

Opinion

Patient Compliance: Are You Clueless, Too?

The bottom line about compliance (or the sister terms adherence and persistence) is that we don't just have a problem, we have a *huge* problem. One of the conclusions of the Kass study from 20 years ago,¹ and still true today, is that physicians do no better than chance alone in predicting the compliance of an individual patient sitting in the examination chair. I used to think that was true of *other* doctors' patients, but not of mine. Then I gave one of my patients an eye drop bottle with an electronic monitor in it. This 82-year-old lady is as sharp as a handful of tacks, funny, and always punctual for her appointments. After a month with the

monitor bottle, she looked me straight in the eye and said, "I've had glaucoma for 30 years, and I've never missed a dose." The computer said she had used the once-daily drop on 14 of the 30 days that month, and that the administered doses were erratically distributed. She thought she was telling the truth, and she had frequently talked herself into believing she had used a dose when she in fact had not.

Okay, so if an ophthalmologist can't tell the compliant from the non-, and the patients are not giving true information during history-taking, how can we identify the patients who need intervention? And what interventions should we use? As a place to start, James C. Tsai, MD, and colleagues tried to categorize the barriers to compliance identified by patients.² They found more barriers than there were patients interviewed!

If the physician can successfully remove the barriers, the logic goes, a patient might be converted to compliance. There are some hard-core non-compliers who will always erect one more barrier than the doctor can break down. But there may be quite a few who could be rescued.

1 *Am J Ophthalmol* 1986;101:515-523.

2 *J Glaucoma* 2003;12:393-398.

Disclosure: Dr. Mills is secretary of the American Glaucoma Society and a speaker for Merck, Pfizer, Alcon and Carl Zeiss Meditec, and a consultant for Allergan and Pfizer.

AGS Announcement

The American Glaucoma Society is working with researchers at Vanderbilt University to better understand why patients fail to take glaucoma medications as prescribed and why patients have trouble keeping appointments.

Physicians who treat patients with glaucoma are eligible to participate in one component of this study. The study involves completing a 10- to 30-minute online questionnaire.

<http://healthbehavior.psy.vanderbilt.edu/eyes/start.asp>

A committee of experts convened by the AGS will review the answers, identify the most creative and helpful responses, and award prizes. There will be up to 10 prizes of \$3,000 each for physicians, another 10 awards of \$500 for technicians and 20 awards of \$250 for patients. To be eligible for the prize, you must complete the questionnaire by May 31 and tell us who you are and how we can contact you. Paper response forms are also available by calling 415-447-0371.

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