

Improving Adherence to Topical Treatment

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The efficacy of topical medications generally increases when they are used as directed. To help patients achieve optimal therapeutic outcomes, it is worthwhile for physicians to utilize strategies that may improve patient adherence. Effective strategies include positive patient-physician relationships, patient education, follow-up visits or calls, and patient participation in treatment decisions.

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Topical medications tend to work best when they are used as directed. Unfortunately, they often are not used as prescribed. Nonadherence to treatment is common across many therapeutic areas.¹ Although it is frustrating for physicians when patients are not getting better because they are not using their medications properly, there are a few strategies that are proven to help promote adherence, and a few others, while not proven, are at least worth a try (Figure 1).

Patient-Physician Relationship

A reliable way to promote good adherence to treatment is to create a positive patient-physician

relationship.² This relationship should be initiated at the first visit. Even if the patient's skin condition can be confidently and correctly diagnosed at first glance, the patient may not perceive that an adequate examination was performed unless a thorough history is taken and a careful clinical examination is done, including touching the affected area. For patients with psoriasis, it is especially important to touch the affected skin because patients frequently are embarrassed by or ashamed of their skin or fear that others believe their condition is contagious. Asking questions helps a patient realize that the physician is caring and thoughtful; ask about prior treatments or frustrations. Listen carefully and provide clear explanations to patient queries. Build the foundation of a relationship that can lead to better communication and trust. Patients who trust their physician are more likely to trust and use the recommended medication.

Patient Education

Communicate specific information to patients regarding their condition. A patient's knowledge of his/her disease and its treatment, along with confidence in the physician, work together to motivate the patient to use prescribed medications.³ For verbal explanations, limit the information to a few key messages and ask patients to repeat the information to gauge their understanding. Avoid asking, "Do you understand?"⁴ In most circumstances, it is best to back up verbal explanations with written materials. Written instructions about the condition, its treatment, and what to expect are helpful in reinforcing important information. Make sure the instructions are written at a level your patients can understand. The limited health literacy of many patients prevents them from understanding even simple written instructions or prescription labels.^{5,6} To promote patient comprehension of and adherence to written materials, include photographs or illustrations.⁷⁻⁹ For example, in the treatment of seborrheic dermatitis of the scalp, showing the patient a simple diagram of the application process may be more helpful than a lengthy verbal explanation.

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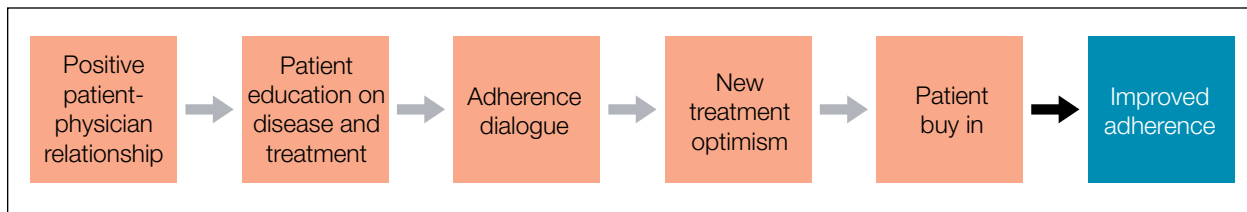


Figure 1. A multifaceted approach to promote improved patient adherence.

Adherence Dialogue

If the prescribed treatment has a prolonged onset of action, there will be little positive reinforcement for the patient to continue treatment and adherence likely will decline.¹⁰ Prepare your patient for delays in treatment efficacy; emphasize the long-term benefit of the therapy. Use a calendar to mark the approximate date that the patient can expect to see an improvement in his/her condition if, and emphasize the word *if*, the prescribed treatment is used as directed. Having an adherence dialogue with your patient is effective in promoting adherence.¹¹

New Treatment Optimism

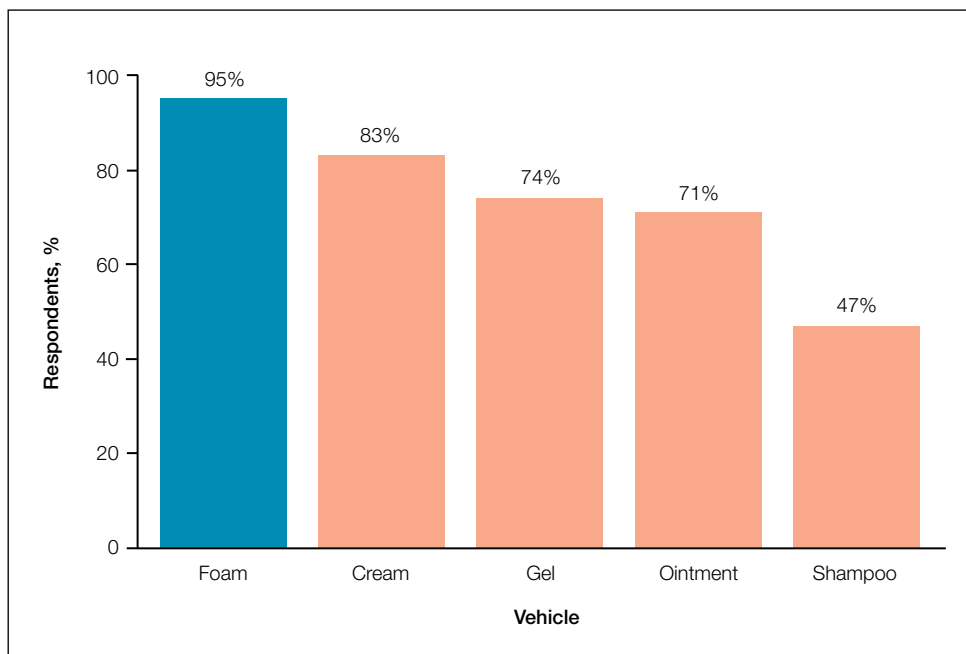
Adherence is best the first time a product is used, so be sure the patient uses it correctly.¹² One strategy is to schedule a follow-up office visit shortly after the initial visit. Because adherence increases around the time of office visits, the patient may be motivated to start using the medication and use it long enough to see an effect.¹³ If it is not practical to schedule a follow-up visit within a week or so, have the patient call the office instead to report how the medication is working. Try switching to a new vehicle if a tried-and-true active ingredient is needed for treatment but the patient had previously used it

with questionable adherence. For instance, ketoconazole foam 2% uses a thermolabile hydroethanolic foam vehicle and provides a fresh take on an established therapeutic agent. Ultimately, optimism toward the new treatment (both the physician's and patient's) may contribute to better use of the medication and treatment success.¹⁴

Patient Buy In

Solicit patient buy in for the treatment plan. Vehicle choice is an important determinant in the acceptance of a topical agent, and patients often have clear preferences, even within a vehicle class such as shampoo.¹⁵ Results from a survey on the impact of vehicle on adherence in patients treated for seborrheic dermatitis revealed a clear preference distribution (Figure 2).¹⁶ Let patients test different vehicle formulations in the physician's presence or use a chart to highlight the pros and cons of different formulations, as shown in the Table. Because adherence decreases with the increasing complexity of a therapeutic regimen, keep it simple.^{17,18} Whenever possible, recommend a single product to treat multiple areas rather than multiple products. In general, there is one vehicle that works better for a patient than all the others, namely the vehicle that a patient wants to use.

Figure 2. Self-reported likelihood of 75% adherence by vehicle type based on a phase 3 poststudy questionnaire regarding vehicle preference in the treatment of seborrheic dermatitis (N=1162). Respondents were asked to rank product types previously used. (If your physician told you to apply your SD [seborrheic dermatitis] medication 2 times per day for 4 weeks, with each of the product types, what is the likelihood that you would comply with this schedule 75% of the time?)¹⁶



Comparison of Vehicle Formulations for Ketoconazole 2%

Vehicle	Application Area	Advantage	Disadvantage	Dosage
Cream	Body, face	Moisturizing	Residue	1 or 2× daily
Foam	Scalp, body, face	Easy to apply	Transient burning	2× daily
Gel	Scalp, body, face	Nongreasy	Transient burning	1× daily
Shampoo	Scalp	Nondaily dosing	Drying	2× weekly

Conclusion

Cultivating patient adherence requires a multifaceted approach because a combination of factors may be important.¹⁴ The ultimate goal is treatment success, and medications generally work best when they are properly used.

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