

Supporting Medication Adherence among AYAs with Cancer: Who Needs Our Help and What Can We Do?

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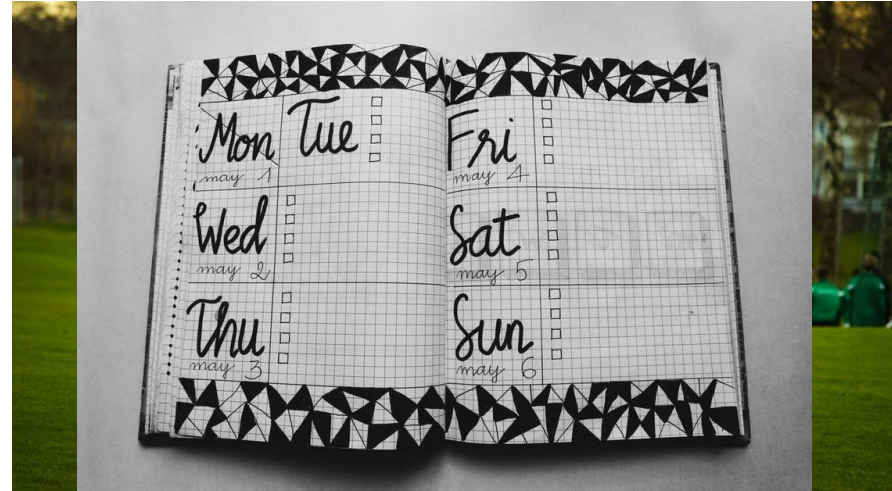
Learning Objectives

- Describe the **prevalence and implications** of medication non-adherence among AYAs with cancer
- Implement **adherence assessment** strategies in clinical practice
- Identify appropriate **behavioral interventions** to target common barriers to medication adherence

AYA: A Time of Transitions



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Most AYAs Miss Medications



21-60%

of AYAs miss medication doses

AYAs Miss Multiple Doses a Week

25% of
Oral Chemotherapy

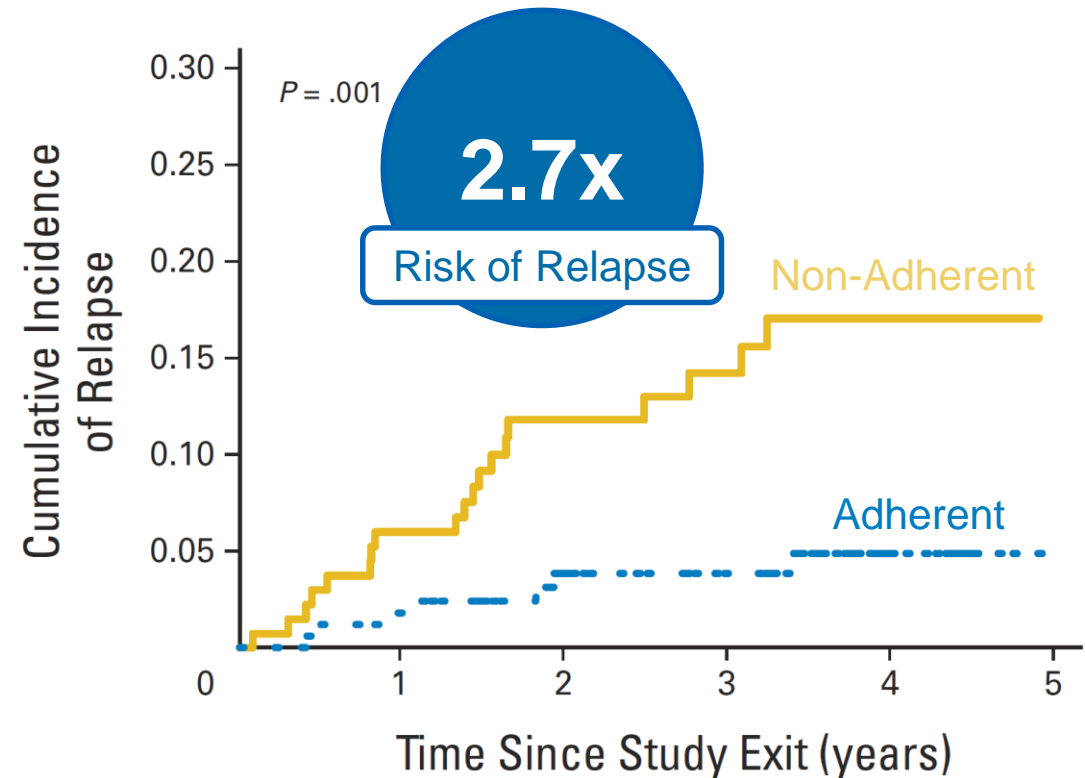
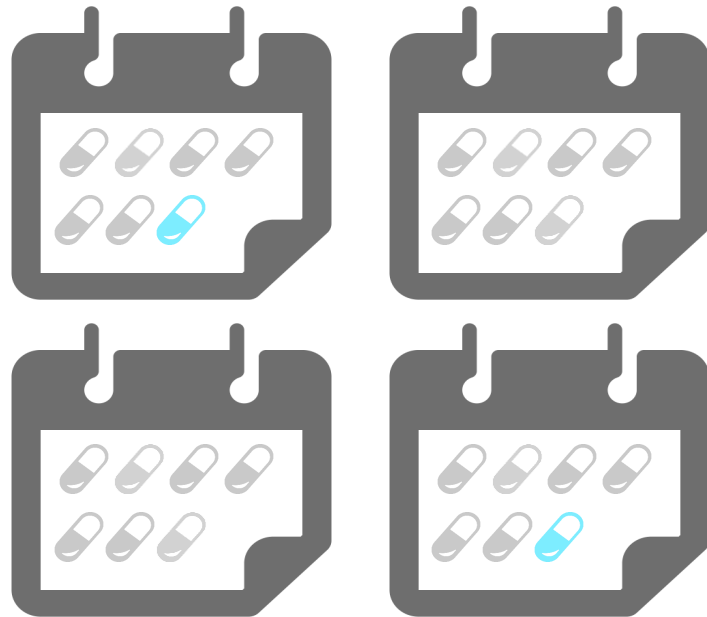


47% of
Bactrim



Missed Doses are Linked to Relapse & Death

Missing 2
doses a month



Non-Adherence is Costly

**\$100-300
billion**

in annual US
health care costs



Improving Adherence Could Save \$\$\$

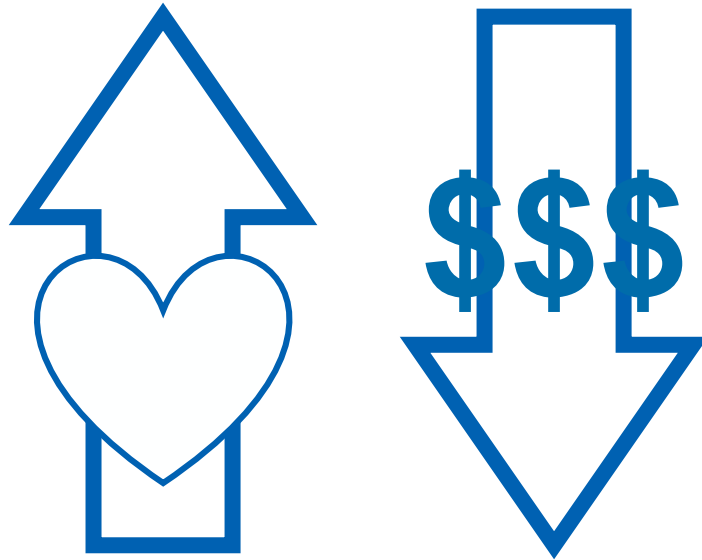


Table II. *Base Case Cost-Effectiveness Analysis*

Strategy	Cost	Effectiveness	ICER
API	\$43,540.73	4.87	–
TAU	\$46,675.71	4.86	Dominated

Note. API = adherence-promotion intervention; ICER = incremental cost-effectiveness ratio; TAU = treatment as usual.

Adherence Standard of Care

“Adherence should be **assessed** and routinely monitored **throughout treatment**”

CHILDREN'S
ONCOLOGY
GROUP



ASSOCIATION of PEDIATRIC
HEMATOLOGY/ONCOLOGY NURSES



Association of Pediatric
Oncology Social Workers

How Do I Assess Adherence?



Providers Perception in Inaccurate

2/3

Non-adherent patients
missed by providers



Assessing Non-Adherence

- Provider perception is inaccurate
- Evidence-Based Methods

Self-Report

Pill Count

Electronic Monitor



- No one method is best for all situations/patients

Assessing Non-Adherence: What should I do?

Assessing Non-Adherence

- Select most appropriate strategy

Self-Report

Pill Count

**Electronic
Monitor**

- Follow best practice guidelines

Using Self-Report Methods

- Common Questions:
 - “You didn’t miss any doses of 6MP this week, did you?”
 - “You’re still taking your 6MP as prescribed, aren’t you?”

Using Self-Report Methods

“We know that most people miss some of their doses. How many times did you miss taking your 6MP in the last week?”

1. Normalize non-adherence

Using Self-Report Methods

“We know that most people miss some of their doses. How many times did you miss taking your 6MP in the last week?”

1. Normalize non-adherence
2. Set a concrete timeline

Using Self-Report Methods

“We know that most people miss some of their doses. How many times did you miss taking your 6MP in the last week?”

1. Normalize non-adherence
2. Set a concrete timeline
3. Ask for a number (not yes/no)

Using Self-Report Methods

“We know that most people miss some of their doses. **How many times** did you miss taking your 6MP in the last week?”

“We know that most people miss some of their doses. How **often did you miss** taking your 6MP in the last week?”

Never Rarely Sometimes Often Very Often

My Patient is Missing Doses Now what?

Improving Medication Adherence

You are seeing a 17 year old with ALL and he tells you he missed 3 doses of his 6MP last week.

What do you do?

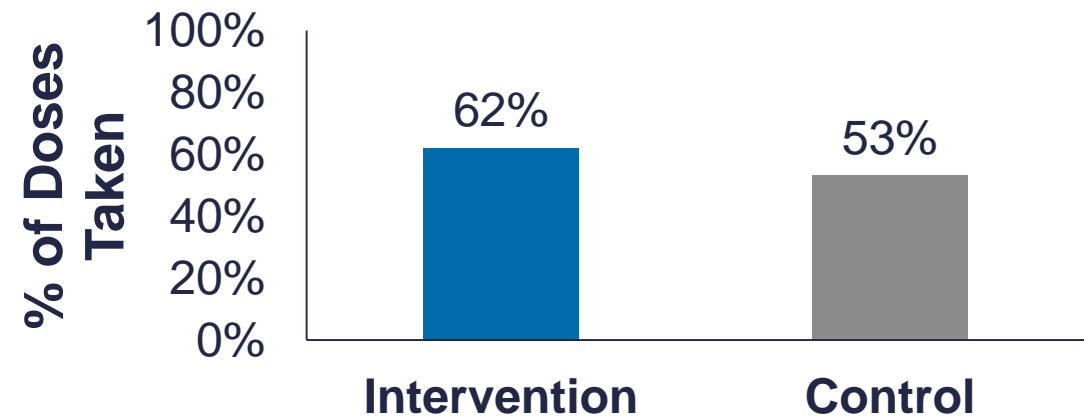
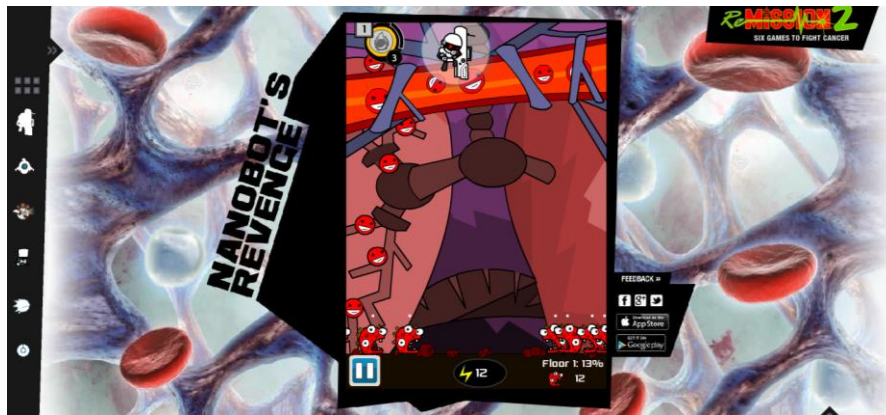
- Tell him he needs to take his medicine or he could die
- Tell him to set a reminder on his phone

Improving Medication Adherence

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All AYAs are Different



93% report different barriers than any other AYA



Improving Medication Adherence

You are seeing a 17 year old with ALL and he tells you he missed 3 doses of his 6MP last week.

What do you do?

It depends on their barriers

Barriers to Adherence



KNOWLEDGE

- I don't understand my medication regimen
- I don't need to take medication anymore



RESOURCES

- I have a hard time making it to the pharmacy
- I can't afford my medication



MOTIVATION

- I just don't feel like taking it
- I'm tired of taking medication



MEMORY

- I forget
- I don't realize when I run out and need a refill



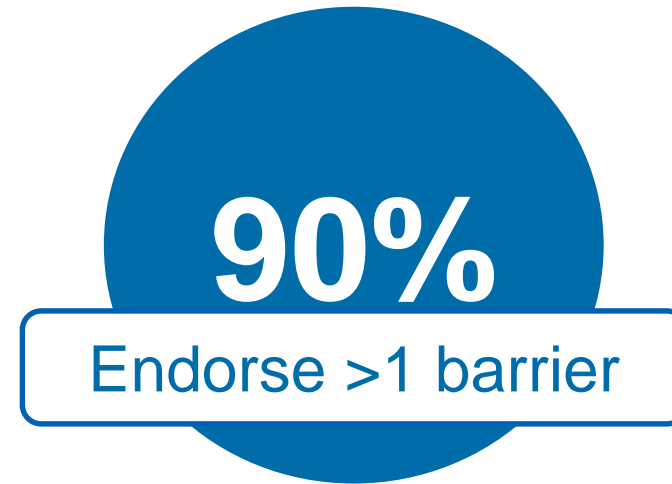
SELF-MANAGEMENT SKILLS

- I hate the taste
- My pills are hard to swallow

Intervention
Needs to
Match the
Barrier

Steps to Consider

1. Don't come in with a “solution”
2. Assess barriers
3. Pick **1** to target



Steps to Consider

1. Don't come in with a “solution”
2. Assess barriers
3. Pick **1** to target
4. Let the patient/family guide you in selecting **1** evidence-based strategy
 - Consider relevant expertise of team members

Capitalize on Your Team's Expertise



KNOWLEDGE

- I don't understand my medication regimen
- I don't need to take medication anymore

Oncologists

Nurses



RESOURCES

- I have a hard time making it to the pharmacy
- I can't afford my medication

Social
Workers

Psychologists



MOTIVATION

- I just don't feel like taking it
- I'm tired of taking medication



MEMORY

- I forget
- I don't realize when I run out and need a refill

Pharmacists

Child Life
Specialists



SELF-MANAGEMENT SKILLS

- I hate the taste
- My pills are hard to swallow

Capitalize on Your Team's Expertise

Teaching Kids to Swallow Pills Using the Candy Method

Throughout the process, provide a lot of encouragement to your children, have them say "I can do this," "I did it!" Any step forward helps increase the likelihood of success. You can always go back a step if needed.

Supplies needed for teaching your child

- Small paper cups (to make sure there is not too much liquid)
- Different candies of increasing sizes (cupcake sprinkles, 1 regular M&M's®, Good 'N Plenty®)
- Empty pill gel capsules (if possible, ask your pharmacist)

Steps for swallowing pills

STEP 1 | Have your child picture their throat like it's a water slide. When you swallow, the pill will easily slide down! Repeat this 2-3 times.

STEP 2 | Ask your child to swallow a sip of water/juice (no milk). Please make sure not to let your child swish the water in their mouth.

STEP 3 | Starting with the smallest candy, place the candy on the back of their tongue.

STEP 4 | Place the smallest candy on the back of their tongue. Repeat this 2-3 times so the child feels successful. It may take multiple drinks/tries to get the candy to go down.

STEP 5 | Once successful with STEPS 2-4, move on to the next size candy.

If your child reaches a candy size they cannot swallow, retend the session with success. Each session should last about 10 minutes.

Practice these steps every day until the child is comfortable swallowing pills.

Need more help?

If your child is still having problems with swallowing pills, ask your pharmacist for more information.

at _____ for _____

Making Medication Taste Better

Some medications (liquid, pill) may have an unpleasant taste. Children and teenagers less likely to want to take the medication. Here are some tricks and tips to help you make the medication taste better. Please check in with your child's pharmacist to make sure the medication is safe to take.

Basic tips for both liquid medications and pills

- Have your child hold his/her nose.
- Give your child something to drink right after the medication is taken. Let your child choose the beverage (no grapefruit juice) before giving the medication. Water works well for masking bitter taste.
- Give something cold beforehand to numb taste buds (popsicle, ice cube).
- Choose a complementary flavor. If medication tastes salty, choose something to accompany it (tomato juice, broth). If medication tastes sweet, choose something to accompany it (applesauce).

Specific tips for liquid medications

- Use a syringe to give the medication, squirt it in the back or side of the mouth, not the tongue.
- Add flavor additives, such as FlavoRx® (available at most pharmacies), to liquid medications. Let your child pick their own flavor (bubble gum, banana, etc).
- Mix the medication with a strong flavor (Kool-Aid® powder, chocolate or strawberry). Please remember that if medication is mixed with food or a flavoring agent, give it right away so that the medication still works properly.
- Give a spoonful of peanut butter or maple syrup to coat the tongue before giving medication.

Remembering to Take Medication

Having a child who needs medication every day can be a challenge. Many families intend to give their child's medication as prescribed, but sometimes simply forget. Your child may need to take medication several times a day and it is hard to remember if you gave each dose. Here are some tips that may help you.

Use signs or symbols

- Post notes in places you see often, like the refrigerator, bathroom mirror or front door. Change the location of the notes every once in a while.
- Wear a bracelet or some other object that reminds you to give the medication.
- Make yourself a calendar or schedule that you can put on the refrigerator or someplace else that you will see.



Keep the medication where you can see it

- You want to keep the medication where children cannot reach but where you can see them.
- Use a pillbox and place it at the back of the kitchen counter.
- Keep it in a place that you walk by every day.



Link giving the medication with a routine

- At mealtime
- When your child brushes their teeth
- At the same time each day, like at 8 am and 8 pm
- Give your child their medication at the same time you take your medication

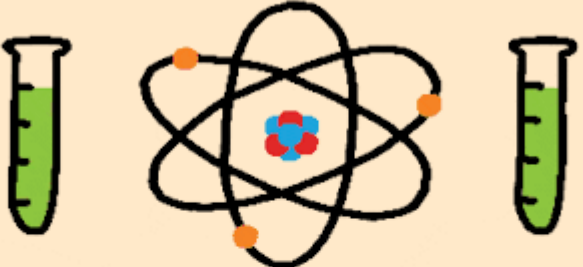


Steps to Consider

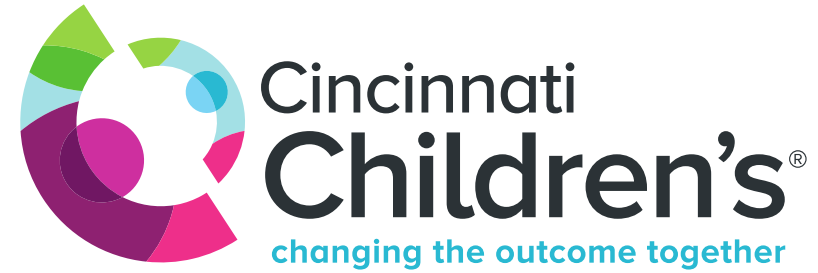
1. Don't come in with a “solution”
2. Assess barriers
3. Pick **1** to target
4. Identify evidence-based strategies
 - Consider relevant expertise of team members
5. Create a plan
6. Communicate out to your team

Questions to Consider

- How can I contribute to an **“adherence promotion” culture?**
- What medication adherence **assessment strategies** may work best for my population?
- Who on my team can provide adherence promotion **interventions?**

SCIENCE

IT'S LIKE
⚡MAGIC⚡
BUT REAL

giphy.com



Let's connect!

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