

# Medication Adherence

## Case Histories for Role Play

Break into pairs. Identify patient and physician for first role play. Patient reads first two case histories and chooses one (or can modify, flesh out, or make up own case history that illustrates the selected barrier). For up to 5 minutes (will be timed) physician interviews patient, screens for adherence, and discusses barriers. Then switch patient and physician with patient choosing one of cases #3 or #4 as starting point. Each interview should end with strong, positive closing statement like:

*“We have discussed some problems with taking your medications and possible solutions. I strongly encourage you to take your medications. This is one of the best things you can do to manage your \_\_\_\_\_ and to prevent health problems in the future. Of course, the decision to take medications is entirely yours. I am confident that should you decide to carry out the plan we developed today, you can find a way to make it work for you.”*

### **Case #1: Barrier of Lack of Understanding /Fear of Side Effects**

38 year old patient with asthma. Two ER visits in past month. After last prednisone burst and taper, prescribed albuterol inhaler 2 puffs with spacer Q4-6h prn and Q-Var 80 one puff BID as an anti-inflammatory. Hasn't been using Q-var regularly because didn't understand needed to use when feels better and afraid of side-effects from long-term use of “steroids.”

### **Case #2: Barrier of Forgetfulness**

46 yo patient with hypertension and hypercholesterolemia. Prescribed lisinipril 20 mg qd and lovastatin 20mg with evening meal. Wants to take medication but just can't seem to remember to take the medications regularly.

### **Case #3: Barrier of Doubt Need for Medication**

46 yo patient with hypertension and hypercholesterolemia. Prescribed lisinipril 20 mg qd and lovastatin 20mg with evening meal. Doesn't really think he has high blood pressure all the time (“I can tell when my pressure's up”), so intermittently takes meds. ““Cholesterol” runs in my family but I feel fine and hate taking medications.”

### **Case #4: Barrier of Cost**

82 yo patient prescribed 6 different medications. Cannot afford medications after reaches cap so skips or reduces doses.