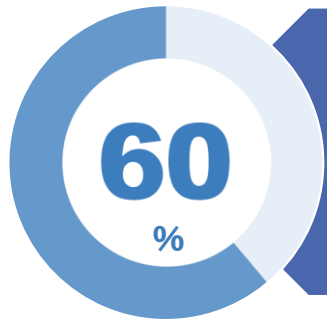
Consequences of Medication Non- Adherence

- Relapse
- Rehospitalization
- Impairment in functioning
- Suicide
- Poorer prognosis
- Loss of job
- Risky behavior
- Substance use
- Low satisfaction

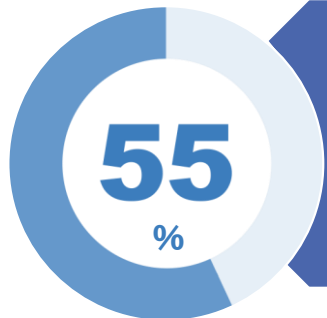
Medication Non- Adherence in SMI



1-year relapse rate of people with major depressive disorder who do not take antidepressants (vs. 30% taking)



Prior month medication non-adherence rate of people admitted to the hospital with bipolar mania



1-year relapse rate of people with schizophrenia who do not take antipsychotic medications (vs. 14% taking)

Predictors of Medication Non-Adherence in SMI



Patient

- Younger age
- History of non-adherence
- Severity of illness
- Symptom burden
- Lack of insight
- Shorter length of illness
- Personal attitudes or beliefs
- Substance use



Environmental

- Stigma
- Lack to follow-up
- Difficulty navigating mental healthcare system
- Lack of safe storage
- Lack of support



Prescriber

- Power/control
- Stigma
- Relationship



Medication / Treatment

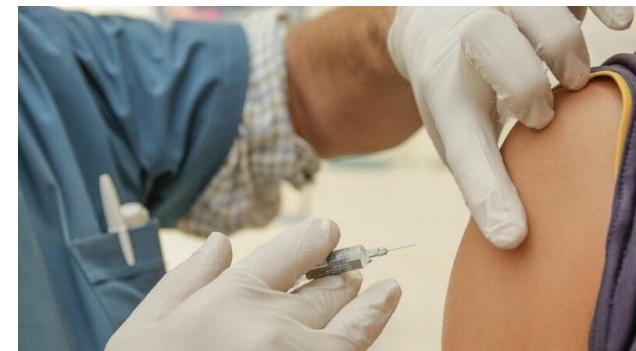
- Complexity of regimen
- Side Effects
- Negative response to treatment
- Oral medication

Best Practices to Improve Medicating Adherence

- Patient involvement in decisions about medications
 - Communication
 - Understand patient's knowledge, beliefs, and concerns
 - Provide information
- Support adherence
 - Assess intentional vs. unintentional non-adherence
 - Intervene to increase adherence
- Review medications
 - Regular review and assessment
- Communication between healthcare professionals
 - Monitoring and follow-up

Ways to Improve Adherence

- Reading material
- Individual patient education
- Medication organizers
- Simplify dosing regimen
- Alternative packaging (ex. pill packets)
- Long-acting injectable antipsychotics
- Assertive Community Treatment (ACT)



Long-Acting Injectable Antipsychotics (LAIs)

- Intramuscular/subcutaneous formulations of antipsychotics
 - Dosing intervals – every 2, 4, 6, 8, 12, 26 weeks
- Reduced pill burden, stable drug levels, improved adherence, decreased hospitalizations
- Guidelines recommendations:
 - Patients receive treatment with a LAI antipsychotic medication if they **prefer** such treatment or if they have a history of **poor or uncertain adherence**.
- Only 15-28% of eligible patients receive an LAI in the US

Oral Antipsychotics vs. LAIs

Table. Summary of the pros and cons of oral antipsychotics versus LAI antipsychotics

Criteria	LAI antipsychotic	Oral antipsychotic
Cost		X
Adherence	X	
Consistent dosing	X	
Number of agents		X
Efficacy ^a	X	X
Safety ^b	X	X
Ease of administration		X

^aEqual efficacy among all antipsychotics except clozapine.

^bEqual safety profiles except the LAI olanzapine pamoate, which has a warning regarding post-injection delirium sedation syndrome.

LAI, long-acting injectable; X, favors.

Barriers to Medications in SMI

- Prescription insurance coverage
 - Prior authorizations
 - Denials
 - Delays in treatment
- Transitions of care
 - Inpatient to outpatient
 - Between healthcare providers
- Proximity
 - To pharmacy
 - To specialist
- Cultural competency
- Stigma

Improving Access to Medications

- Rational selection
 - Maximize clinical effectiveness
 - Minimize harms
- Availability
 - Prescription formulary
- Affordability
 - Insurance coverage
 - Co-pay
- Appropriate use
 - Avoid wasting scarce healthcare resources
 - Respect patient choice

PSYCHIATRIC PHARMACISTS

Improving access, outcomes and cost



32%
shortage of
psychiatrists
by 2030

HRSA, 2019



44.7
million adults
experience
mental illness
in a given year

NIMH, 2018



\$225
billion are
spent on
mental health
annually

SAMHSA, 2014

Psychiatric pharmacists are advanced practice clinical pharmacists who specialize in mental health care. With an extensive knowledge of medication management, they are skilled at treating the whole patient. They strengthen the mental health team by working directly with patients, improving outcomes and saving lives.



PSYCHIATRIC PHARMACISTS ADD UNIQUE VALUE

Part of the team, part of the treatment.

In collaboration with the health care team, patients, and caregivers, psychiatric pharmacists:



PRESCRIBE* or recommend
appropriate medications



RESOLVE drug interactions



EVALUATE responses and
modify treatment



SUPPORT medication adherence



MANAGE medication
adverse reactions



PROVIDE medication education

*Prescriptive and practice authority varies by state and practice setting.



EXPANDED PHARMACY EDUCATION

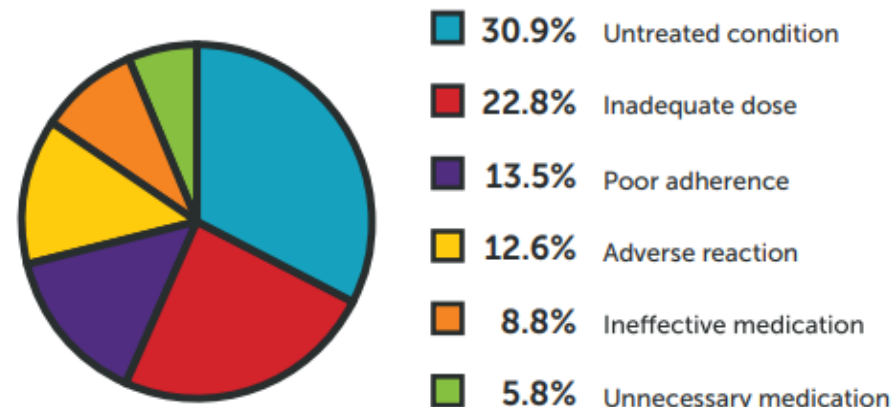
- **6-8 YEARS** Undergraduate and Doctor of Pharmacy Degrees
- **1 YEAR** General Pharmacy Residency
- **1 YEAR** Psychiatric Residency
- **CERTIFY** by examination

☆ **Board Certified Psychiatric Pharmacist (BCPP)**

(+ recertification every 7 years)

TYPES OF MEDICATION-RELATED PROBLEMS RESOLVED BY PHARMACISTS

Medication Management Systems, 2010



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