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[Adhering in bad times](#)

March 4, 2009 – 3:09 pm by Joshua Slatko

A few months ago, the pharmaceutical research company InfoMedics released the results of a [survey on patient adherence](#) that was, to say the least, depressing for pharma marketers. Among other things, the survey found that 34% of respondents said they do not always fill a new prescription from their doctors, 46% said there is a chance they would not tell their doctor if they stopped taking a medication or decided not to fill a prescription, 67% forget to take their medication at times, and 34% sometimes, often or always stop taking medication if they feel better.

Unfortunate, but no great surprise. But when we asked Dr. Stanley Wulf, InfoMedics' VP, chief medical officer, for more info about the survey and the present state of adherence - specifically, how the economic downturn is affecting adherence - he told us a few very interesting things.

Med Ad News: What are some non-obvious ways that a down economy can affect patient adherence?

Dr. Wulf: The impact of a down economy on patient adherence goes well beyond the obvious factors of less money being available for medication co-pays and doctor visits; our concern is also for the physical and psychological consequences of financial stress. Such stress exacerbates existing diseases and can bring out pre-clinical conditions, often resulting in current medications not being adequate and/or creating the need to start new medications. In the case of resistance to seeing the doctor for financial reasons, patients can become "relatively" non-adherent (still on treatment, but taking less than they really need), which can result in increases in morbidity.

Med Ad News: Have you seen significant drops in adherence over the last 12-18 months, as the economy has tumbled?

Dr. Wulf: We have noted a rise in the adherence barriers related to financial strain increase - not visiting the doctor, not filling prescriptions, and not picking up medications due to co-pay problems. Another result of financial stress

we've seen on an increasing basis: pill splitting or reducing dosage to make the medication last longer.

Med Ad News: Are there particular strategies that pharma marketers might be able to try in order to reduce such situational adherence problems?

Dr. Wulf: It is important to note that initiating an adherence strategy only as a reaction to a crisis, rather than on a proactive basis, is not ideal. A strategy that engages patients during relatively calmer times strengthens the adherence foundation and best enables patients (and in turn their healthcare providers and pharma) to weather the difficult times. Key to a successful adherence strategy is to encourage patient-physician communications: it is vital to ensure that doctors are aware of any non-compliant patients. This knowledge will allow the physician to work with pharma companies to link patients to support programs, helping to head off additional health problems. Patients need to know that when it comes to their health, communication is critical and the challenges they may be facing due to the current economy are nothing to be embarrassed about.