

## The Last Stop: Tools for Effective Cross-Cultural Medication Counseling

### Session Description

The last contact we have with our patients is often discussing and dispensing their medications. This session will examine barriers and provide strategies to address cross-cultural: communication with patients, issues in appropriate patient medication use, and methods to provide clear instructions when counseling patients on medications.

### Objectives

At the end of this presentation, attendees should be able to:

- 1) Relate the importance of medication adherence.
- 2) Describe cultural barriers to medication adherence.
- 3) Describe methods of educating your patients about medication adherence.
- 4) Create strategies to improve cross-cultural medication counseling.

### Frequent barrier to taking medications correctly in my patients:

### Importance of Medication Adherence

*Drugs don't work in patients who don't take them. -C. Everett Koop, M.D.*

- We want adherence: *"The extent to which a person's behavior—taking medication, following a diet, or making healthy lifestyle changes—corresponds with agreed-upon recommendations from a health-care provider."*<sup>1</sup>
- Adherence rates:<sup>1</sup>
  - Developed countries – 50%
    - Nearly 3 out of every 4 Americans report not taking their medications as directed<sup>2</sup>
  - Even higher in developing countries, due to lack of resources and access inequalities
- Rising chronic disease rates:
  - Nearly two-thirds of deaths worldwide are due to noncommunicable diseases<sup>3-5</sup>
    - Deaths from communicable diseases have decreased from 1990 to 2010
    - Deaths from non-communicable diseases have increased
  - 80% of those deaths are in low- and middle-income countries, with the exception of African countries<sup>3</sup>
- Non-adherence outcomes: increases in...<sup>1,3,6-8</sup>
  - Disease progression
  - Antibiotic resistance – “superbugs”
  - Hospitalization
  - Healthcare costs
  - Mortality
  - Family burden [loss of income, women caring for additional individuals]

### Barriers to Adherence

1. Patient-Related Factors<sup>3,9,10</sup>
  - Expectations and prior experiences
    - Side effects of medication
    - Lifestyle disruption

- Suspicion of healthcare professionals
- Motivation
  - Perceived risks vs. benefits (cost-benefit ratio)
  - Self-efficacy
- Cultural beliefs/societal beliefs
- Social support
- Health literacy<sup>11,12</sup>
  - “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” [IOM]
  - Associated with less patient knowledge & adherence
  - Disparity in communication
    - Health information =  $\geq 10^{\text{th}}$  grade
    - Average reading level in the United States = 8<sup>th</sup> grade & Medicaid reading level = 5<sup>th</sup> grade
    - Adult basic literacy rate:<sup>13</sup>
      - Developing countries = 80% in 2011
      - World = 84%
  - Leads to confusion
- 2. Socioeconomic Factors<sup>1</sup>
  - Cost
  - Reliable access to care or safe medications
- 3. Condition-Related Factors<sup>1,9,10</sup>
  - Perceptions of personal need
    - Asymptomatic chronic diseases/conditions
    - Long-term therapy
  - Knowledge of disease/condition
- 4. Clinician-Related Factors [includes healthcare system & therapy]<sup>7,8,14,15</sup>
  - Poor patient-healthcare provider communication
    - Distrust of healthcare professionals
    - Lack of cultural competency
    - Conflicting instructions by different providers
    - Use of medical terminology
    - This can result in a poor understanding of the:
      - Disease
      - Benefits and risks of treatment
      - Proper use of medication
  - Reasons given by patients for missing doses:
    - Lack of understanding about the discharge instructions
    - Confusion about conflicting instructions
  - Therapy: adherence decreases as the complexity of therapy increases

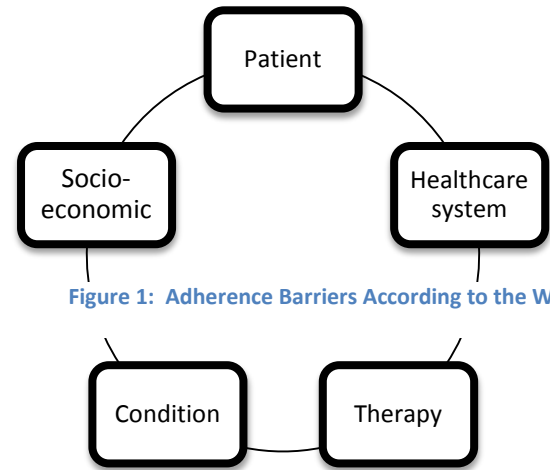


Figure 1: Adherence Barriers According to the WHO

### **How do we help our patients?**

1. Patient-Related Barriers<sup>1,7,8</sup>
  - Encourage changes as a community

- Address/accommodate health beliefs whenever possible
  - Incorporate motivational interviewing [more information at: <http://www.motivationalinterview.org/>]
  - Discuss/address prior experiences/expectations
2. Socioeconomic Barriers: Use low-cost medications/generics that are frequently available<sup>1,7,8,16</sup>
  3. Condition-Related Barriers: Explain benefit of therapy and disease process<sup>1</sup>
  4. Clinician-Related Factors: Improve culturally-sensitive communication
    - Learn the cultural, socio-political backgrounds of the group you are serving and how they influence patient perspectives on healthcare and “Western medicine”<sup>17-19</sup>
    - Encourage shared decision-making by establishing a patient-centered relationship<sup>18</sup>
    - Communicate clearly<sup>23</sup>
      - Explain WHY the behavior is important<sup>18</sup>
      - Avoid jargon
      - Written, verbal, pictures
      - Language and cultural behaviors may be barriers to communication – consider using a trained individual from the cultural group to facilitate conversations<sup>16,18</sup>

**Take Home Thoughts:**

1. Have a conversation about the medications<sup>20,21</sup> – you may be able to identify patient-related barriers in this process, allowing you time to alter medications to better match patient preferences
  - What the medication is for
  - Why adherence is important
  - How take the medication
  - What to expect
2. Verify patient understanding<sup>16,18</sup>
  - Avoid asking if they understand
    - Cross-cultural attitudes regarding authority – don’t want to reveal a lack of understanding, won’t initiate the conversation<sup>16</sup>
  - Use the teach-back method<sup>22</sup>

**Solution to the Patient Barrier in My Clinic:**

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