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A:CARE CONGRESS

Shhhh... avoiding acute crises in 'silent disorders'

Prof. Michael Strupp

Professor of Neurology, Department of Neurology and German Center for Vertigo and Balance Disorders, Hospital of the Ludwig Maximilians University, Munich, Germany

Prof. Joseph Zohar

Director of the National Post-Trauma Center, Research Foundation by the Sheba Medical Center, Israel

Prof. Atul Pathak

Professor of Medicine and Head of the Department of Cardiovascular Medicine at the Princess Grace Hospital, Monaco



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SHHHH... AVOIDING ACUTE CRISES IN 'SILENT DISORDERS'

Compliance, Adherence and Persistence. My personal experience, opinion, recipe and vision

Prof. Michael Strupp, MD, FRCP, FAAN, FANA, FEAN
Department of Neurology and German Center for Vertigo
and Balance Disorders University of Munich
Germany

Disclosure

- Joint Chief Editor of the Journal of Neurology, Editor in Chief of Frontiers of Neuro-otology and Section Editor of F1000.
- Speaker's honoraria from Abbott, Actelion, Auris Medical, Biogen, Eisai, Grünenthal, GSK, Henning Pharma, Interacoustics, MSD, Otometrics, Pierre-Fabre, TEVA, UCB, Viatrix.
- Consultant for Abbott, Actelion, AurisMedical, Decibel, Heel, IntraBio and Sensorion. Shareholder of IntraBio.
- Distributor of
 - “M glasses“ 
 - “Positional vertigo APP“ 

Didactic concept and content

FIRST SESSION: NEUROLOGIST, PSYCHIATRIST AND CARDIOLOGIST ...



Clinically oriented for your practice and your next patient



Concrete examples with real patients' stories

- Covering relevant daily issues in your practice
- Various scenarios, illustrated by patients with neurological disorders



Often neglected:

Doctors' permanent compliance, adherence and persistence is also required for the success of your measures (short half-life time on both sides!)

Compliance, Adherence and Persistence

MY PERSONAL EXPERIENCE, OPINION, RECIPE AND VISION



COmpliance, adherence and persistence

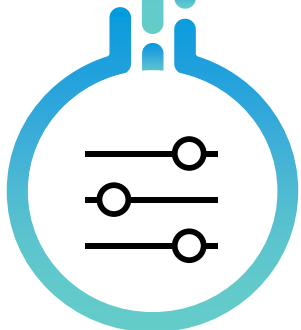
MY PERSONAL EXPERIENCE, OPINION, RECIPE AND VISION



COnultation of the **patient, family, caregivers, colleagues!**



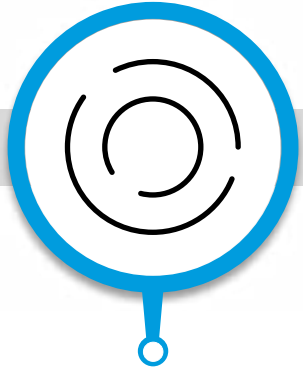
COoperation of **all of them**: teamwork



COntrols with **pre-fixed follow-up consultations, nowadays also remotely!**

Compliance, adherence and persistence

MY PERSONAL EXPERIENCE, OPINION, RECIPE AND VISION



Easy in acute monophasic diseases with acute effects of treatment



Difficult in chronic diseases (progressive/non-progressive)



More difficult in chronic relapsing (remitting) diseases

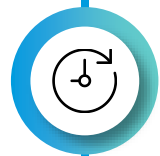


Even more difficult in otherwise healthy patients who are at risk of serious or life-threatening disease = silent diseases ... **stroke**

Compliance, adherence and persistence

MY PERSONAL EXPERIENCE, OPINION, RECIPE AND VISION

CONCRETE ISSUES IN YOUR CLINICAL PRACTICE AND SOLUTIONS TO BE CONSIDERED AND EXPLICITLY DISCUSSED WITH PATIENTS AND CAREGIVERS



Delay of onset of positive treatment effects

- Drug, Dosing, Duration



First side-effects or even worsening of symptoms



Why are they not following your advice?

- Effects are not noticed at all by the patient: primary, secondary preventive or disease modifying treatment



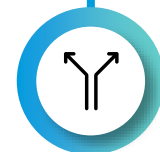
Consequences of non-compliance to be explicitly discussed



Delay of re-occurrence of symptoms when treatment is stopped



Best- and worst-case scenario to be discussed



Potential **alternatives** to be discussed



Compliance, adherence and persistence

**MY PERSONAL EXPERIENCE, OPINION,
RECIPE AND VISION**

**Real cases which illustrate
some of the problems**

Compliance, adherence and persistence

MY PERSONAL EXPERIENCE, OPINION, RECIPE AND VISION

D “ You are suffering from a loss of both organs of balance. We recommended daily self-physiotherapy six months ago. What was your first impression?

P “ First, during these exercises my dizziness was much worse and I almost stopped them. Then my symptoms slowly improved

D “ How long did it take until you noticed a benefit?

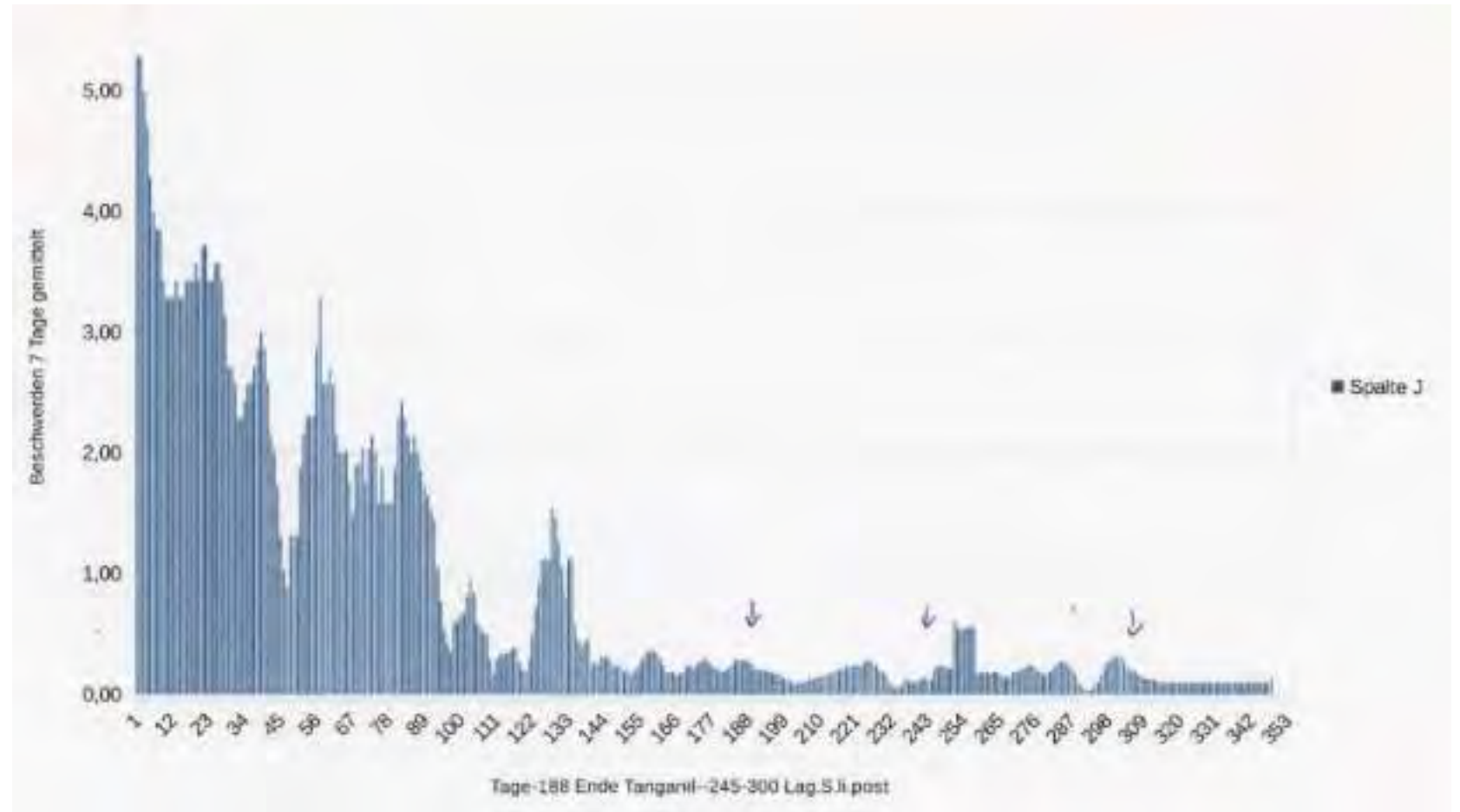
P “ At least six to eight weeks.

First, side-effects and it takes time until there is a benefit ...

Compliance, adherence and persistence

MY PERSONAL EXPERIENCE, OPINION, RECIPE AND VISION

Migraine: delay till
there is a benefit:
100 days+



Compliance, adherence and persistence

MY PERSONAL EXPERIENCE, OPINION, RECIPE AND VISION

- D** “ You are suffering from recurrent short attacks of vertigo. We gave you a medication.
- P** “ Nothing good first, only tired, drowsy and even more dizzy.
- D** “ What about the short attacks?
- P** “ Well, they are gone, However, my quality of life is still worse than before treatment!
I think I may stop the treatment
- D** “ Now we will slightly reduce the dosage of the medication and are sure that we will find a good balance between benefit and side-effects. We are very sure about that.

First, side-effects, reduced functioning and quality of life. High risk that measures are stopped ... needs particular consultation and education.

Approach and explanations to the patient

TITRATING BENEFITS AND SIDE-EFFECTS ... LIKE IN CHEMISTRY TO A PH OF 7



0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

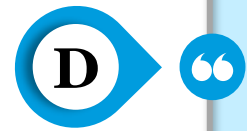
KEEPING THE BALANCE BETWEEN BENEFITS AND SIDE-EFFECTS



https://www.google.com/search?q=ph&sxsr=A0aemvLogj18QvYmMz2KZ0NYeGQu6baqg:1634045926383&source=lnms&tbm=isch&sa=X&ved=2ahUKEwipivS3_8TzAhUKGew_KHcJuCRsQ_AUoAnoECAEQBA&biw=1536&bih=817&dpr=2#imgrc=0tFRyMZerUTpAM

Compliance, adherence and persistence

MY PERSONAL EXPERIENCE, OPINION, RECIPE AND VISION



You are suffering from Menière's disease. We were treating you with a medication for two years and you were free of episodes of vertigo. Then you stopped the medication completely. How long did it take until you had another attack of vertigo and hearing loss?

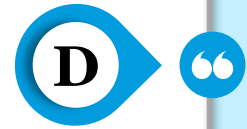


First, I noticed no difference. But after three months I had three attacks in a row with a fall and persisting severe hearing loss ... now I am in a really bad condition.

Menière's disease: Prolonged treatment effects and then relapse with a delay

Compliance, adherence and persistence

MY PERSONAL EXPERIENCE, OPINION, RECIPE AND VISION



You have been suffering from epileptic seizures for 20 years. We treated you with three drugs. Then you were free of seizures for two years and you stopped the medication completely from one day to the next on your own. What happened after three days



I do not remember what happened, but I was admitted to an intensive care unit. Later I was told that I had many and very long-lasting seizures. ... Let me tell you: I will never stop the medication again ...

Epilepsy: Epileptic status after completely stopping taking medication.

Compliance, adherence and persistence

MY PERSONAL EXPERIENCE, OPINION, RECIPE AND VISION

- D** “ You suffered from acute weakness of your left arm one year ago. We found out that this was due to a small stroke caused by irregular heart beating and we treated you with tablets. Two weeks ago you stopped this medication. Why did you do that?
- P** “ Well after such a long period I thought there is no need anymore.
- D** “ What happened three days ago?
- P** “ I had problems speaking, fortunately, it is better now.

Secondary prophylactic treatment ... primary prophylactic treatment is even more challenging ...

One additional measure to improve CAP

TO FINISH MY LECTURE WITH POSITIVE AND OPTIMISTIC STATEMENTS

Remote management of your patient!

- Frequent consultations of your patients possible
- Evaluation of side-effects, effects and acute events
- Convenient for the patient: no traveling
- Doctors and patients already got used to technology
- Covid: challenge and catalyst



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SHHHH... AVOIDING ACUTE CRISES IN 'SILENT DISORDERS'

The silence around ADHERENCE

Prof. Joseph Zohar

National Post-Trauma Center, Research
Foundation by the Sheba Medical Center,
Tel Aviv University, Israel

Disclosures

AFFILIATION

- Post-Trauma Center, Sheba Medical Center, Israel
- Tel Aviv University, Israel

DISCLOSURE

I have the following potential conflict(s) of interest to report:

<u>Type of affiliation/financial interest;</u>	<u>Name of Commercial company</u>
Receipt of grants/research supports:	Lundbeck, Servier, Brainsway & Pfizer, NIH, DoD
Receipt of honoraria or consultation fees:	Servier, Pfizer, Abbott, Lilly, Actelion, AstraZeneca, SunPharma, Roche and Brainsway
Participation in company sponsored:	Lundbeck, Roche, Lilly, Servier, Pfizer,
Speaker's bureau:	Abbott, SunPharma and Brainsway
Stock shareholder:	Nil
Spouse/partner:	Nil

Structure



Scope



Intervention



Practical steps in general



Practical steps for psychotropics



Conclusion

Scope

An estimated one **half of patients** with chronic diseases maintain adequate medication adherence, and medication nonadherence accounts for 30% to 70% of all adverse medication–related hospitalizations in the United States (Burkhart & Sabate, 2003; Toh, Jackson, Gascard, Manning, & Tuck, 2010)

Barriers to medication adherence in chronic heart failure patients during home visits

Tong Toh, Bruce Jackson, Debra Joy Gascard, Alison R Manning, Emily J Tuck

of Clinical Sciences at Monash Health

Structure



Scope



Intervention



Practical steps in general



Practical steps for psychotropics



Conclusion

Intervention

Increasing patient involvement in treatment have the most potential to **improve adherence** and hence outcome in mood disorders

Review

> Curr Opin Psychiatry. 2006 Jan;19(1):44-9. doi: 10.1097/01.yco.0000191501.54034.7c.

Adherence to treatment in mood disorders

Nicola Byrne¹, Ciaran Regan, Gill Livingston

Structure



Scope



Intervention



Practical steps in general

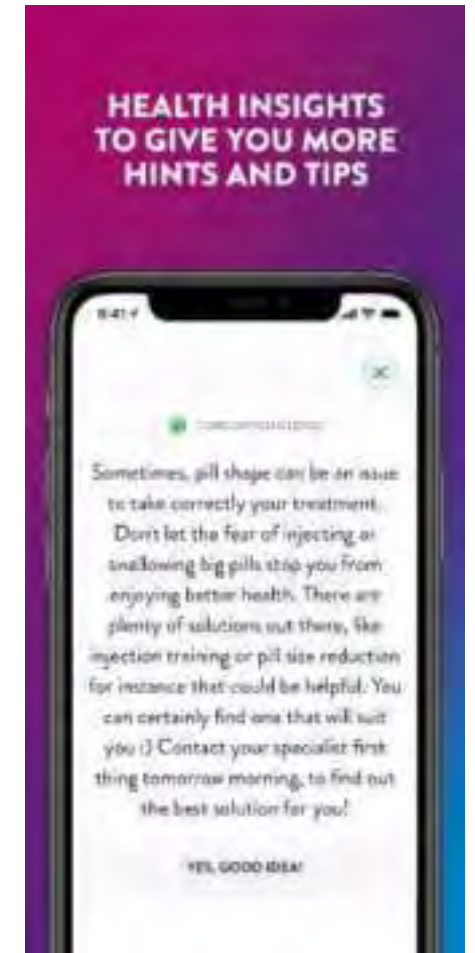
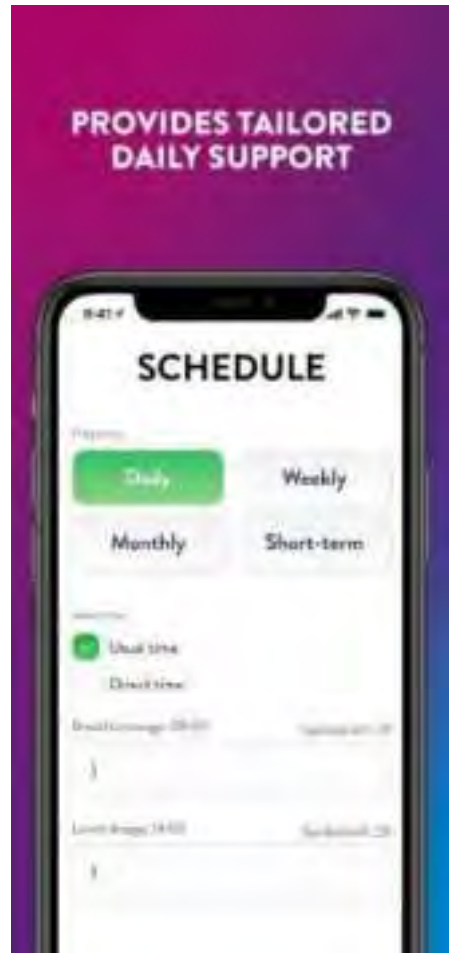


Practical steps for psychotropics



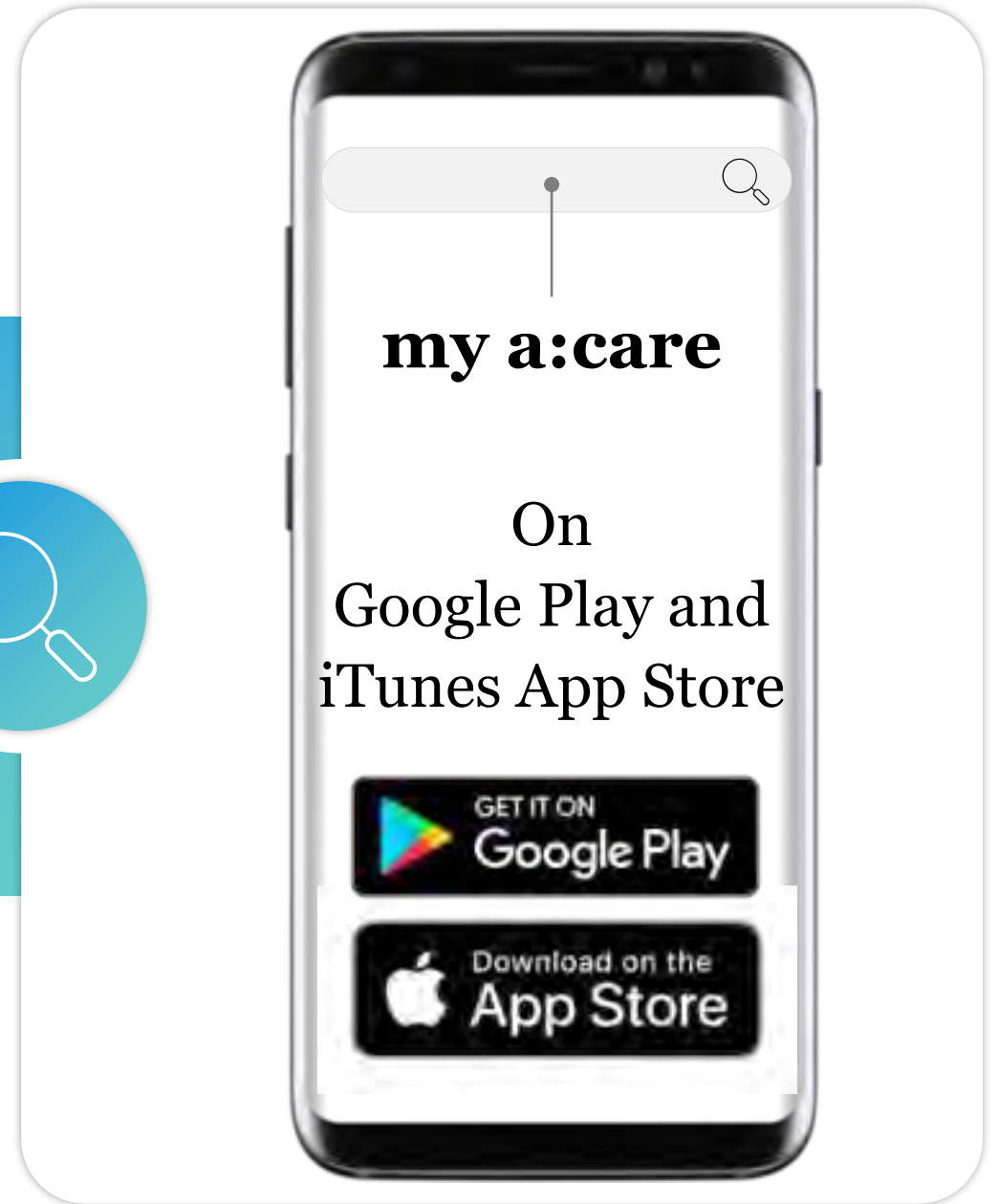
Conclusion

my a:care app



my a:care app

To download this FREE of charge App, search for



Structure



Scope



Intervention



Practical steps in general



Practical Steps for Psychotropics



Conclusion

Practical steps

Simplifying treatment regimen – **ONCE A DAY DOSAGE**
(for medication for **depression** and **psychosis**) that is reached
in **few weeks**

Specific Obstacle

For patients with **anxiety** or **depression** we are facing a unique situation

The names of the medications do **NOT** match their use

Very often we prescribe
“**antidepressants**” for **anxiety**
disorders or “**second generation**
antipsychotics” to **depressed**
patients who show no evidence
of psychosis





Current nomenclature

ANXIOUS PATIENTS



Why are you giving me an antidepressant for my anxiety?

It must be **confusing** to find that your anxiety disorder is being treated with an “**antidepressant**”

Current nomenclature and **adherence**

DEPRESSED PATIENTS



Is my condition so bad that you are giving me an antipsychotic?

It is **horrifying** to find that your **depression** is being treated with an “**antipsychotic**”



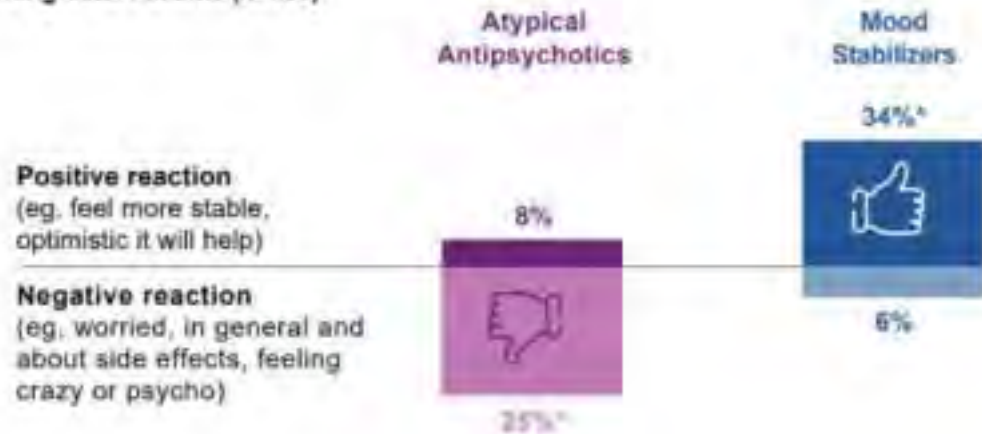
The impact of atypical antipsychotic Nomenclature on patients with Bipolar Disorder: Results of a nationwide patient survey

Tina Matthews-Hayes, Greg Mattingly, Stephen M. Stahl, Mehul Patel

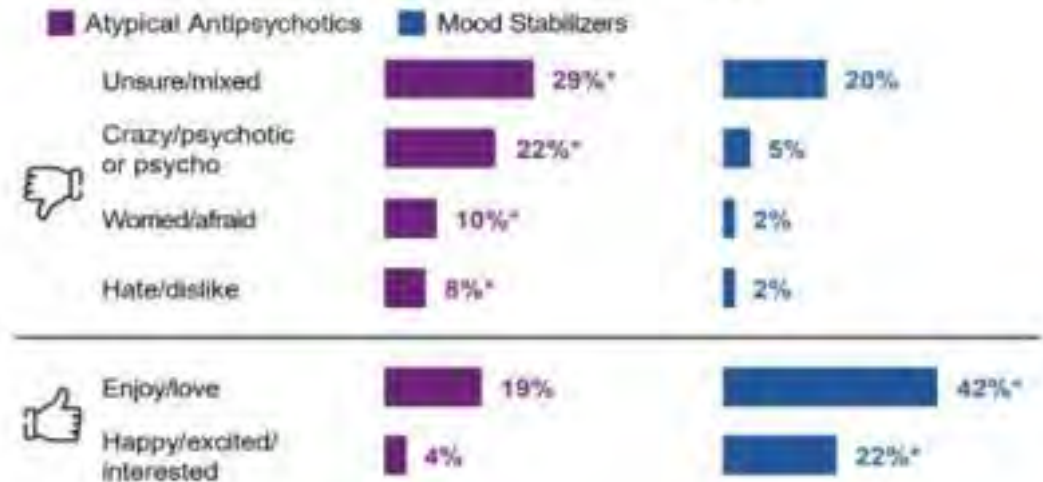
PATIENT RESPONSES INDICATED THAT THE ATYPICAL ANTIPSYCHOTIC CLASS NAME WAS ASSOCIATED WITH NEGATIVE EMOTIONS AND CONCERNS RELATED TO PSYCHOSIS, ATYPICAL ILLNESS, AND GREATER ILLNESS SEVERITY

A. Patient Reaction by Drug Class

Among Total Patients (n=200)



B. Emotions Associated With Drug Class



Matthews-Hayes, G. Mattingly, S. Stahl, MD. Patel, K. Kramer, T. Piccolo. The Impact of Atypical Antipsychotic Nomenclature on Patients With Bipolar Disorder: Results of a Nationwide Patient Survey CPNP 2021 Annual Meeting Poster Abstracts. *Ment Health Clin.* 2021;11(2):75-172. Published 2021 Mar 31.

The current naming (nomenclature) of psychiatric medications **confusing** for the **patients**

The taskforce

FIVE MAJOR INTERNATIONAL NEUROPSYCHOPHARMACOLOGICAL SCIENTIFIC ORGANIZATIONS JOINED FORCES TOGETHER (2008) TO CREATE THIS NOMENCLATURE

THESE ORGANIZATIONS ARE

ECNP

European
College of
Neuropsychopharmacology

ACNP

American
College of
Neuropsychopharmacology

AsCNP

Asian
College of
Neuropsychopharmacology

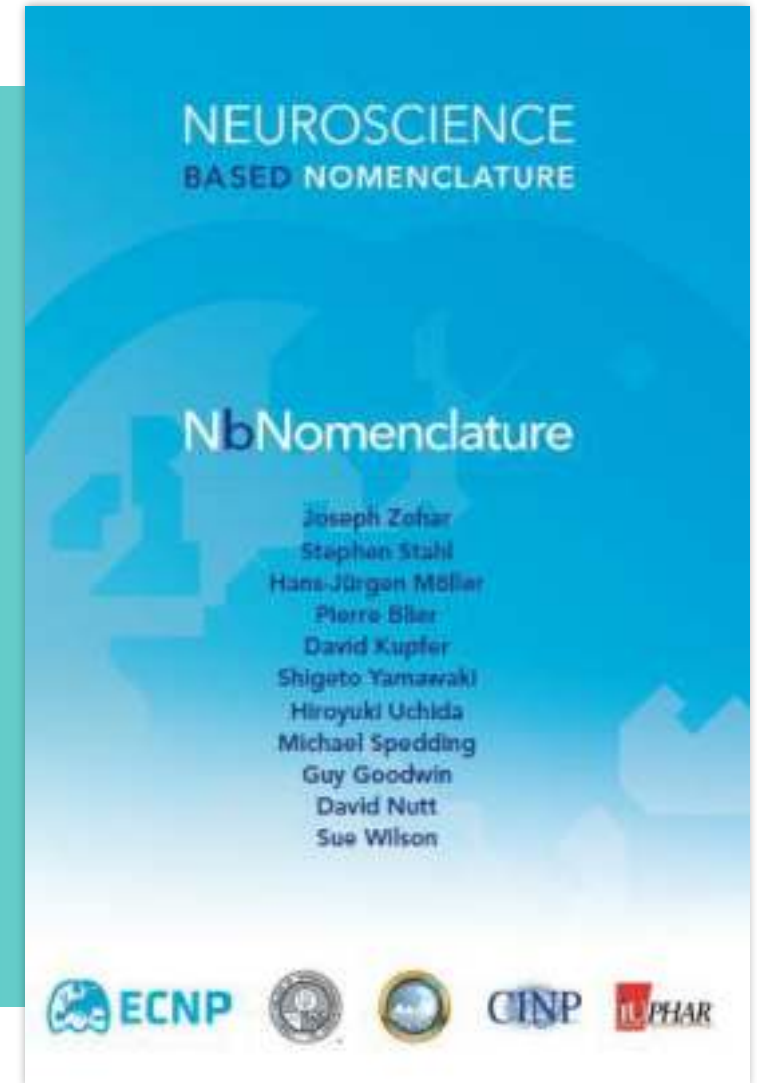
CINP

International
College of
Neuropsychopharmacology

IUPHAR

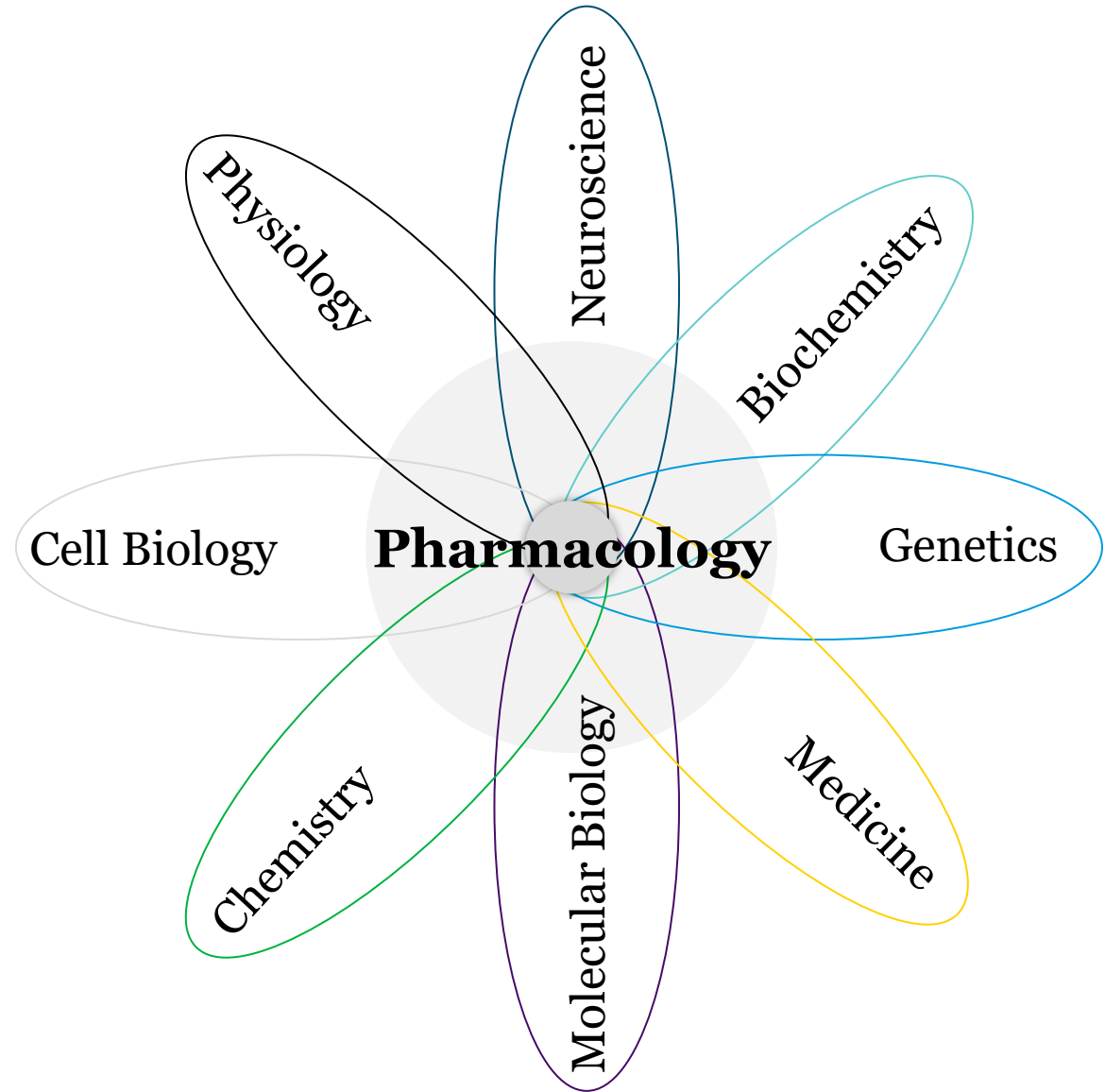
International
Union of Basic
and Clinical
Pharmacology

Neuroscience based Nomenclature



Pharmacologically-driven

(Rather than **indication-based**) nomenclature that embeds **contemporary neuroscience understanding** of how medicines work



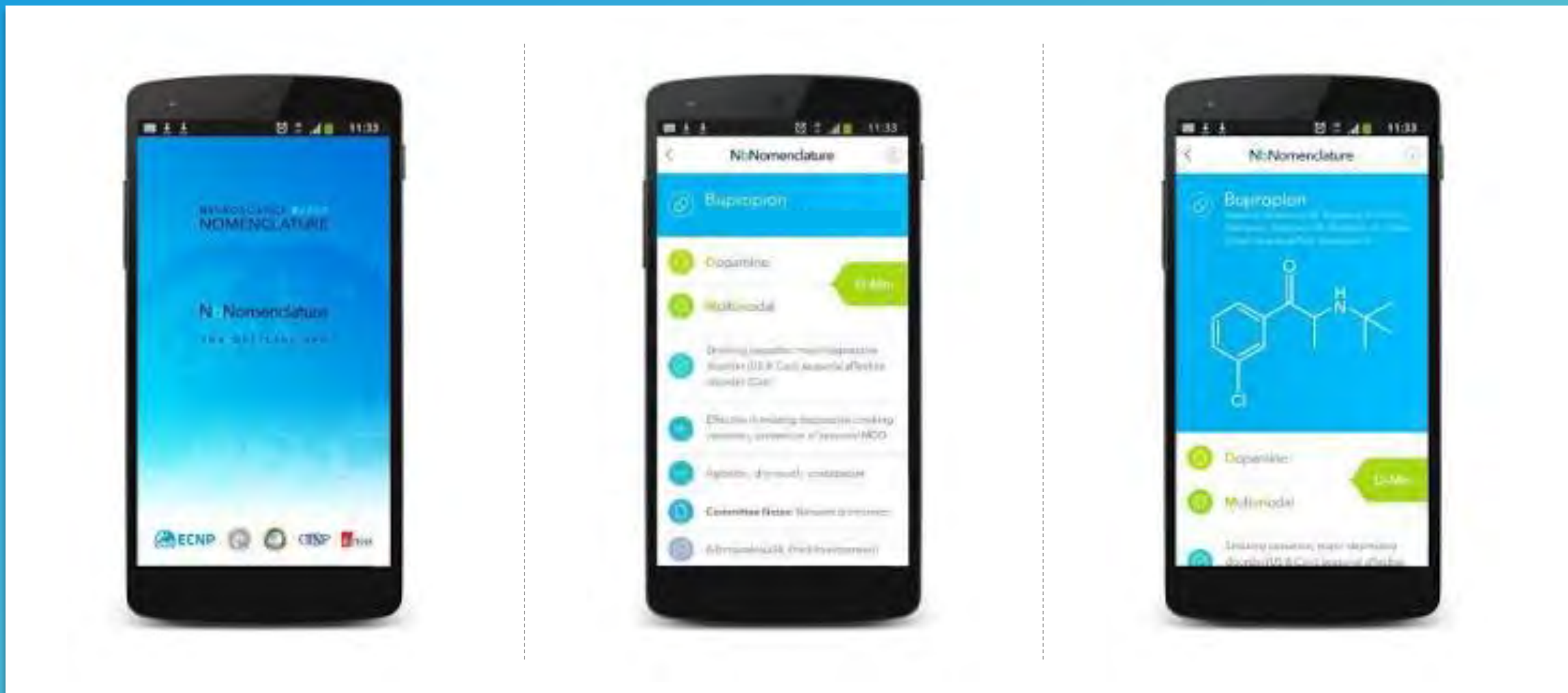
Antipsychotics



Antidopaminergics

Antidepressants



Promonoaminergics






To download the App, search for **NbN-2** on Google Play and iTunes App Store




NbN-2







●○○○○○

 **Fluvoxamine**


- 
Serotonin
- 
Reuptake inhibitor
- 
Major depressive disorder (except in USA);
Obsessive compulsive disorder
- 
Improves symptoms of depression and
anxiety and reduces compulsive behaviour
and obsessional thoughts
- 
GI symptoms, anxiety and/or changes in
sleep early in treatment, sexual dysfunction.
Must be gradually decreased on
discontinuation

NbN

Practical Notes: Potent inhibition of CYP1A2 and increases the half life of caffeine from 5 to 31 hours, increases levels of substrates (acetaminophen/paracetamol, clozapine, olanzapine, clomipramine, duloxetine, theophylline). Inhibits CYP2C9 (caution with warfarin). Prolongs effect of melatonin.

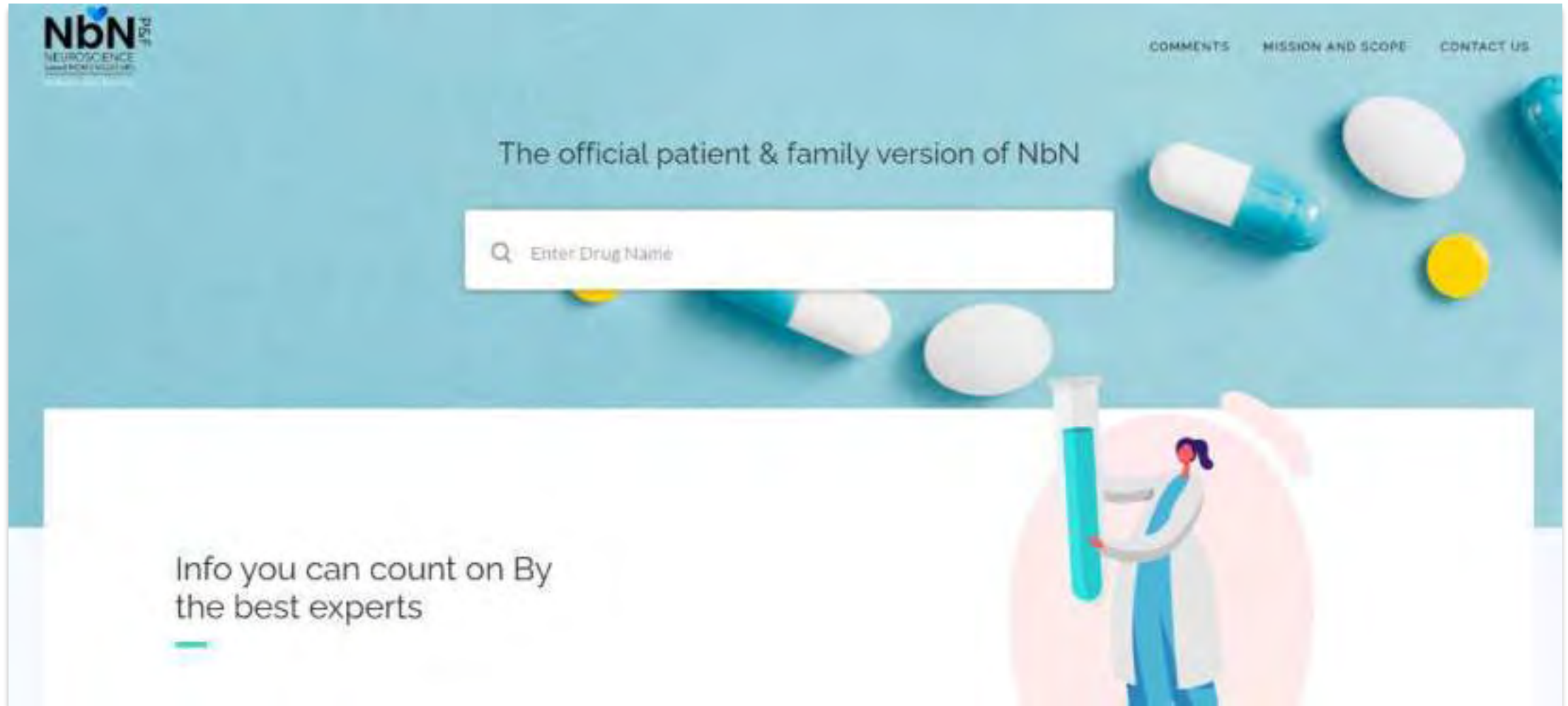
- 
Recommended doses: 50 mg at bedtime and increase to 100 mg after 4-7 days. After 2 weeks the dose can be increased by 50 mg/day increments weekly up to a dose of 300 mg/day. Doses higher than 150 mg should be divided in two.
- 
Antidepressant
- 
Neurobiology
- 
C - Risk cannot be ruled out.
- 
The potential risk of taking drugs during pregnancy needs to be weighed against the clinical benefits. This needs to be done per case and to be discussed with the patient. Taking into account the advice of teratogenic experts (if available) is strongly recommended.

The NbN for **patients and families (NbN p&f)** uses **scientifically-accurate yet easy-to-understand terms** in order to explain how the medication works



The NbN patient & family Website

www.nbnpf.com





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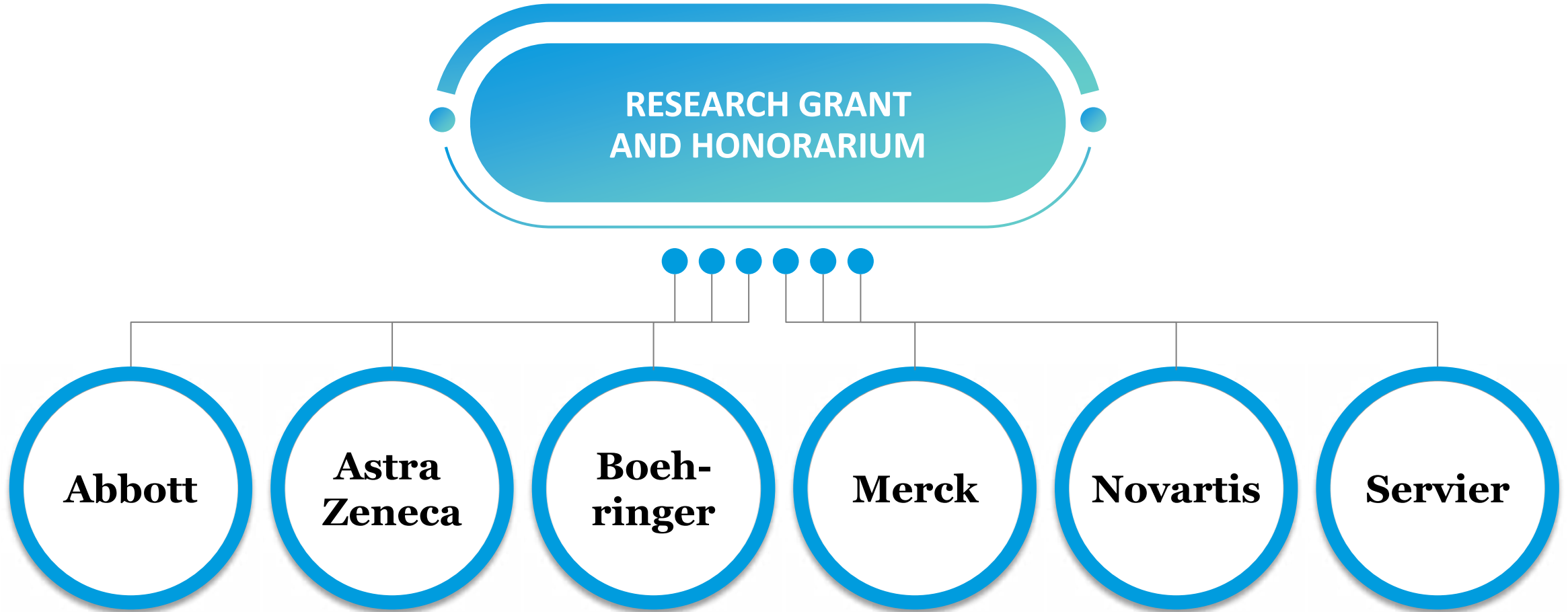
SHHHH... AVOIDING ACUTE CRISES IN 'SILENT DISORDERS'

How to enhance adherence in patient with silent disease?

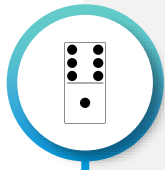
Prof. Atul Pathak

Cardiovascular Medicine, Hospital Princesse Grace, Monaco
Risk Factors and Heart failure: Molecular and Clinical
Investigations, CNRS 5288, Toulouse, France
University Pennsylvania, Philadelphia, USA
France

Disclosures



Prematurely stopping therapy is associated with subsequent mortality

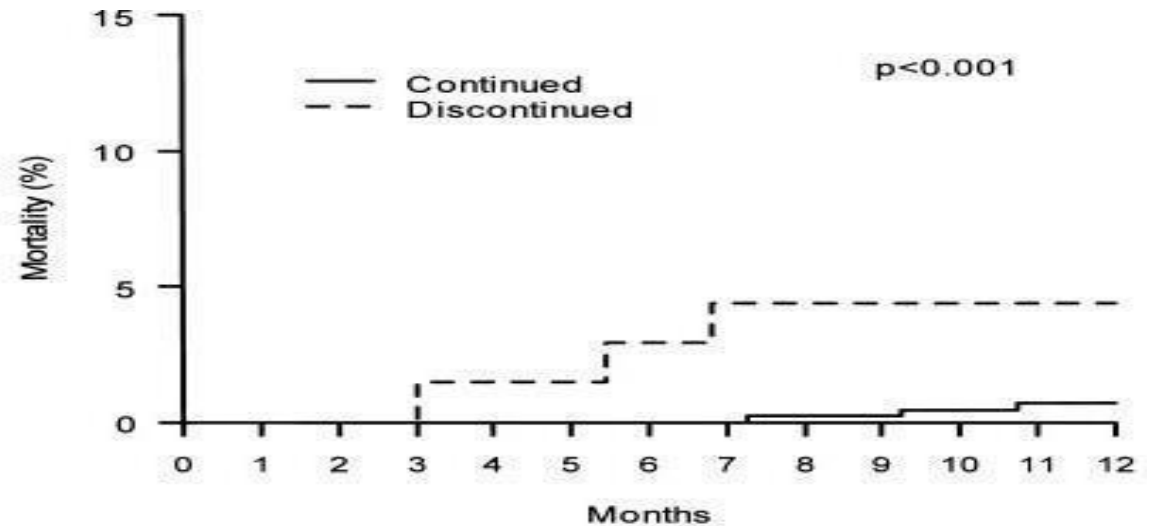


1 in 7 patients with heart attack who receive a stent are no longer taking clopidogrel by 30 days



1 in 6 patients who receive a stent do not fill clopidogrel prescription

KAPLAN-MEIER MORTALITY CURVES 1 TO 12 MONTHS AFTER MI, BY THIENOPYRIDINE THERAPY AT 1 MONTH AFTER MI

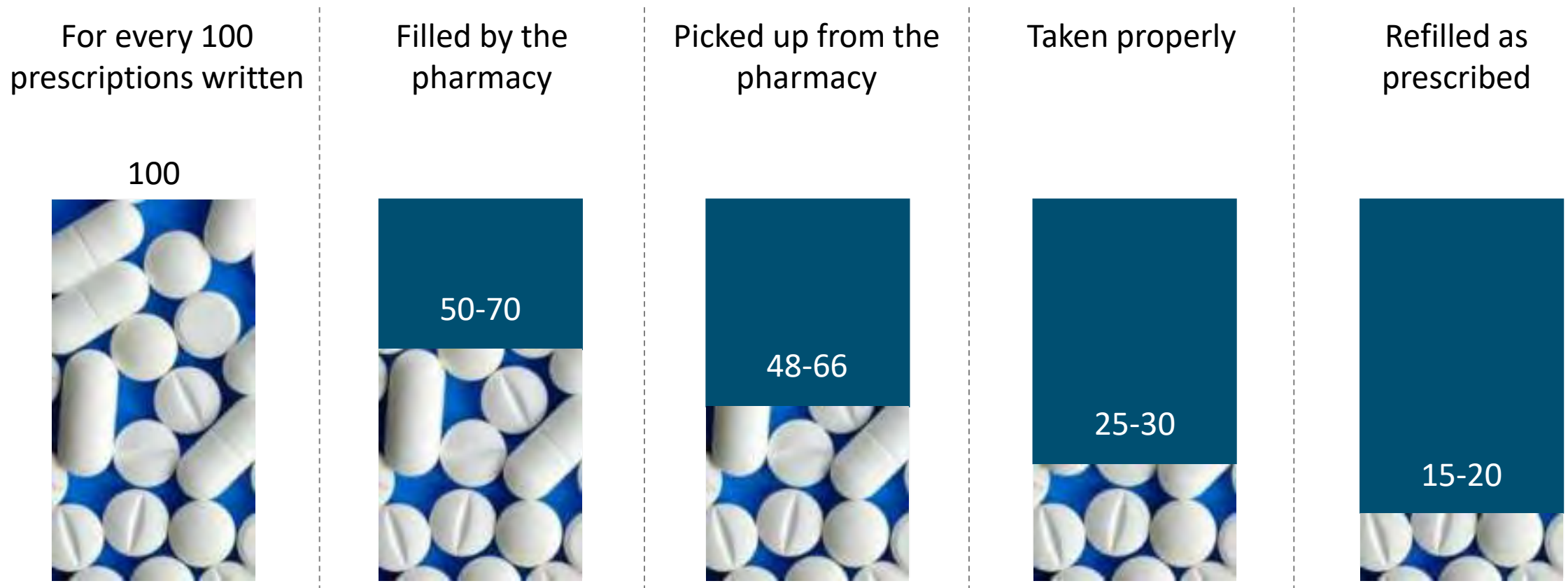


N at risk

Continued	431	431	431	431	430	429	420
Discontinued	68	68	67	66	65	65	62

Spertus JA, Kettelkamp R, Vance C, et al. The origin is at the time of the patient’s heart attack, but the lines begin at the 1-month assessment point. *Circulation*. 2006 Jun 20;113(24):2803-9. Ho PM, Tsai TT, Maddox TM, et al. *Circ Cardiovasc Qual Outcomes*. 2010 May;3(3):261-6

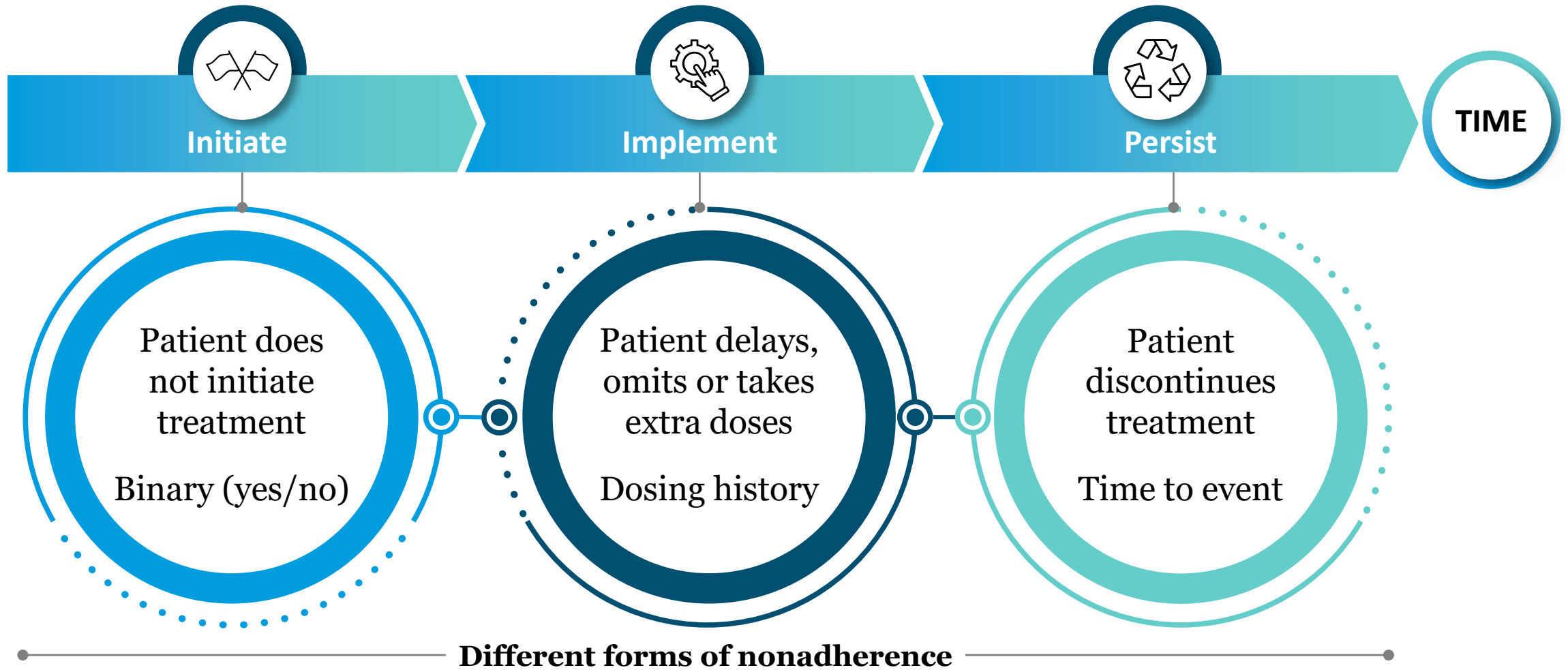
Extent of nonadherence across the population



At any given time ~50% of patients are non-adherent

Christensen A, Osterberg LG, Hansen EH. J Hypertens. National Association of Chain Drug Stores Pharmacies: Improving Health, Reducing Costs. July 2010. *Based on IMS Health data. Image courtesy of Zullig L. 2009 Aug;27(8):1540-51*

Adherence is the process by which patients take their medications as prescribed



Non-adherence is multifactorial



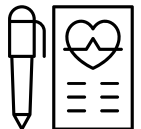
Socioeconomic factors

Lower social economic status associated with lower adherence



Health care system factors

Team-based care and post-hospital follow-up improve adherence

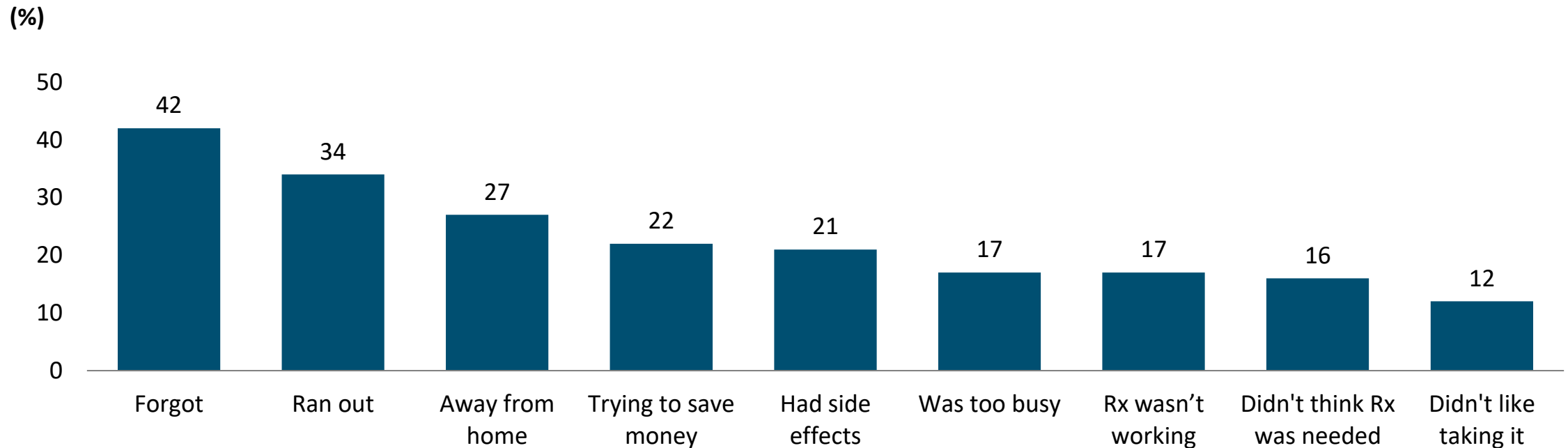


Medical condition-related disease factors

Concomitant conditions and comorbidities can impact adherence

Intentional and unintentional reasons for non-adherence

SELF-REPORTED REASONS FOR NONADHERENCE



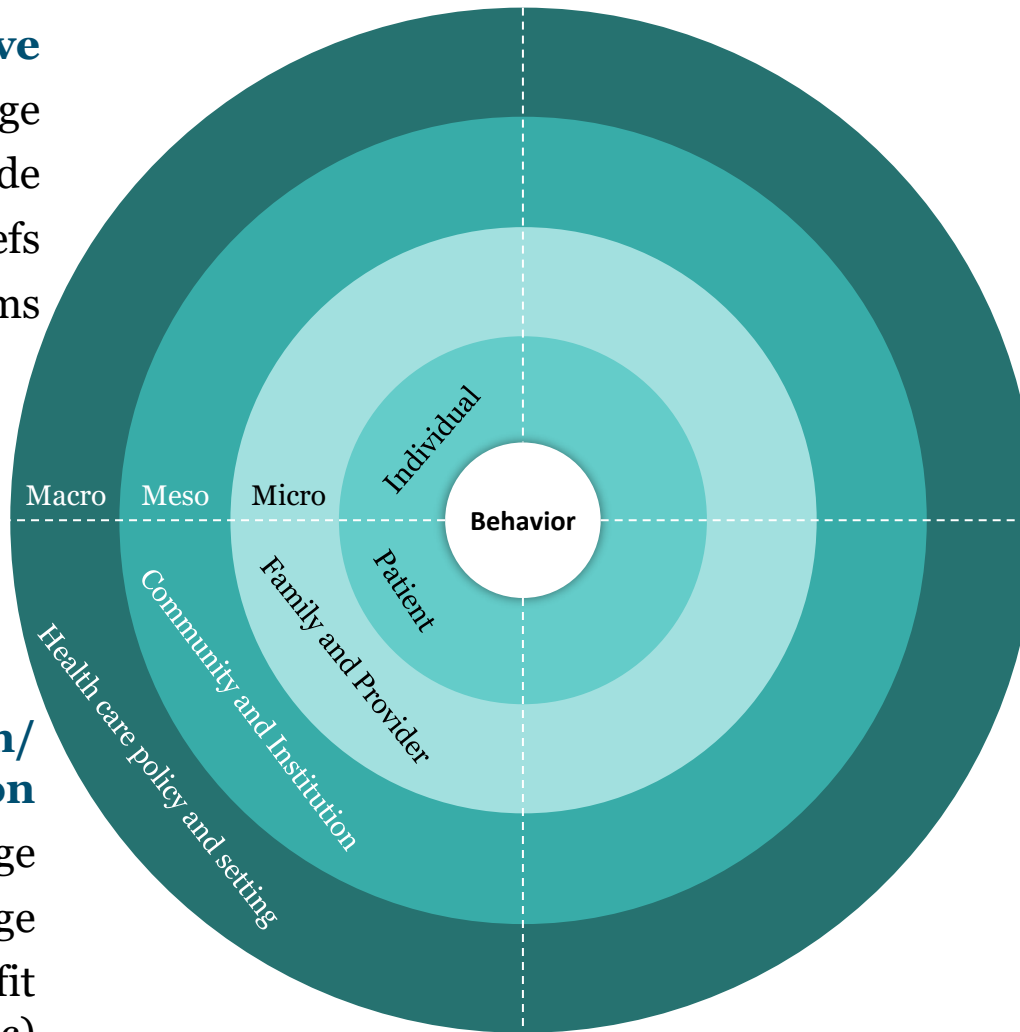
Intervention effects will vary based on intervention type

- Multilevel interventions are needed
- Focus beyond providers
- Barriers exist at patient, provider, and systems levels

Cognitive
Knowledge
Attitude
Beliefs
Norms

Behavioral
Skills, abilities
Reminders, cues
Contractual obligations

**Motivation/
Intention**
Motivation to change
Intent to change
Reward/Benefit
(level-specific)

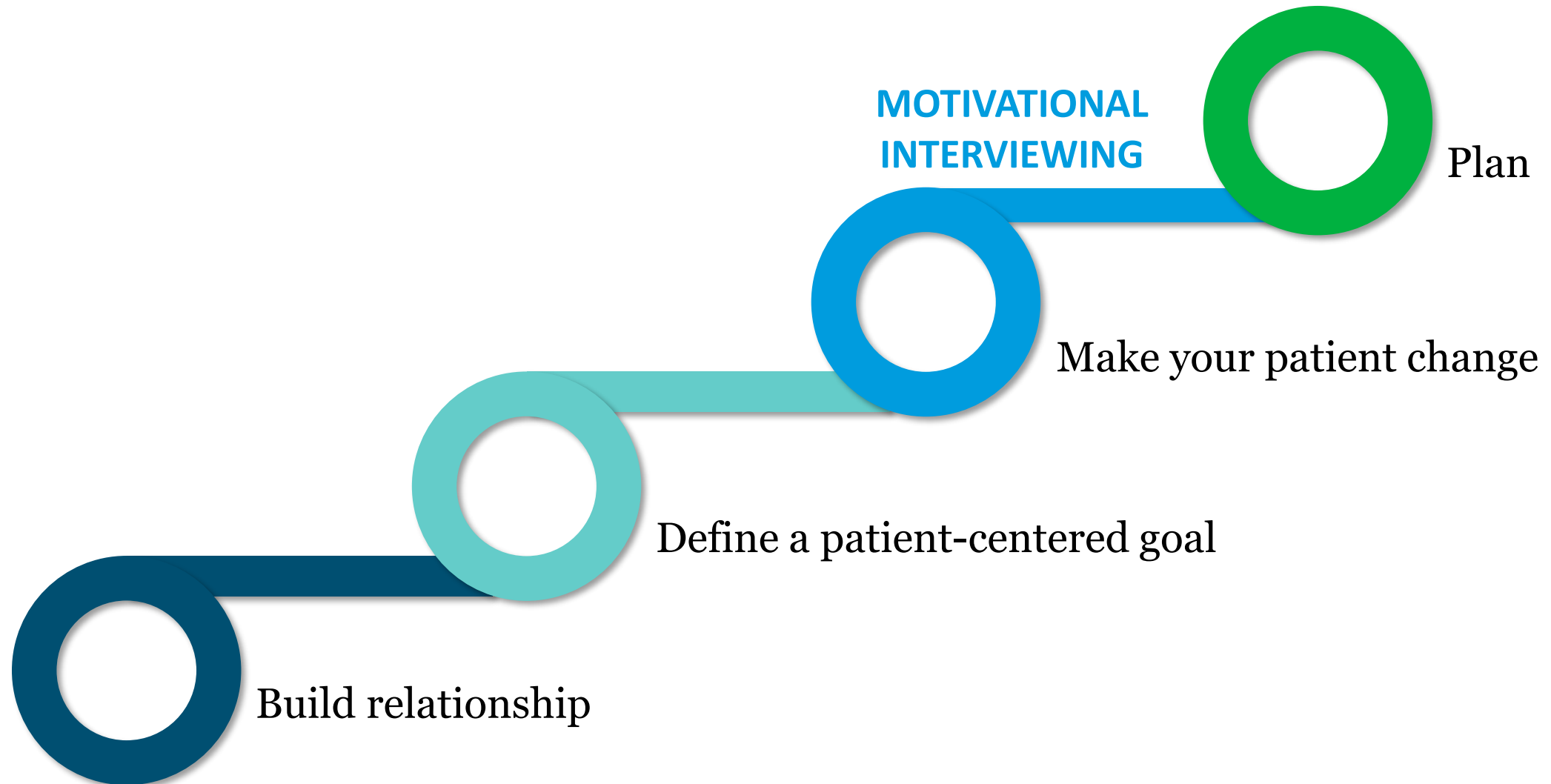


Environment/Policy
National/state/local policies
Institutional policies
Home/Work environment
Resources

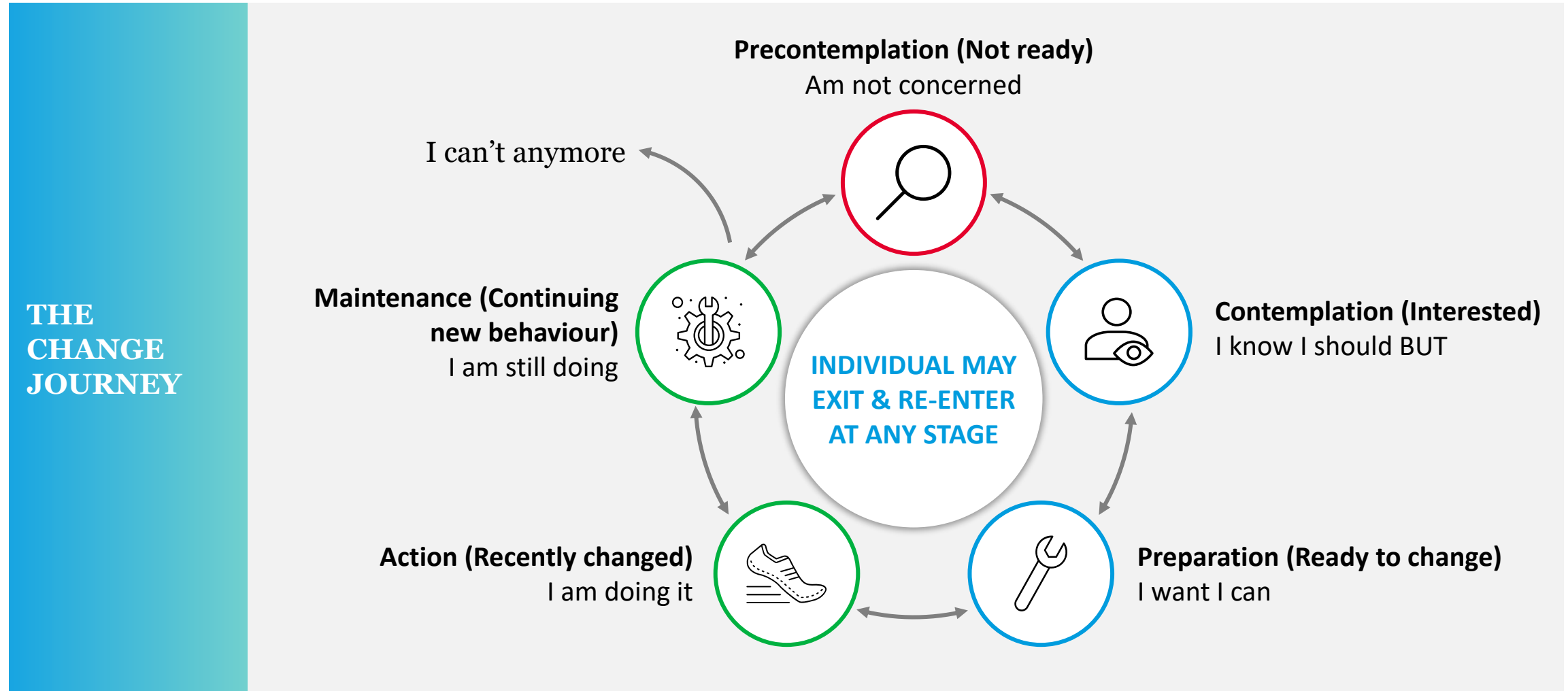
Difficult to
change a health
behavior



Plan to motivate !

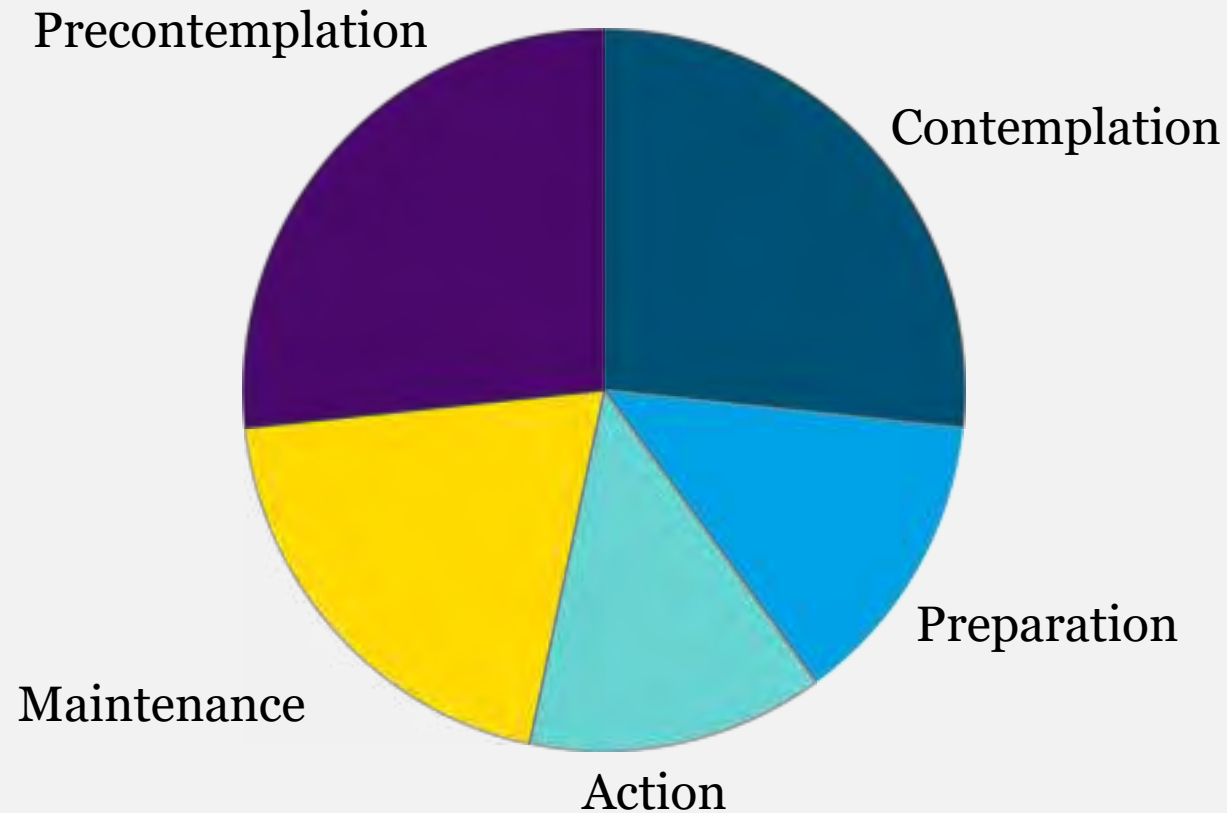


How to help a patient with a silent risk factor to change?



Prochaska and Di Clémente, Stages of Change: prescriptive guidelines for behavioral medicine and psychotherapy, 1998;19(3):276-288.

Prochaska and Di Clemente's Stages of Change Model

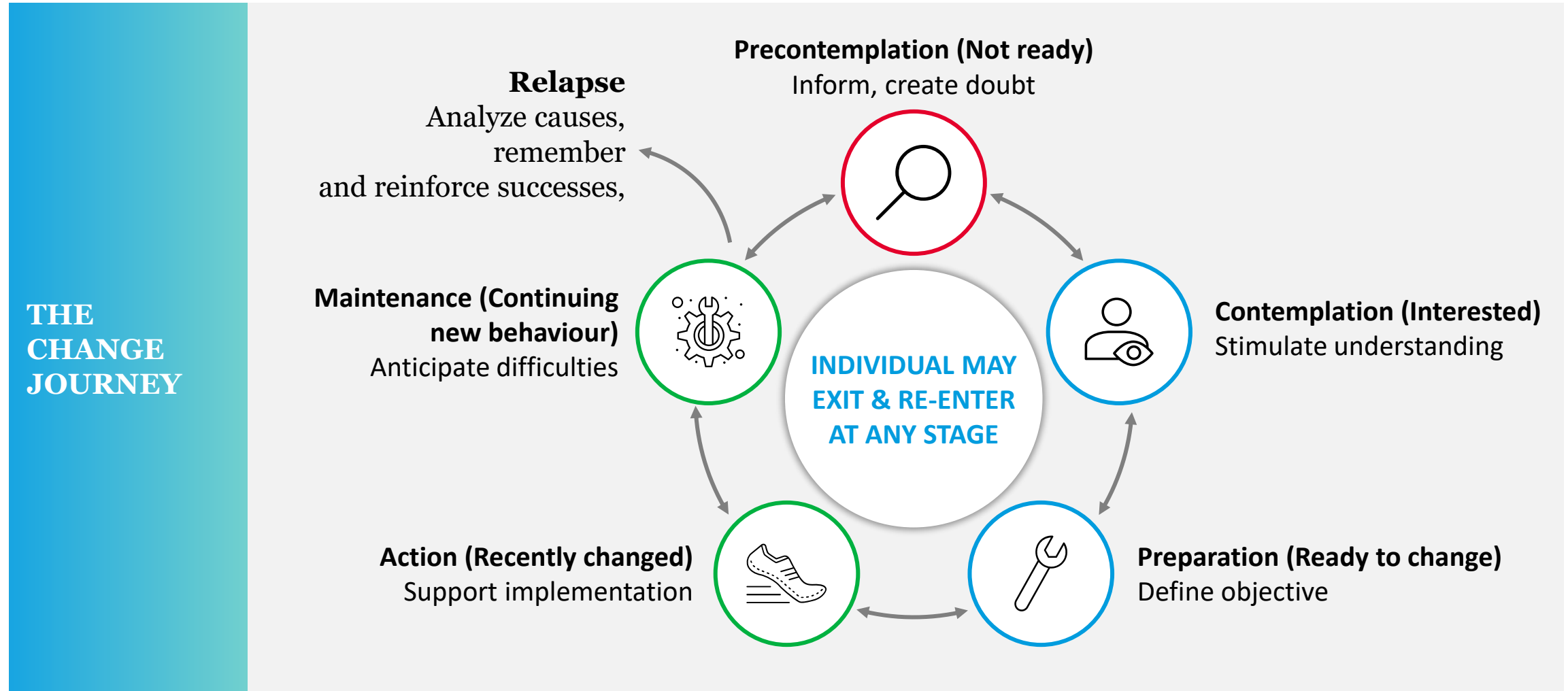


For any behavioral situation

- 40% in precontemplation
- 40% in contemplation
- 20% in preparation or action

Prochaska and Di Cl emente, Stages of Change: prescriptive guidelines for behavioral medicine and psychotherapy, 1998;19(3):276-288.

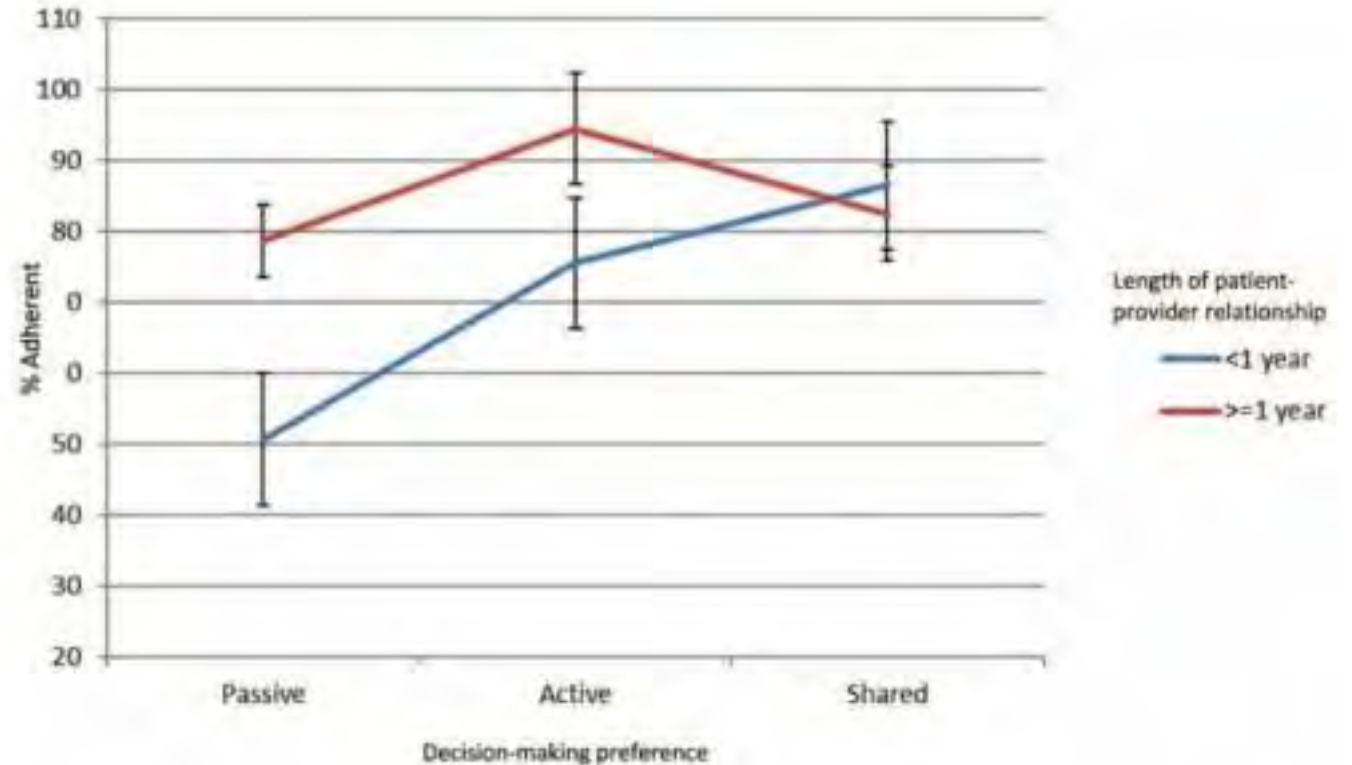
How to help a patient to change ?



Prochaska and Di Clémente, Stages of Change: prescriptive guidelines for behavioral medicine and psychotherapy, 1998;19(3):276-288.

Medication adherence and decision-making preference

- Decision making preference has an impact on medication adherence
- **Length of patient provider relationship impact decision making preference**
- Patient preference influenced by
 - Trust in physician,
 - satisfaction with care
 - confidence in decision



Motivational communication



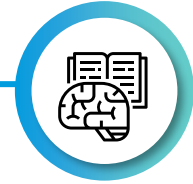
Use **microskills**
to elicit and
reinforce **self-
motivational
statements**
(change talk)



Ask



Listen



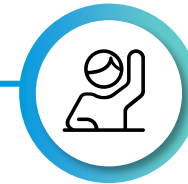
Summarize



Invite



Acknowledge



Ask permission to
work together

Evidences

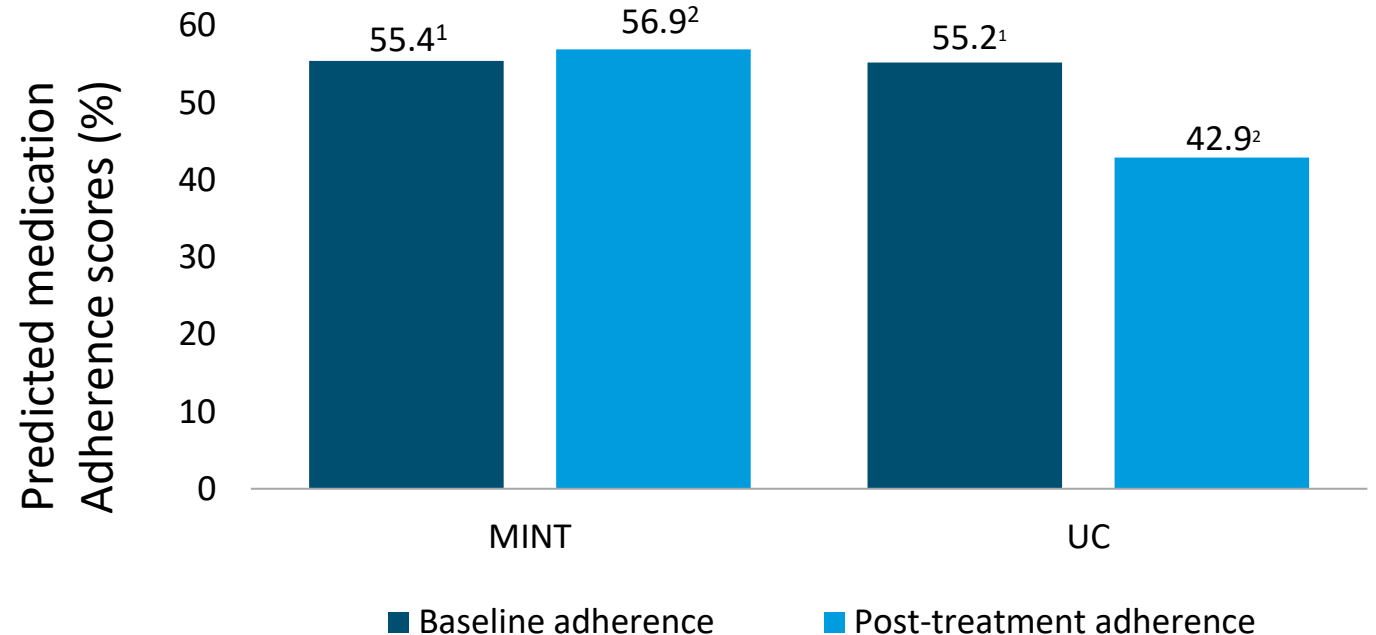


Systematic reviews and meta-analyses show beneficial effect of motivational strategies in various contexts such as with diet, exercise and adherence to medications.



Some reviews have even shown statistically significant change in direct measures such as blood pressure, cholesterol, and body mass index

MOTIVATIONAL INTERVIEWING (MINT) COUNSELLING RESULTED IN STEADY MAINTENANCE OF MEDICATION ADHERENCE OVER TIME COMPARED WITH USUAL CARE (UC)



Rubal, Sandbaek, et al. Motivational Interviewing: A Systematic Review and Meta-Analysis. British Journal of General Practice 2005; 55: 305-312. Ogedegbe et al. Am J Hypertens 2008;21:1137-43

1. P=0.94; 2. P=0.027 for comparison with usual care group

Conclusions: Approaches improving patient's behavior



Patient-centred therapeutic approach



Improves readiness for change

- Relevant to patients who needs to be identified
- Change the way you communicate
- Change the way you behave



Improves outcomes when added



In hypertensive patients, practice-based motivational interviewing counselling was associated with a greater inclination to comply compared with usual care