

WHAT CAN CBT DO FOR MEDICINES RELATED CONSULTATIONS?

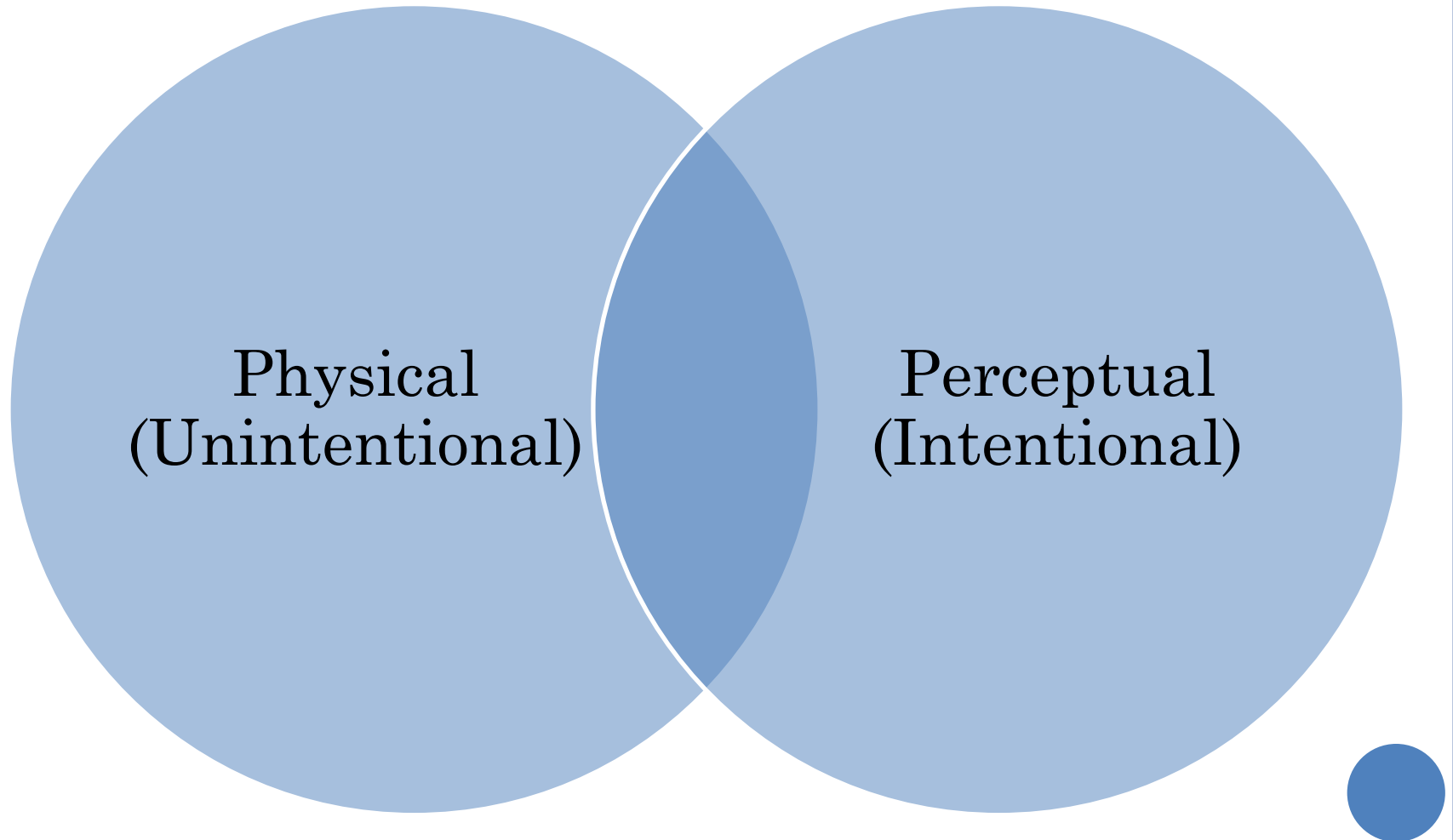
Dan White

NON-ADHERENCE

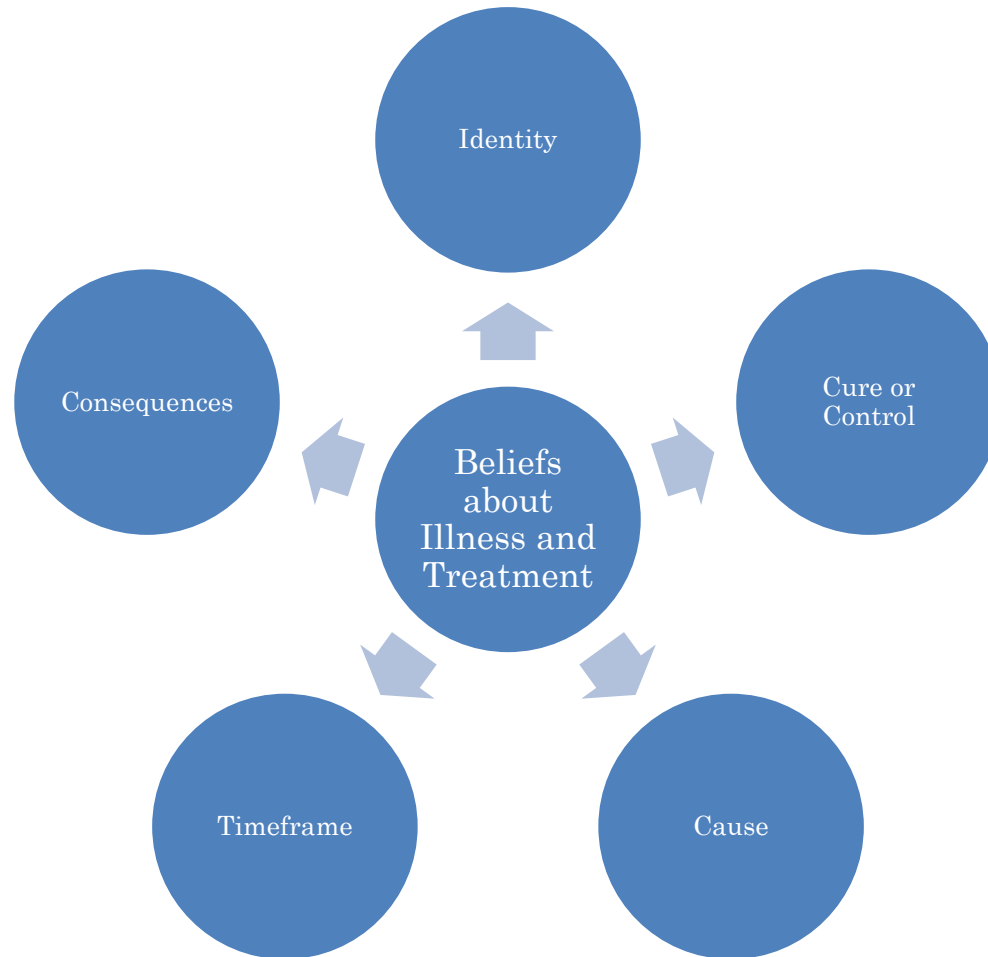
- £300 million per year of medicines are wasted¹
- Up to half of all patients do not take their medicines as recommended²
- Up to 61% of veterans with schizophrenia had problems with adherence over a 4 year period³
- For people with Schizophrenia: Increasing adherence to treatment to 80-100% would lead to a saving of £113-180 million pounds per year¹
- Non- adherence in SMI has been associated with increased hospitalisation (frequency and length of stay), increased use of psychiatric services, increased risk of suicide, poor social functioning and reduced quality of life³



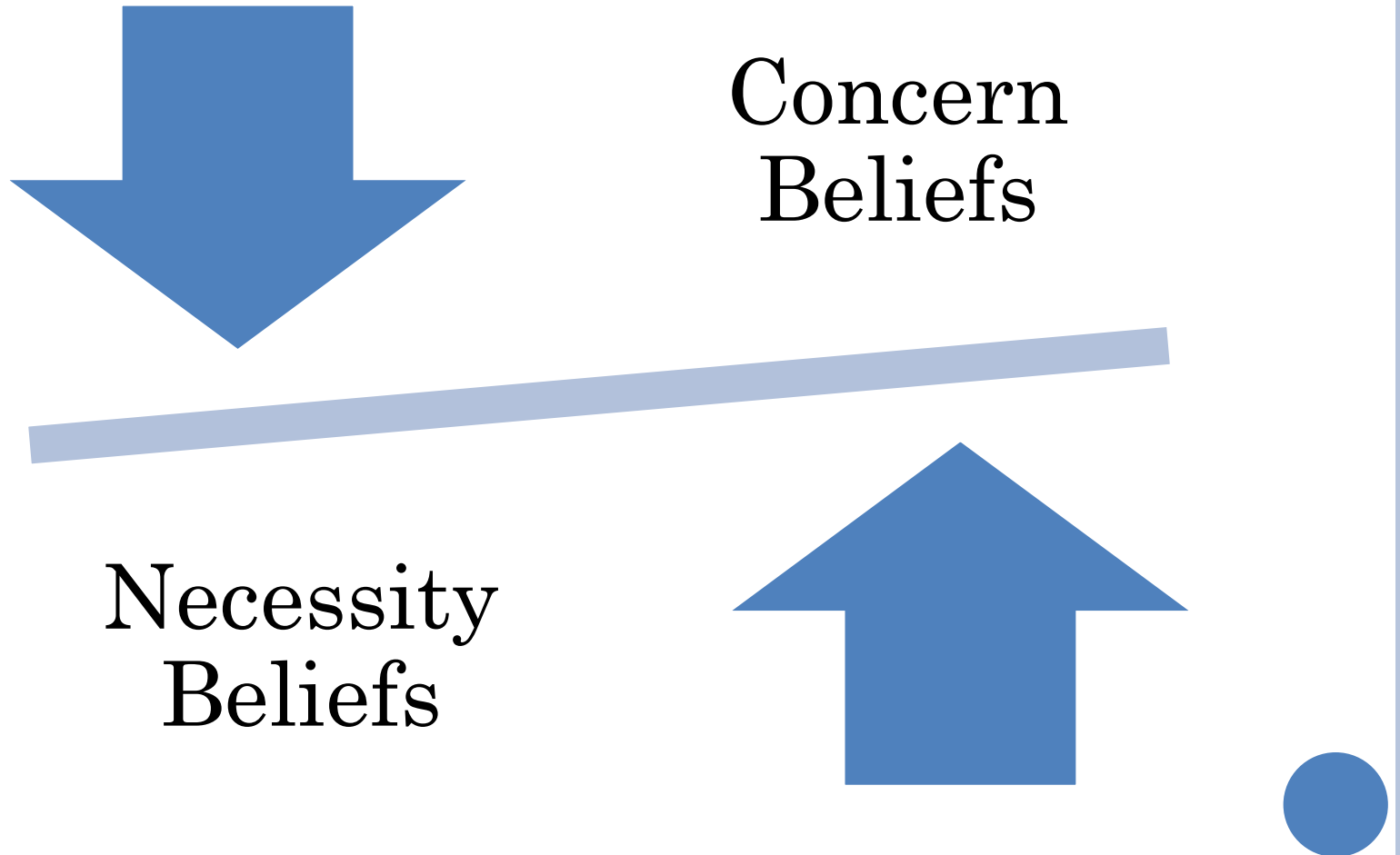
NON-ADHERENCE FACTORS



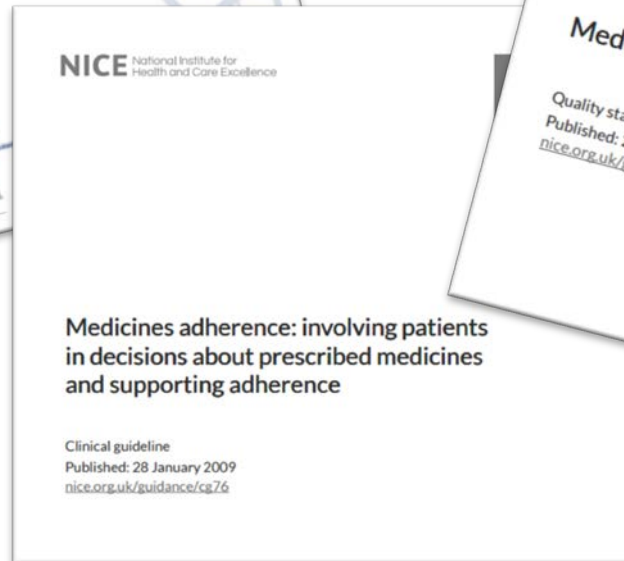
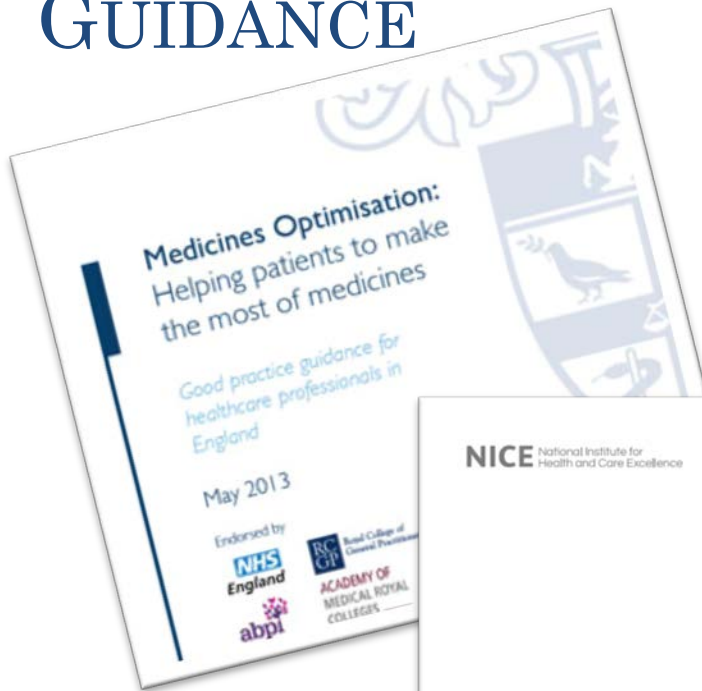
PERCEPTUAL BARRIERS



NECESSITY-CONCERN FRAMEWORK AND BELIEFS ABOUT MEDICINE QUESTIONNAIRE BMQ

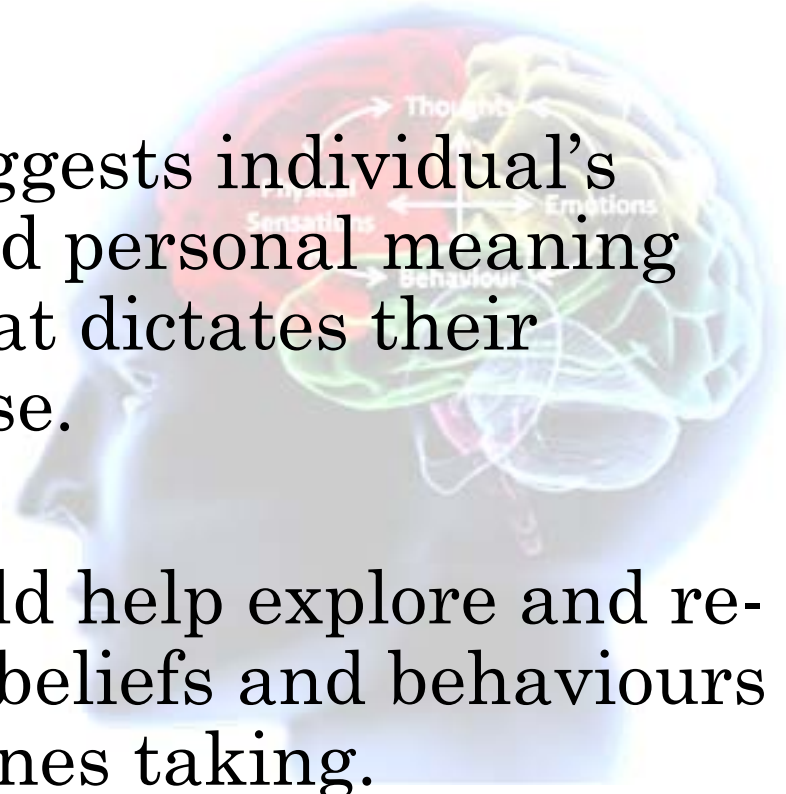


GUIDANCE



SO HOW COULD CBT HELP?

- Thoughts and beliefs govern affect and behaviours.
- Cognitive model suggests individual's thoughts, beliefs and personal meaning about a health threat dictates their behavioural response.
- The use of CBT could help explore and re-evaluate unhelpful beliefs and behaviours surrounding medicines taking.



IS THERE ANY EVIDENCE FOR CBT IN THIS SETTING?

- Cognitive Behavioural Change Techniques (CBCT):
 - Using CBCT achieved statistically significant increased rates of adherence vs education and behavioural interventions.
 - Strategies could be delivered by routine HCP



WHAT HAVE WE DONE ABOUT THIS?

A 2 day course teaching CBT techniques which can be used by routine healthcare professionals during medicines related consultations

Oxford Health 
NHS Foundation Trust

Oxford University Hospitals 
NHS Foundation Trust

Oxford 
Academic Health
Science Network


10 Minute CBT
Practical training for busy health professionals


UNIVERSITY OF
OXFORD

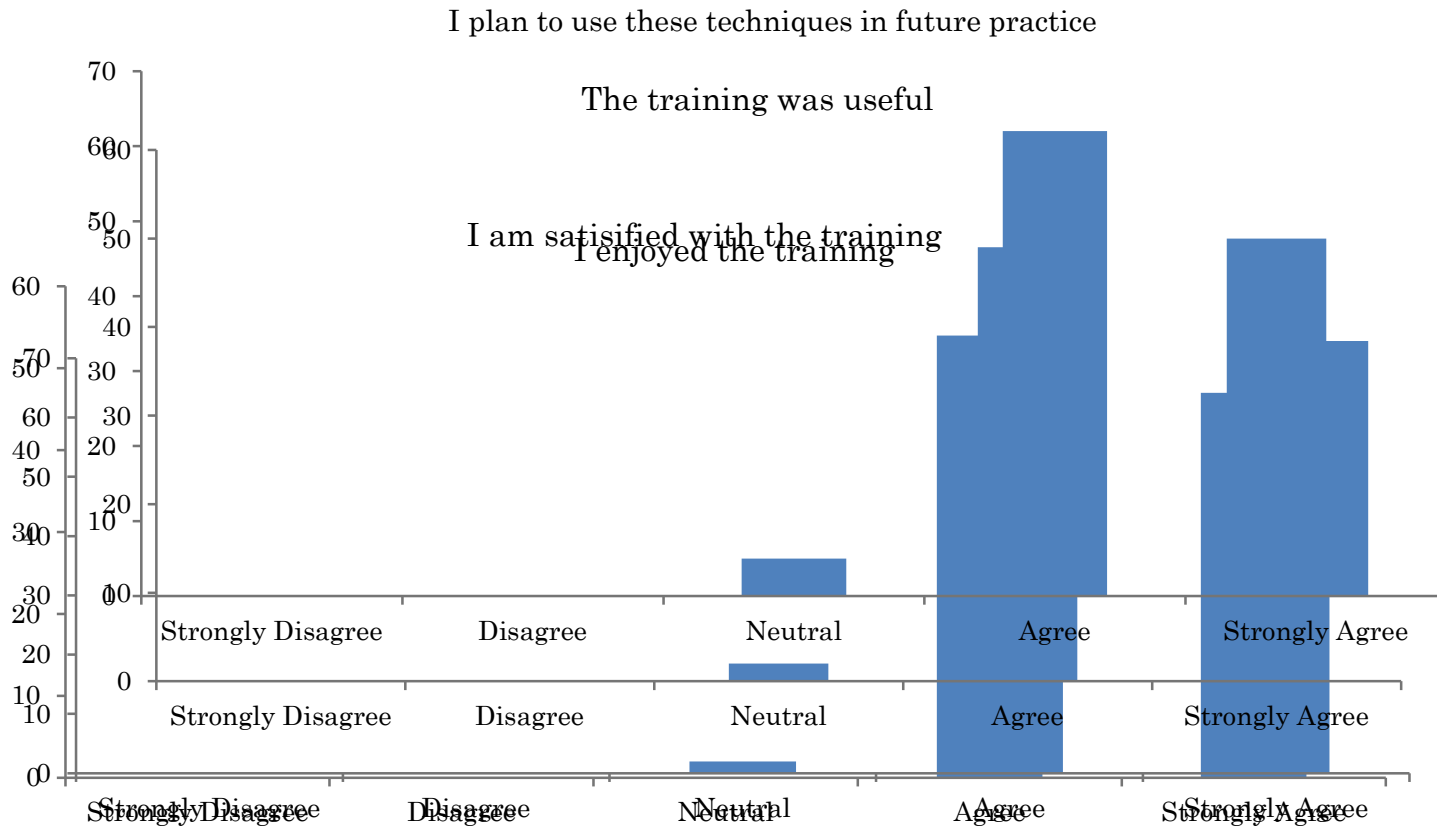

Health Education England


UCL



PRELIMINARY RESULTS

- 102 healthcare professionals undertaken the course



WHERE ARE WE NOW?

- Course evaluation
 - Satisfaction measure
 - Knowledge and Skills assessment
 - Qualitative analysis of semi-structured interviews
 - Repeat measures at 6 months to evaluate long term training effect and degradation
- Preliminary patient evaluation
 - MARS, EQ-5D-5L, BMQ, Course evaluation,
 - Semi-structured interviews with patients.
- External write-up and publication from April, 2017.
- *Further funding to launch nationally under consideration!*



REFERENCES

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- 3. Velligan DI, Sajatovic M, Hatch A, Kramata P, Docherty J. Why do psychiatric patients stop antipsychotic medication? A systematic review of reasons for nonadherence to medication in patients with serious mental illness. Patient Prefer Adherence [Internet]. Dove Press; 2017 Mar [cited 2017 Mar 13];Volume 11:449–68. Available from: <https://www.dovepress.com/why-do-psychiatric-patients-stop-antipsychotic-medication-a-systematic-peer-reviewed-article-PPA>
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