

# Nonadherence in Patients With Breast Cancer Receiving Oral Therapies

**Susan Moore, RN, MSN, ANP, AOCN®**

Adherence is a potentially significant issue in oral therapy for breast cancer. Suboptimal adherence to medication regimens impacts clinical benefit and can result in treatment resistance, disease progression, and even death. Nonadherence is a greater issue with oral medications because the majority of responsibility shifts from healthcare professionals to the patient. Improving adherence to medication regimens can impact patients' likelihood of successful clinical outcomes. Many factors contribute to adherence behavior, such as complex dosing or administration requirements, cost, and a lack of understanding of the importance of adherence. Most of the factors are controlled by the patient, but nurses can play a significant role by monitoring patients, identifying potential barriers to adherence, and implementing intervention strategies. If barriers to adherence with oral therapies cannot be overcome, the use of IV therapies with equivalent efficacy and acceptable safety should be considered. Using IV medication, when available, can improve outcomes by ensuring that the patient receives the correct and optimal dose of medication at every cycle.

**P**atients are considered to be nonadherent if they miss doses of medication, take additional doses to those prescribed, or take doses either in the wrong quantity or at the wrong time (Ruddy, Mayer, & Partridge, 2009). This is distinguished from persistence, which refers to taking the medication regimen for the length of time prescribed by the provider (Ruddy et al., 2009). The World Health Organization (2003) stated that, on a worldwide basis, only about 50% of patients typically take their medicines as prescribed. Nonadherence causes 125,000 deaths annually in the United States and leads to 10%–23% of hospital and nursing home admissions (Merck Manual of Medical Information, 2008). Medication nonadherence also impacts the overall healthcare system heavily. Total direct and indirect healthcare costs related to nonadherence have been estimated at \$177 billion annually (Ernst & Grizzle, 2001). The full benefit of an effective medication is only achieved if patients follow their prescribed regimen. This article discusses challenges that impact adherence to breast cancer therapies and recommendations to improve it.

## Nonadherence to Treatment Among Patients With Breast Cancer

Although generally believed that nonadherence to therapy regimens would be less pronounced among patients with cancer because they tend to be highly motivated (Weingart et al., 2008), the medical literature indicates that nonadherence to oral treatment regimens remains an obstacle for many patients with cancer (Ruddy et al., 2009; Weingart et al., 2008). Among studies

### At a Glance

- ◆ Suboptimal adherence to oral medication regimens impacts clinical benefit and can result in treatment resistance, disease progression, and death.
- ◆ Nurses, in collaboration with other healthcare professionals, play an important role in monitoring adherence by identifying potential barriers and implementing intervention strategies that would help to enhance adherence and, therefore, improve clinical outcomes.
- ◆ If barriers to adherence with oral therapies persist, adherence and the optimal dose of medication can be consistently ensured with IV therapy, if available.

of patients with breast cancer, the rate of adherence to treatment regimens varies greatly, from 53% (Lebovits et al., 1990) to 93% (Thompson, Dewar, Fahey, & McCowan, 2007). This wide range can be attributed to a number of factors, including characteristics of the study (e.g., time horizon) and type of regimen (e.g., pill burden). For patients with breast cancer, the availability and use of orally administered prescription therapies are increasing, making an understanding of what factors impact patient adherence increasingly important. In addition, some patients prefer oral medications because they perceive them to be more convenient

Susan Moore, RN, MSN, ANP, AOCN®, is a principal consultant at MCG Oncology in Chicago, IL. (First submission January 2009. Revision submitted March 2009. Accepted for publication April 2, 2009.)

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