

TAKING YOUR MEDICINE IS GETTING EASIER

It can be tough to take your meds like you're supposed to, but patients and providers are coming up with solutions

By Jeanette Beebe

BEFORE SHE WAS ABLE TO PUT A NAME to her condition, Kristen Hutchison felt stuck, forced to accept her painful symptoms. Being handed a diagnosis of ulcerative colitis—and a prescription—was a relief.

But after about a decade on immunosuppressants, the 28-year-old Minneapolis-based copywriter had a bad bout of vertigo—a side effect from her medication—that landed her in the emergency room. So she stopped taking the drug.

“I really wanted to try getting off medication,” Hutchison says. “In my family, there’s a push to not take any of the medication; I’ve gotten a lot of feedback, saying that this medication is very toxic,” she says. “There’s a lot of fear of those potentially really serious side effects that can happen when you’re immunocompromised.”

Her break lasted three months, and although nothing went wrong, it was

mentally stressful. Even though the vertigo had stopped, she was always worried about what might go wrong now that she was no longer taking a drug for her condition. “It was taking up so much of my headspace,” she says. “This is not a quality of life that a person should have, living in constant fear of your body going off on you.” So she settled on a middle ground: she visited a doctor to get a new prescription, just in case she might need it one day. She filled it and kept the bottle of pills in a drawer. Last fall, her symptoms returned, and she started taking medication again, under a doctor’s supervision.

Not following through with your medication—such as taking it inconsistently or not at all—is called medication nonadherence. It’s common, for all kinds of reasons. Taking prescribed drugs can cause unwanted side effects, cost a lot of money and take time to pick up; other issues, like lacking faith in the doctor who

prescribed them, can also discourage adherence. Up to 30% of prescriptions in the U.S. are never filled, found a 2012 review published in the *Annals of Internal Medicine*. That number is even higher for patients with chronic illnesses: up to 50%.

But skipping your meds or taking them improperly can cause a host of dangerous problems, like making you sick or even landing you in the emergency room.

Medication nonadherence may seem easy to solve: get in a routine that involves taking your medication, set a timer, buy a pill organizer, keep your pill bottle in one easy-to-remember spot. But because the reasons at the root of it are so varied, the solutions aren’t always so simple.

Sometimes they can be solved by a change in prescription, but in other cases, you and your health team may need to think outside the box. Here are four innovations that might help improve your relationship with your meds.



Rethinking the pill bottle

The orange prescription pill bottles sitting in your medicine cabinet aren't just difficult to open; they can be tough to understand. *Take two how many hours apart? How often?*

When what's written on the bottle isn't clear, you might end up taking your medication incorrectly. Taking too much can be dangerous, and not taking enough can be serious too. Even not taking your meds at the right time of the day, consistently, can cause drugs to be less effective.

Yet people seldom ask their pharmacists or doctors for clarity. "People are hesitant to ask because they don't want to look like they don't know what they feel like they should know," says Kari LaScala, the associate director of Wisconsin Health Literacy, a nonprofit that tries to make the health care system easier for people to navigate. "But they do feel embarrassed. I think that's actually pretty common."

Wisconsin Health Literacy is on a mission to simplify prescription labels. Sticking to labeling standards set by the United States Pharmacopeia (USP), the team works with pharmacies across the state to redesign labels with easier-to-understand instructions that are more patient-friendly. The new labels are typically printed with a larger font size; more white space; and consistent placement for the patient's name, the name of the drug and any warnings for the medication. The project has already affected about 3 million prescription labels in Wisconsin.

Others have also sought to change the look of these labels. Deborah Adler, a designer, decided that prescription bottles needed a refresh after her grandmother accidentally took her grandfather's medication. They had the same last name and first initial, which caused the mix-up.

She developed easier-to-read labels with larger type, streamlined instructions and a color ring customized for each family member. (Her revamped pill bottle is in the Museum of Modern Art's permanent collection.) To help people with complicated medication regimens, she later developed pill labels that provide

a visual schedule of when to take them, using simple icons. These designs have been adopted by several pharmacies and have inspired others to rethink the prescription bottle.

Encouraging dialogue at the pharmacy

Pharmacists are in a great position to help people understand how to take their

and seniors.

"Don't just ask, 'Do you have any questions?'" LaScala suggests to pharmacists. "Most people are going to say no, even if they do. A better question might be, 'What questions do you have?'"

Pharmacists should also remind patients about potential side effects of a medication, as well as any interactions it might have with a different drug a person is already taking.

The goal is to help pharmacists help patients, LaScala says. This means that pharmacists really need to know how patients think, and also what they need to hear.

Exploring different ways to take medication

Hailey Hudson is supposed to take at least five pills a day. The 20-year-old writer, who lives in Atlanta, has multiple chronic illnesses.

But just swallowing them is a daily struggle. "I don't always take all of my medications because I gag easily, and taking pills is super hard for me," she says. "It's rare that I take every single one each day, because I just can't do it."

There may now be a resource for patients like Hudson, thanks to a growing movement to connect pharmacists—who have a lot of medication insight to offer—and doctors. A pharmacy benefits manager called EmpiRx Health is hiring PharmDs to provide "phone-a-friend support" to doctors. Pharmacists advise physicians about simple changes they can make to improve a patient's experience. For patients who are having trouble swallowing their medication, like Hudson, the pharmacist would suggest that the doctor offer a liquid compound instead of a pill. Pharmacists might also counsel doctors to consider pills that dissolve, or an injection that can be taken monthly instead of weekly, or even a drug that doesn't need to be refrigerated, if access to a fridge might pose a problem for people.

There's clearly a desire for more options. "As a person who can't really tolerate many medicines, and hates pills



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medicine; after all, they're often the last health professionals people see before taking their first dose.

One strategy is for pharmacists to take more time to better connect with people as they pick up their meds, and to cultivate sensitivity and empathy while working with all types of people, including immigrants, refugees



and lets them go to waste, I would be more compliant if the drug companies found other ways to package drugs,” says Vanessa Von Graff, who lives in Boca Raton, Fla. “I did the birth control shot in my 20s, because I hate pills. I always want a chewable or a syrup or a patch or a spray.”

Physicians have the opportunity to present their patients with these types of choices more often, LaScala says. “A provider might say, ‘I’ve gone over a lot of information with you today. I just want to make sure I’ve explained it so you can understand what you’re supposed to do. Can you please tell me how you’re supposed to take this medicine?’” By going through a medication regimen step by step, patients have the opportunity to voice any concerns.

Acknowledging the emotional side of illness

Lisa Roney, an associate professor of English at the University of Central Florida, has been living with Type 1 diabetes for nearly five decades. She was diagnosed at age 11. “It’s a time-consuming illness,” she says—from monitoring her blood sugar and calculating the impact of everything she eats to dealing with the demands of paperwork from insurance companies. “The sheer proliferation of requirements eats up increasing amounts of time that takes away from actually taking

care of myself,” she says. “I’m so filled with low-burning rage that I’ll admit I sometimes avoid yet another medical appointment.”

Having compassion and being a good communicator, two traits often overlooked in the medical field, can help. Many patients crave humane, candid communication with physicians, nurses, therapists and other health workers. “I know doctors are busy people, but it’s hugely helpful when they don’t rush; I need to hear every detail of everything that’s going to happen in order to feel comfortable,” says Hudson.

Other patients with chronic conditions are wary of taking their medications due to concerns over

possible side effects. “Of course, we can’t determine every potential side effect of every potential drug before it sees major use in society,” says Lara Dionne, who lives in Maine. She has lived with GERD for two decades and is concerned about the side effects of the medication she’s taken on and off for almost all of her illness. “Doctors often remain unaware of these dangers until patients start informing them,” she says, reflecting on her experience as a patient. “And then the docs usually assume their patients are problematic, not the drugs. Knowing these things, I am not blindly ‘compliant.’ And I never will be.”

Issues like these are deeply personal and often don’t come with one-size-fits-all solutions. “[People] aren’t noncompliant due to barriers alone,” says Emily Cardwell, a Louisville, Ky.-based nurse who is disabled because of a chronic illness. “Too many times there is a willful disregard of instructions, much of which could be avoided with good communication between the provider and the patient.”

How to best foster trust is an emerging research area. But some studies indicate that when nurses, for instance, take the time to talk with patients about their prescriptions, their patients are more likely to adhere to them than when communication is limited. “Nurses have traditionally been the mediators of this relationship, educating the patients and acting as advocates,” says Cardwell. Patients are more likely to stick to a plan they had a hand in creating. “It takes a partnership in which both sides have a say.”



Prescription labels can be confusing, making them ripe for a redesign