



# Patient Adherence: A Concept Analysis



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## BACKGROUND

- The concept of adherence has become widely used in health literature as a determinant of patient health outcomes (Barfoed et al., 2016; Nsamenang & Hirsch, 2014).
- Adherence is used in the context of medical treatment or medication regimen (Osterberg & Blaschke, 2005; Platt, Green, Jayasinghe, & Morrissey, 2013; Schweitzer, Head, & Dwyer, 2007).
- Patient adherence has been linked to improved patient outcomes and reduced disease progression (Klotsche et al., 2011; Barfoed et al., 2016).
- However, the concept of adherence is complex in nature (i.e. comorbidities, factors influencing individual behaviors, long-term treatment) and presents challenges to provide a clear definition that will be applicable to every patient (Klotsche et al., 2011; Irwin, 2015).
- The purpose of this concept analysis is to gain a deeper understanding of the definition of patient adherence.



## METHODS

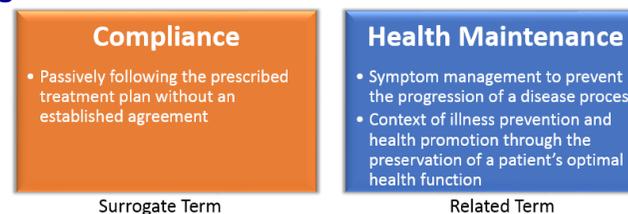
- Roger's Evolutionary Concept Analysis method was used to examine the concept of patient adherence by identifying relevant attributes, surrogate and related terms, antecedents, and consequences.
- An electronic literature search was conducted using PubMed, CINAHL, ProQuest Central, and PsychInfo databases to identify relevant articles on patient adherence.
- Keywords: "Adherence", "treatment plan," "patient", "therapy" and "prescribed".
- Eligibility criteria
  - English-language, peer-reviewed articles that provided a conceptual definition of patient adherence, published in the past 20 years, and studies across all disciplines and disease processes.
- Eligible quantitative, qualitative, mixed-methods studies, and systematic reviews were included in the final synthesis (N = 15).

## RESULTS

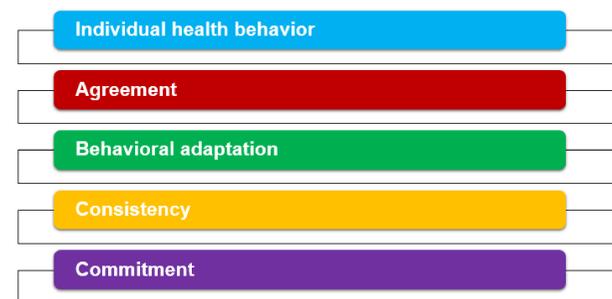
### Definition

- An individual's behavior to follow a prescribed treatment plan recommended by a healthcare provider (DiMatteo, Haskard-Zolnierok, & Martin, 2011; Vrijens et al., 2016).
- The extent to which a person's behavior—taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a healthcare provider" (World Health Organization (WHO), 2003, p. 18).
- An agreement between a patient and provider to follow a prescribed treatment plan (Schedlbauer, Davies, & Fahey, 2010; Brown & Bussell, 2011; Osterberg & Blaschke, 2005).

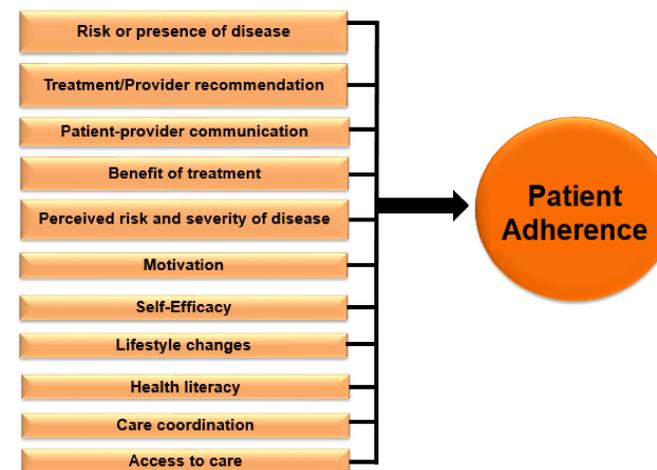
### Surrogate and Related Terms



### Attributes



### Antecedents



### Consequences



## MODEL CASE

J. M. is a 45-year-old overweight Hispanic male who is newly diagnosed with hypertension. His blood pressure trends from 145/85 to 158/93. He has no significant past medical history, but family history is significant for hypertension in his father who died at age 53 from a stroke. He works as an accountant in New York. Because of his busy, demanding schedule, J. M. eats McDonald's five times per week and rarely engages in physical activity. He is constantly stressed by his workload. During today's visit with his healthcare provider, he is prescribed Norvasc 10mg BID, a DASH diet, salt restriction of 1800 mg per day, an exercise regimen of at least 150 minutes of moderate aerobic activity per week, and stress management strategies. His provider discusses how J. M. should take his medication and monitor his blood pressure until his next scheduled follow-up visit in 3 weeks. J. M. sighs at the thought of having to exercise and giving up burgers and fries, but he fears dying at a young age like his father. Thus, **he agrees with the prescribed treatment plan**. The next day, J. M. picks up his medication from the pharmacy. He **takes his medication** with breakfast and dinner each day **after he obtains his blood pressure reading**. He consulted with his friend, who is a nutritionist, on the type of foods he should consume on a DASH diet and to maintain his salt restriction. He prepares his weekly meals every Sunday to accommodate his hectic work schedule. To his surprise, he didn't have to give up burgers and fries like he anticipated. Instead, **he substitutes beef with ground turkey and fries with sliced, baked sweet potatoes**. He reads the nutrition label of each food and records his daily salt intake in his food diary. Since beginning weekly meal preparation, J. M. finds that he has more **time during his lunch break to dedicate to his physical activity**. He **takes 30 minute walks daily** through Central Park. He discovered that walking also helps relieve his stress from work. J. M. returns to his follow-up appointment in 3 weeks. *His blood pressure reduced to 130/80.*

**KEY:** Attributes= **bold text**; antecedents= underlined text; and consequences = *italicized text*.

## CONCLUSION

- The concept of patient adherence is mostly used in the context of secondary and tertiary prevention; few studies explore adherence in primary prevention.
- The outcome of patient adherence is typically determined by the healthcare provider rather than developed in collaboration with the patient.
- Further research is needed to understand how individuals' behaviors and lifestyle conditions impact their ability to adhere to prescribed treatment plans.
- Future research should explore patient adherence in preventative care to improve overall health outcomes through disease prevention.

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\*Additional references of studies included in this concept analysis available on handout.