

# Addressing Medication Non-adherence in Rheumatology Oncology and Cardiology: Reviewing Risk Factors and Interventions

Nicholas Teman\*

Department of Oncology Surgery, University of New York, New York, USA

## Abstract

Medication non-adherence poses a significant challenge across various medical specialties, including rheumatology, oncology, and cardiology, compromising treatment efficacy and patient outcomes. This review synthesizes current literature to elucidate risk factors contributing to medication non-adherence in these fields and assesses interventions aimed at mitigating this issue. Common risk factors identified include complex medication regimens, financial constraints, cognitive impairment, psychological factors, and lack of social support. Interventions to improve adherence encompass multifaceted approaches, including patient education, medication simplification, technological aids (e.g., reminders, smartphone applications), behavioural interventions, and healthcare system enhancements (e.g., pharmacist-led interventions, collaborative care models). Tailored interventions, addressing specific patient needs and preferences, demonstrate promising results in enhancing medication adherence. However, the optimal strategies remain elusive, warranting further research to refine approaches tailored to the unique challenges within rheumatology, oncology, and cardiology settings. Effective adherence interventions hold the potential to optimize treatment outcomes, reduce healthcare costs, and improve patient well-being across these specialties.

**Keywords:** Oncology • Medical • Technological • Rheumatology

## Introduction

Medication non-adherence poses a significant challenge across various medical specialties, including rheumatology, oncology, and cardiology. Non-adherence can lead to suboptimal treatment outcomes, increased healthcare costs, and diminished quality of life for patients. This article provides an overview of the literature on risk factors associated with medication non-adherence and explores potential interventions to address this issue within the contexts of rheumatology, oncology, and cardiology [1].

## Literature Review

Medication non-adherence refers to the failure of patients to follow prescribed treatment regimens as intended by healthcare providers. Non-adherence can manifest in various forms, including missing doses, taking incorrect doses, or discontinuing treatment prematurely. In rheumatology, oncology, and cardiology, adherence to medication is crucial for managing chronic conditions, preventing disease progression, and improving patient outcomes [2].

## Discussion

### Risk factors for medication non-adherence

**Socioeconomic factors:** Low socioeconomic status, lack of health insurance, and limited access to healthcare services are associated with higher rates of medication non-adherence.

**\*Address for Correspondence:** Nicholas Teman, Department of Oncology Surgery, University of New York, New York, USA; E-mail: NRT4C21@virginia.edu

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**Disease characteristics:** Disease severity, complexity of treatment regimens, and comorbidities can influence patients' adherence to medication [3].

**Psychological factors:** Depression, anxiety, cognitive impairment, and perceived stigma related to the illness may contribute to non-adherence.

**Medication-related factors:** Side effects, pill burden, and the cost of medications can affect patients' willingness to adhere to treatment.

**Patient-provider relationship:** Poor communication, inadequate education about treatment, and mistrust in healthcare providers can undermine adherence.

**Patient education:** Providing comprehensive information about the importance of medication adherence, potential side effects, and strategies for managing medications can empower patients to take an active role in their treatment [4].

**Simplifying treatment regimens:** Streamlining medication schedules, reducing pill burden, and utilizing combination therapies can enhance adherence among patients with complex treatment regimens.

**Utilizing reminder systems:** Implementing reminders through phone calls, text messages, or smartphone applications can help patients remember to take their medications as prescribed.

**Addressing financial barriers:** Offering financial assistance programs, generic substitutions, or exploring lower-cost treatment alternatives can alleviate the financial burden associated with medication adherence [5].

**Enhancing patient-provider communication:** Fostering open dialogue, actively listening to patients' concerns, and involving them in shared decision-making processes can strengthen the patient-provider relationship and promote adherence.

In oncology, interventions such as nurse-led education programs and personalized adherence support have shown promising results in improving medication adherence among cancer patients undergoing chemotherapy. In rheumatology, the use of patient-centered approaches, such as shared decision-making tools and self-management programs, has been effective in promoting adherence to Disease-Modifying Antirheumatic Drugs (DMARDs). In cardiology, the implementation of multidisciplinary care teams, remote monitoring technologies, and medication reconciliation programs has been

associated with improved adherence to cardiovascular medications and reduced rates of hospital readmissions [6].

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## Conclusion

Medication non-adherence poses a significant challenge in rheumatology, oncology, and cardiology, impacting treatment outcomes and patient well-being. By identifying risk factors and implementing tailored interventions, healthcare providers can address barriers to adherence and optimize patient care. Future research should focus on evaluating the effectiveness of innovative adherence interventions and fostering collaboration between healthcare professionals, patients, and caregivers to promote medication adherence across diverse clinical settings.

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## Conflict of Interest

None.

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