

# Good Behavior



Center for Advancing Health

## A Patient Perspective on Medication Adherence

These days, health care practice and policy types are directing unprecedented attention toward our rather casual approach to taking prescription drugs as directed: about one-third to one-half of us don't take our medications as [prescribed](#). [Conferences](#) have been [convened](#). [Reports](#) have been [issued](#). [Apps](#) and [tools](#) have been developed.

What is wrong with us, anyway? Don't we get it that those drugs don't work if we don't take them when and how we are told?

Let me propose another way to understand those low adherence rates:

Consider that about half of us take at least one [prescription](#) drug. Plus we spend about \$40 billion each year on the odd [over-the-counter](#) aspirin and [Vicks VapoRub](#). Half of Americans take a [dietary supplements](#) of some sort. Add to this our preoccupation with food – about 45 million of us go on a [diet](#) each year; two percent of adults and four percent of kids report having [allergies](#) that require dietary accommodations; between four and eight percent of adults say they are [vegetarians](#). Viewed together, a picture emerges of an American society that believes that what we ingest affects our health but that acts on that belief in uniquely individual and frequently contradictory ways.

We have an almost limitless array of choices to experiment with to see what works best for us. And we have an innate preference for immediate satisfaction and pleasure. So we experiment: we titrate our dose of Advil for knee pain; we swear by [College Inn](#) chicken broth for a cold; we play around with the timing of the use of our asthma inhaler; we quit the antibiotics after three days because our sore throat is gone. Ask anyone – or rather, don't. Many people eagerly volunteer how they lost those 60 pounds or their strategy for fending off a migraine.

Most of us first try to address our day-to-day health concerns ourselves: we think we know what works best for us. We consult experts – most often a doctor but not always – only when our own approach can't resolve a pesky symptom. While the threshold of discomfort and alarm

varies among us, our brief encounters with providers in the formal health care are but temporary perturbations that are quickly incorporated to a greater or lesser degree in our daily effort to live our lives free of suffering.

How does this explain the low rate at which we fill prescriptions and our casual approach to taking the drugs as directed? Well, we see prescription drugs as [just one more option](#) with which to experiment. For some conditions for some people, that medication, taken as directed, can be exactly the right solution. But not for everyone and not always: any medication is always competing with a long history of experimentation: what will work to solve this problem today? Sure, expense may deter me from taking a medication, but it may also be that the drug makes me sleepy and I have to drive for work; this medicine is too strong for me and I want something more natural. Or "Oh, I can live with this pain."

We are always consciously and unconsciously engaged in finding ways to ease our own discomfort and that of those we love. Despite our engagement in solving the problems associated with illness and physical discomfort, our prescription drug-taking behavior clearly does not align with the expectations of medical authorities.

There are many ways for health professionals to encourage closer alignment by joining with us to strengthen our problem-solving skills and to sharpen our use of the tools available to us. Doing so requires that they recognize their modest role in assisting us in caring for ourselves and that they find common cause with us, not impose their own goals.

Our lack of adherence to medication requirements may horrify our doctors, employers and pharmacists, but it is just as likely an accurate picture of just how we, as individuals, personalize our use of prescription drugs in our attempt to live for as well and as long as we can.

  
**Jessie C. Gruman, PhD**  
 President

## From the Health Behavior News Service

The Health Behavior News Service regularly distributes stories summarizing new research on health behavior issues. These stories can be found online at <http://www.cfah.org/hbns/news/>

### July News Stories:

- **SURGERY IS GOOD 'TEACHABLE MOMENT' TO HELP SMOKERS QUIT** It is well known that smokers are at an increased risk for post-surgical complications such as infections and poorly healing wounds. Likewise, smoking can contribute to lowered survival and delayed healing.
- **OTC CONSTIPATION TREATMENT BEATS PRESCRIPTION MED IN REVIEW** When ordinary over-the-counter laxatives fail to work, doctors turn to other medications to treat people with constipation. Now, a new review of existing research finds that one common drug treatment is better than another is at helping patients who are desperate to get things moving.
- **PARKINSON'S PATIENTS MORE LIKELY TO STICK WITH CERTAIN 'ADD-ON' DRUGS** Of the three main types of oral drugs commonly added to levodopa therapy for patients with advanced Parkinson's disease, one might be the most effective, according to a new review.
- **COLLEGES NOT MEETING GUIDELINES TO LIMIT ALCOHOL ACCESS** While many have implicated heavy student drinking in recent disturbances -- even tragedies -- on college campuses, few schools and communities have united successfully in curbing alcohol access, a new study suggests.
- **PATIENT-CENTERED CARE CAN LOWER RISK OF DEATH IN HEART ATTACK** Medicare's Part D prescription medication management program could be off limits to some of the patients who need it most -- older African-Americans and Hispanics.
- **SCHIZOPHRENIA PATIENTS SUFFER MORE HOSPITAL INJURIES** People with schizophrenia are more likely than others to sustain medical injuries during non-psychiatric hospital stays, a large national study finds.

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Since its founding in 1992, The Center for Advancing Health (CFAH) has worked to translate complex scientific evidence into information, policies and programs that will ensure that each person can make good decisions about their health and interact effectively with their health care providers. CFAH is an independent, non-profit organization that is supported by a number of philanthropic organizations (principally the Annenberg Foundation and the W.K. Kellogg Foundation) and individuals. Good Behavior is a monthly series, written by the Center's president, Jessie Gruman, PhD, and intended for health policy makers. The publication offers Dr. Gruman's perspective on emerging health care issues, and provides insight based on evidence about how best to address them. For more information, visit us online at [www.cfah.org](http://www.cfah.org)