Canadian Journal of Cardiology 35 (2019) 1605.e9 www.onlinecjc.ca

Letters to the Editor

The Case for Patient-Centred Approaches in Addressing Statin Nonadherence

To the Editor:

We read the important work by Chen et al.,[1] which reported that 40% of patients in Alberta prescribed statins were considered nonadherent. Like the editorial published in the same issue,[2] we would like to expand this discussion by highlighting patient-focused approaches to address statin nonadherence.

It is common in the medical community to assume that patient noncompliance is related to a lack of understanding of the importance of specific health behaviours. As such, many interventions targeting statin nonadherence focus on providing patients with personalized information about risk reduction to illustrate the benefits of statin therapy. However, educational interventions for health behaviour change make two assumptions that are rarely both true: that patients have knowledge deficits and that presenting accurate information about the negative consequences of their health decisions will lead to change in behaviour. Lack of knowledge alone is not sufficient to account for the multifactorial reasons underlying statin nonadherence. Empowering patients to adhere to statin regimens ideally should involve an open discussion about doubts and concerns about statins, as these may not be addressed by simply educating patients. In addition to uncertainties about pharmacological mechanisms and the efficacy of statins, possible barriers to statin adherence include lack of perceptible symptoms, competing health priorities, fear of toxicity and additional harm, concerns about long-term dependence, and questions about the motives of the prescribing physician.[3] Patient perception of links between prescribed statin medication and adverse effects also need to be addressed carefully. When health care professionals respond to patient reports of adverse effects by implying that the symptoms reported are unlikely to be statin related, they miss an important opportunity to understand their patients' noncompliance and intervene.

Motivational communication[4] approaches use principles of patient-centred care by engaging patients, understanding their perspective, and harnessing their own values and motivations to take responsibility for their health. Central to this approach is moving from a purely educational perspective to one focused on collaboration and empowerment, which includes respecting patient autonomy by eliciting self-identified concerns and benefits surrounding statin therapy. Providers can begin to implement this approach in their practices by demonstrating nonjudgemental curiosity about reasons for nonadherence and encouraging patients to develop their own strategies and solutions. These are teachable skills that can be incorporated as part of routine care[4] and can help foster a collaborative working relationship to select appropriate therapies that have a high likelihood of adherence.

Chelsea Moran, MA
Tavis S. Campbell, PhD
t.s.campbell@ucalgary.ca

Disclosures

The authors have no conflicts of interest to disclose.

References

1. Chen G, Farris MS, Cowling T, et al. Treatment and low-density lipoprotein cholesterol management in patients diagnosed with clinical atherosclerotic cardiovascular disease in Alberta. Can J Cardiol 2019;35:884-91.
2. Sparrow RT, Ferreira-Legere L, Udell JA, Waters DD. Improving statin noncompliance: if you build it, will they come? Can J Cardiol 2019;35:813-5.
3. Ju A, Hanson CS, Banks E, et al. Patient beliefs and attitudes to taking statins: systematic review of qualitative studies. Br J Gen Pract 2018;68:e408-19.
4. Rouleau CR, Lavoie KL, Bacon SL, Vallis M, Corace K, Campbell TS; for the Canadian Network for Health Behavior Change and Promotion (CAN-Change). Training healthcare providers in motivational communication for promoting physical activity and exercise in cardiometabolic health settings: do we know what we are doing? Curr Cardiovasc Risk Rep 2015;9:29.

https://doi.org/10.1016/j.cjca.2019.08.015