

*This presentation is offered for educational purposes only, intended to serve as continuing medical education for health care professionals. The content of the presentation represents the views and opinions of the original creators of such content and does not necessarily represent the views or opinions of Abbott Products Operations AG or its affiliates (“Abbott”). The distribution of this presentation by Abbott, via its appearance on the a:care websites or any other means, does not constitute an endorsement by Abbott of such content. Abbott does not make any representation or warranty with respect to the accuracy, applicability, fitness, or completeness of the presentation content. Your use of any aspect of this presentation is at your own risk. Abbott cannot and does not accept any responsibility or liability for the consequences of any feature or content of the presentation, nor for any medical decision made based upon the educational content contained in the presentation. Downloading for further distribution or any form of reproduction of this presentation is not allowed*



a:care

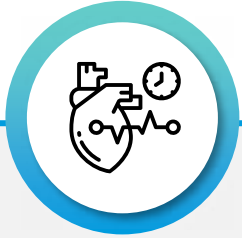
**A:CARE CONGRESS**

# Improving Medication Adherence with Motivational Interviewing – Example of a Heart Failure Patient

**Prof. Atul Pathak**

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

# Problems?



Heart Failure is  
a silent and non  
silent disease



Heart Failure is  
a fluctuating  
disease



Too many  
comorbidities  
i.e. diabetes,  
CKD (pill  
burden)



Drugs do not  
always provide  
relief of  
symptoms



Drugs reducing  
morbidity and  
mortality have  
also adverse  
drug reactions  
so Benefit /  
Risk Ratio not  
perceived by  
patient



# Why is a patient not ready to change?

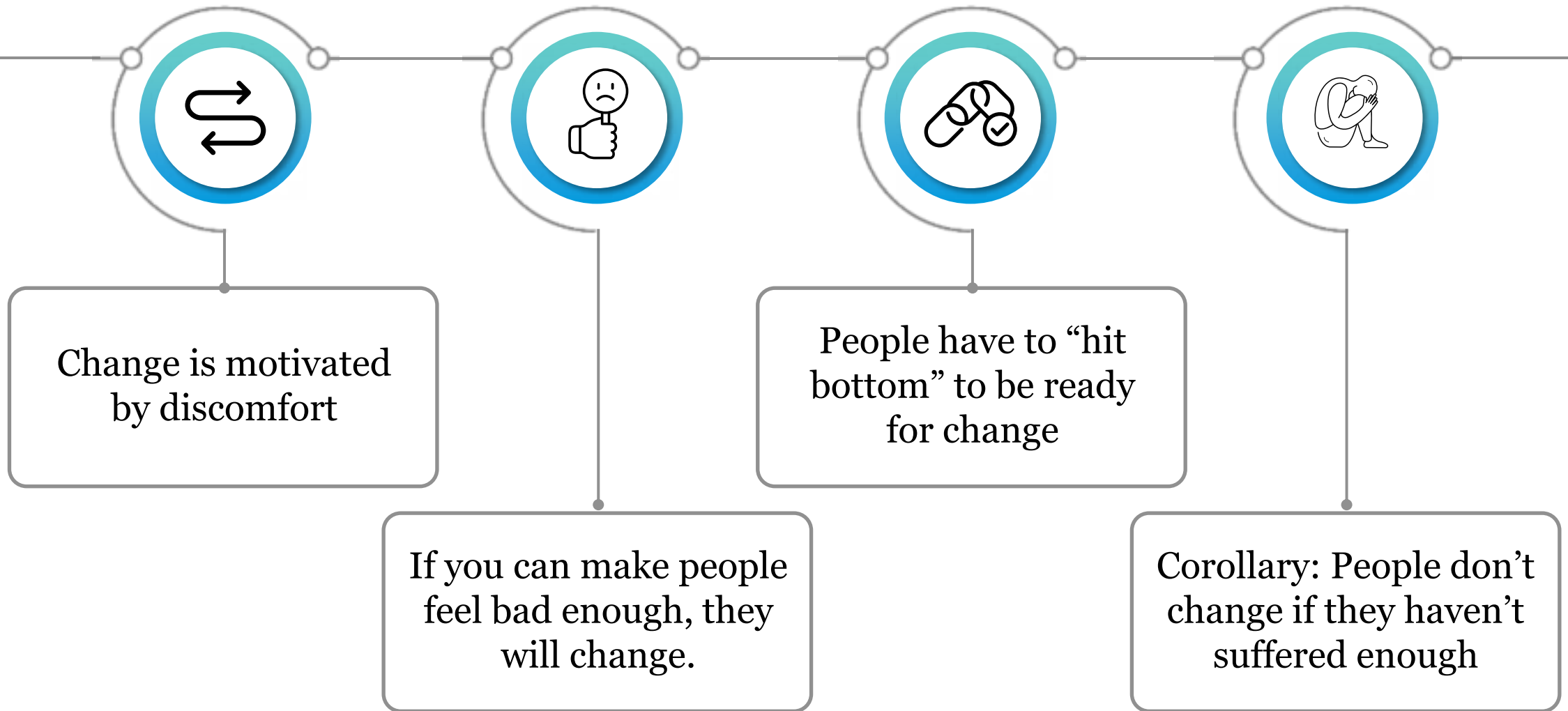
- It is NOT that...

---
- They don't want to see (denial)

---
- They don't care (no motivation)

---
- They are just early in the stages of change

# Traditional approach



Sources: Slide adapted by Jeanne Obert, 2006, from Miller, W.R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing people for change*. New York: Guilford Press

# Another approach: motivating!



Motivation for change can be fostered by an accepting, empowering, and safe atmosphere



Patient and practitioner are equal partners in relationship  
(collaborative effort between two experts)



# What are motivational strategies?

1

Communication tools  
and Skills  
Based on Health  
Behaviors

2

A style of talking with  
patient constructively  
about reducing their  
health risks and  
changing their  
behavior.

3

Enhance the patient's  
own motivation to  
change using strategies  
that are empathic and  
non-confrontational.

# What are motivational strategies?

A patient-centered directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.



Sources: Slide adapted by Jeanne Obert, 2006, from Miller, W.R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing people for change*. New York: Guilford Press





# Motivation requires knowledge about stages of change

- Recognizing the need to change and understanding how to change doesn't happen all at once. It usually takes time and patience.
- People often go through a series of “stages” as they begin to recognize that they have a problem.

Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice*, 19(3), 276–288.

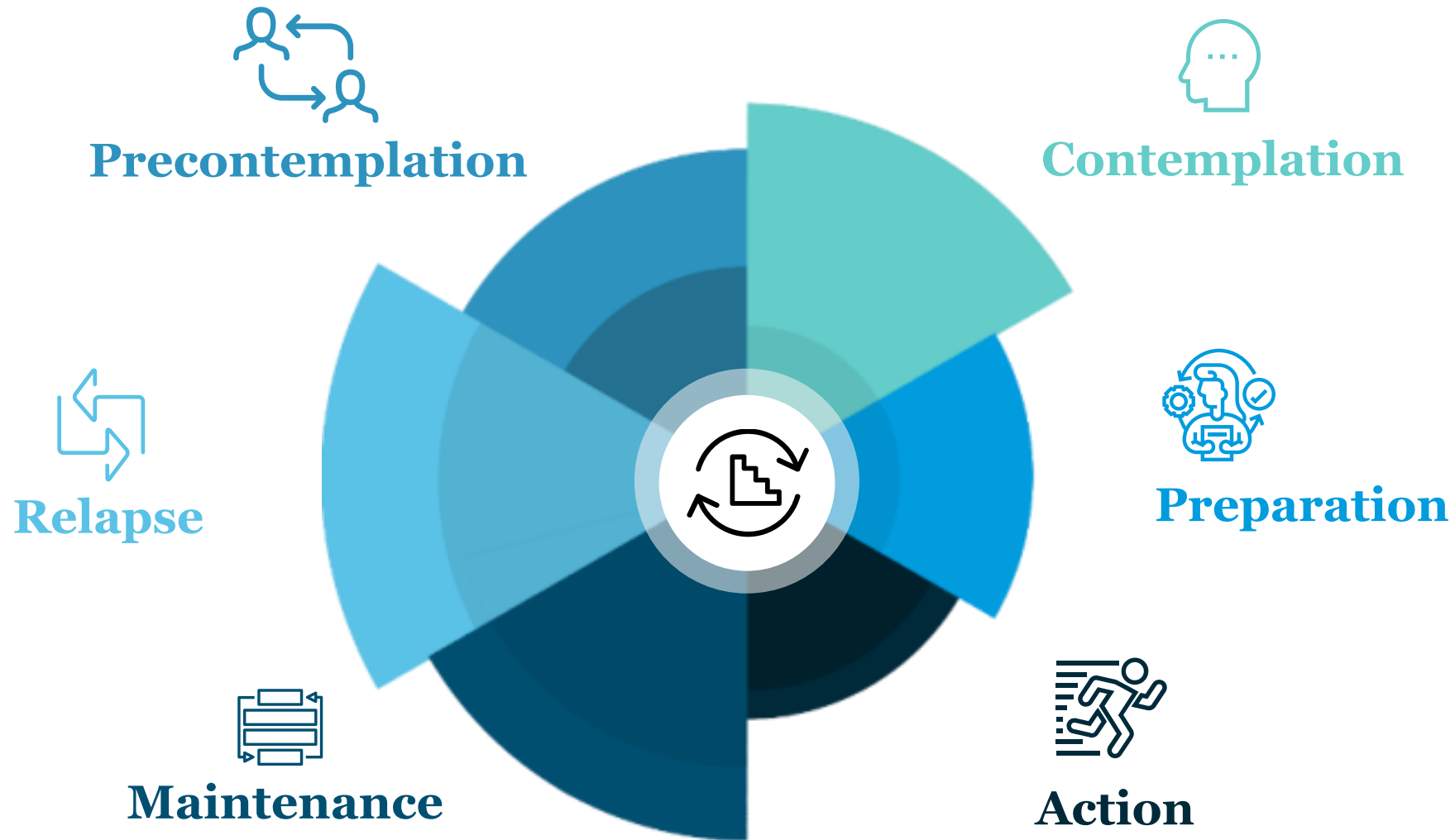
# Helping people change



Motivational interviewing is the process of helping people moving through the stages of change.



# Stages of Change

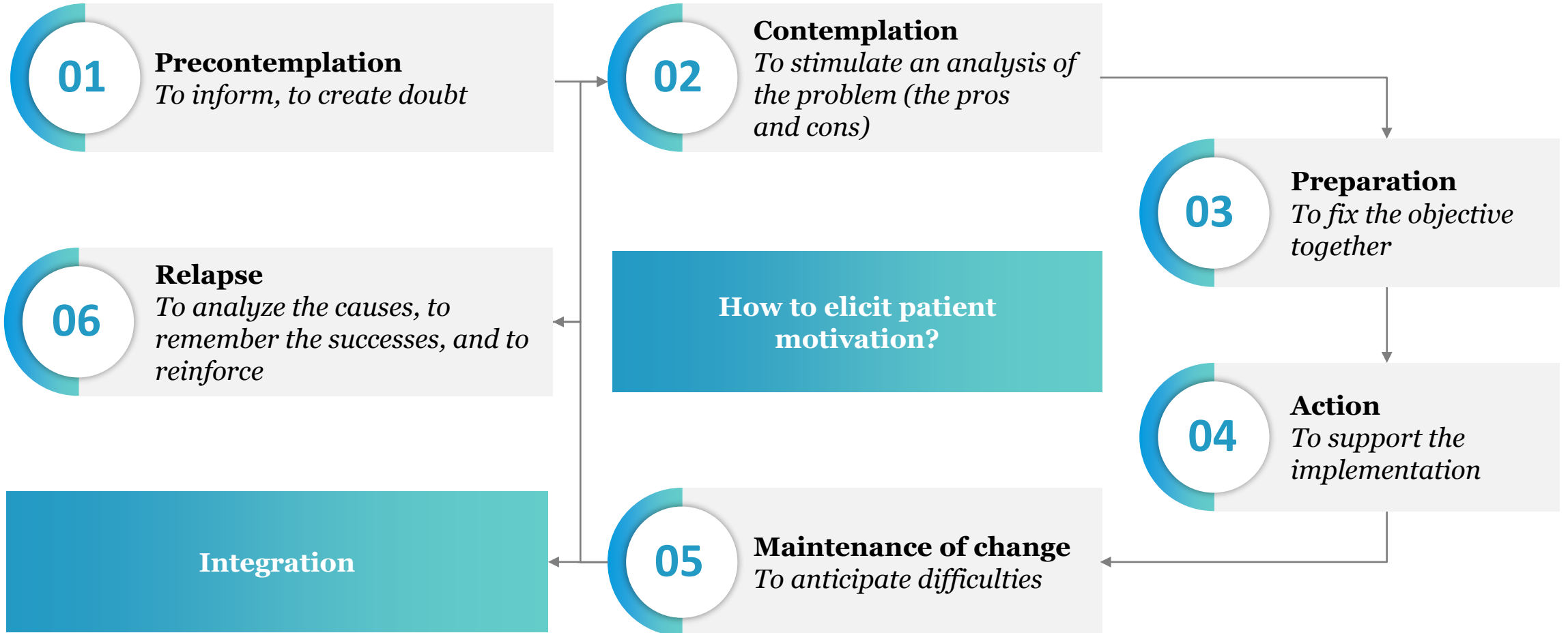


Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice*, 19(3), 276–288.  
Sources: Slide adapted by Jeanne Obert, 2006, from Miller, W.R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing people for change*. New York: Guilford Press

For any behavioral problem at a given time, there are  
(in the population at large)



# The stages of motivation





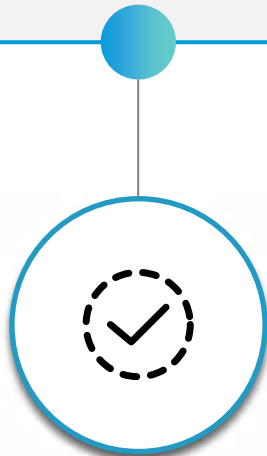
# Building motivation using OARS (the microskills)

## HOW CAN I HELP PATIENTS

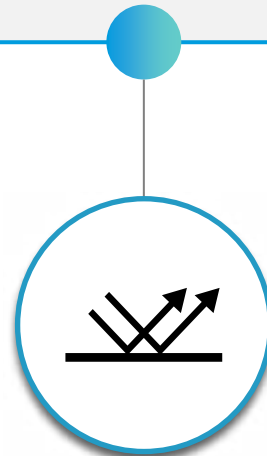
### Use the microskills



Open-ended  
questions



Affirmations



Reflections



Summaries

To elicit and reinforce **self-motivational statements** (Change Talk)

# OARS: Open-ended questions

## CLOSE VERSUS OPEN-ENDED QUESTIONS

**“Are there good things about not taking the pills?” vs.**

“What are the good things about not taking the pills?”

---

**“Are there bad things about using drugs?” vs.**

“Tell me about the not-so-good things about using drugs”

---

**“Do you have concerns about your heart failure ?” vs.**

“You seem to have some concerns about your heart failure . Tell me more about them.”

---

**“Do you worry a lot about having heart failure ?” vs.**

“What most concerns you about heart failure ?”

# OARS: Affirmation

“ Thanks for coming today

“ I appreciate that you are willing to talk to me about your heart failure

“ You are obviously a resourceful person to have coped with those difficulties

“ That’s a good idea

“ It’s hard to talk about....I really appreciate your keeping on with this



# OARS: Reflective listening

## Reflective listening is used to



Check out whether you really understood the patient



Highlight the patient's ambivalence about their substance use



Steer the patient towards a greater recognition of her or his problems and concerns, and



Reinforce statements indicating that the patient is thinking about change



Repeat, rephrase, paraphrase

# OARS: Summarize

Summarizing is an important way of discussing together what has already been said, making sure you understood the patient correctly, and preparing them to move on.

Summarising is putting together a group of reflections.





# Four principles of motivational interviewing



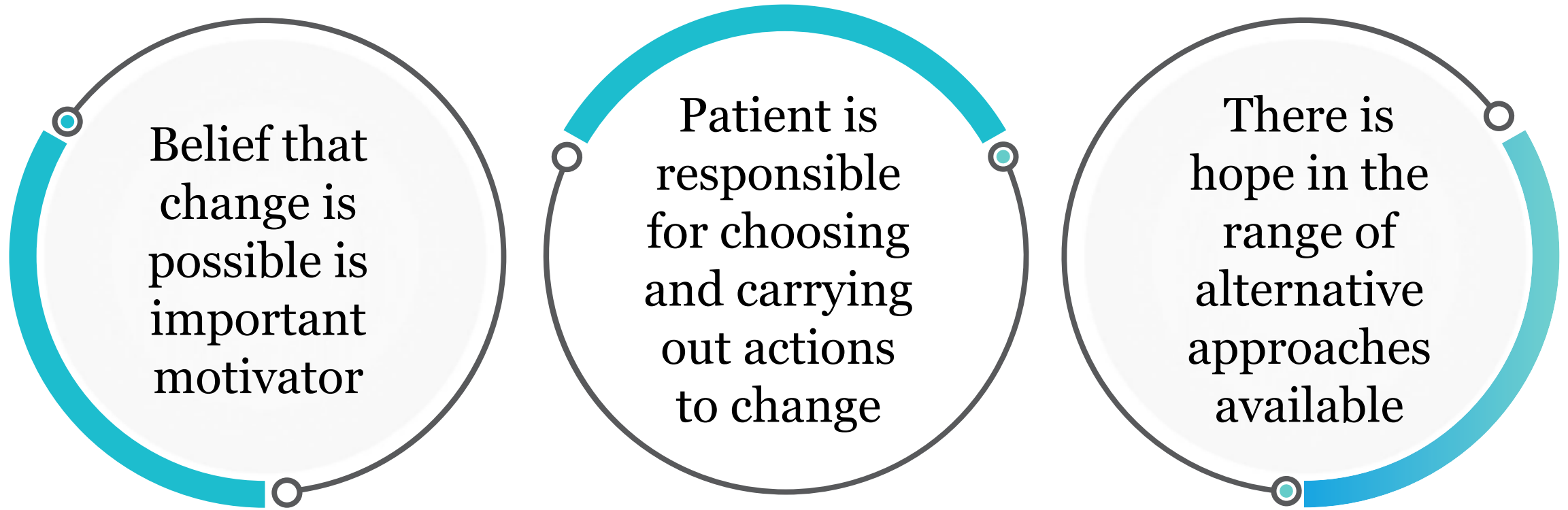
Expressing  
empathy

Developing  
discrepancy

Avoiding  
argumentation

Supporting  
self-efficacy

# Support Self-Efficacy

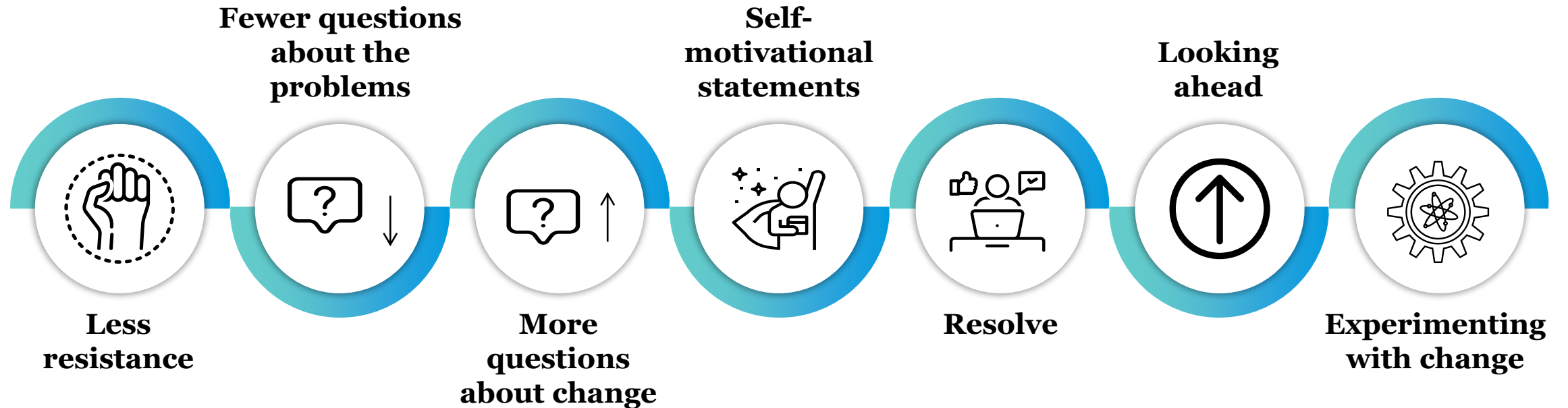


Belief that change is possible is important motivator

Patient is responsible for choosing and carrying out actions to change

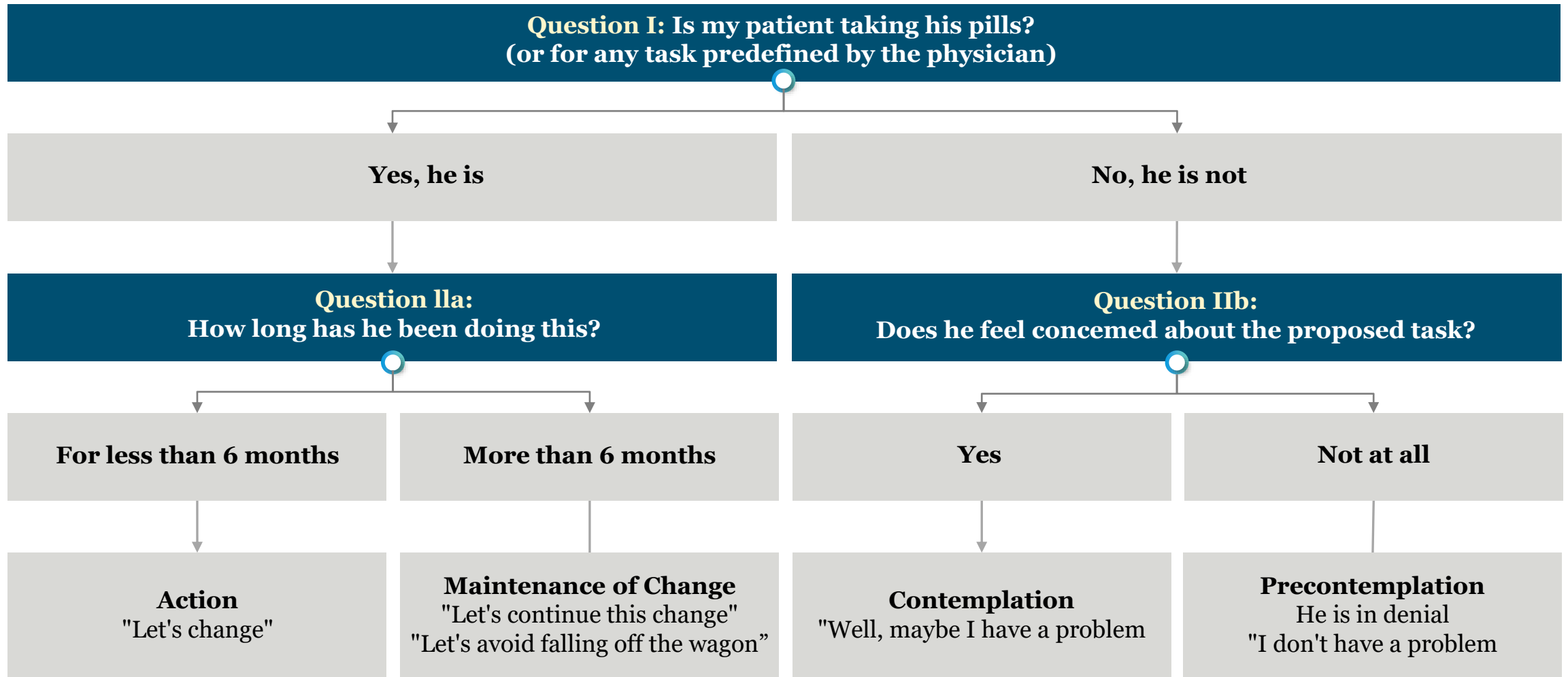
There is hope in the range of alternative approaches available

# Signs of readiness to change



# The tool

## MOTIVATIONAL STAGE







## Evidences

Systematic reviews and meta-analyses have shown some beneficial effect of motivational strategies compared to traditional advice giving 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.



# Impact of motivational interviewing on clinical parameters

Effect measure	<i>n</i>	Estimate of Effect (variation)	P-value (95% CI)
Body mass index	1140	0.72	0.0001 (0.33 to 1.11)
HbA1c (%GHb)	243	0.43	0.155 (-0.16 to 1.01)
Total blood cholesterol (mmol/l)	1358	0.27	0.0001 (0.20 to 0.34)
Systolic blood pressure (mm Hg)	316	4.22	0.038 (0.23 to 8.99)
Number of cigarettes/day	190	1.32	0.099 (-0.25 to 2.88)
Blood alcohol content (mg%)	278	72.92	0.0001 (46.80 to 99.04)
Standard ethanol content (units)	648	14.64	0.0001 (13.73 to 15.55)

Rubak S, Sandbaek A, Lauritzen T, Christensen B. Motivational interviewing: a systematic review and meta-analysis. *Br J Gen Pract.* 2005 Apr;55(513):305-12.

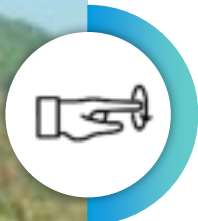


# Conclusion



Heart failure is a perfect example of a chronic disease where motivational tools can improve adherence

---



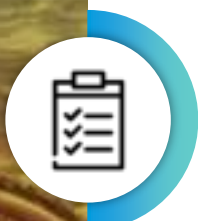
Change yourself

---



Change your patient

---



Just do it !