Approved by ICNF Board 8/4/2020

Anti-Depressant Medication Management (AMM)
ICNF Clinical Guideline

This metric assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. Two rates are reported:

- *Effective Acute Phase Treatment***.** The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- *Effective Continuation Phase Treatment***.** The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

*See ICNF provider manual and HealthEC for metric specifications regarding ICNF metric set.

The purpose of this guideline is to provide ICNF providers guidance on the effective clinical management in increasing patients' medication compliance, monitoring treatment effectiveness, and identifying and managing side effects (NCQA).

Note: Clinical Guidelines are statements that include recommendations intended to optimize metric success, based on the metric definition, informed by a systematic review of evidence available in the literature. They are guidance only to be interpreted and applied by each ICNF provider organization and will need to be evaluated by your clinicians to determine when applicable.

Summary Table of Potential Barriers and Interventions

The following summary table presents the primary barriers that individuals with depression may encounter relative to medication adherence. Indications of, or methods to identify the barrier are included along with potential interventions to apply relative to reducing barriers to medication adherence.

Possible Barrier	Signs/Symptoms of Barrier or Methods to Identify	Potential Interventions
Stigma	• Missed appointments • Client's lack of belief in benefit of treatment • Client's lack of insight into the illness • Client's concern relative to judgement from family or friends	• Offering client choice on a variety of interventions to create opportunities that motivate a client to choose to engage in treatment • Providing client education/data surrounding Major Depression e.g. amount of people diagnosed, success of treatment, typical side effects and how they can be managed • Enhanced provider communication that recognizes client's communication tolerance/style and adapting communication methods appropriately • Motivational interviewing • Shared decision-making

Possible Barrier	Signs/Symptoms of Barrier or Methods to Identify	Potential Interventions
		• Initiate a relationship with family members and include them in the treatment decision process, as appropriate • Address any cultural issues that may have not been identified earlier
Adverse drug reactions	• Side effects of medication observed • Client reports of side effects • Client's lack of belief in benefit of treatment • Client reports dissatisfaction with activities of daily living • Poor health literacy – client demonstrates lack of knowledge about drug reactions	• Alternative dosing schedules • Update prescriber regarding client concerns and consider alternative medications that the client may consider more beneficial or result in fewer side effects • Provide client with information on the nature and management of illness, drug rationale, drug reactions • Coordinate with other providers if medication-medication, medication-condition, or other reactions are identified • Encourage self-management: exercise, relaxation techniques to address side effects
Housing Instability	• Missed appointments, follow through on important daily tasks • Presence of symptoms that create instability and disorganization of activities of daily living	• Provide support obtaining medication(s) • Initiate a relationship with family members and include them in the treatment process, as indicated • Expand provider access to ensure client is receiving the needed level of service • Coordinate with MMA CM, if available, for housing support in community • Motivational interviewing techniques to assess housing support and identify needs
Lack of social support	• Lack of significant social relationships or network that help to support taking medication, addressing depression • Missed appointments with provider • Identified social determinants of health challenges not being addressed	• Expand provider access • Enhanced/more frequent provider communication • Motivational interviewing • Initiate a relationship with family members and include them in the treatment decision process, if indicated • Connect to peer groups as appropriate • Incorporate social support enhancement strategies in treatment plan
Concerns about medication, client feels medication is unsafe	• Comorbid physical health condition side-effects or symptoms are being attributed to depression medication • Inadequate follow-up or discharge planning, client not prepared for side-effects of medication	• Alternative dosing schedule • Expand provider access to ensure concerns are addressed • Shared decision-making regarding medication • Enhanced provider communication that recognizes client's communication style and adapting communication methods appropriately • Providing client education around medications to clarify what can be expected and ensure understanding of medication efficacy and side effects

Possible Barrier	Signs/Symptoms of Barrier or Methods to Identify	Potential Interventions
	• Side effects of medication experienced by client • Client's lack of insight into illness, no engagement in medication education • Poor provider-client relationship, unable to address clinical issues • Missed appointments	• Consider alternative medications that the client may find less concerning • Motivational interviewing • Develop a common set of questions for clients to bring to the prescriber regarding their illness as well as guidance for clients on how to address medications. Structured, specific guidelines are recommended. • Provide specific guidance for staff to listen for client statements that can prompt recognition of a barrier. These statements indicate a potential challenge the clients is having and can assist in intervening as early as possible with an adherence barrier.
Denial of illness	• Client refusing assistance with in-home supports to address medication compliance • Client refusing assistance with filling medications at pharmacy • No change in daily behaviors indicating improved health • Presence of symptoms that create instability and disorganization of activities of daily living • Clients lack of insight into illness • Missed appointments	• Psychoeducation • Psychotherapy/CBT/DBT/Cognitive Behavioral Analysis of Psychotherapy (CBASP)/Interpersonal Therapy (IPT) • Shared decision-making • Motivational enhancement strategies • Peer Support, self help • Ensure medication education offered is addressing denial of illness. If routine education is not effective coordinate with nurse or prescriber to address. • Increase medication monitoring and support, and communication with prescribing physician • Encourage prescriber to review dosage and medication prescribed and alternatives that could be offered to improve compliance • Work with Sunshine care management – addressing depression while also focusing in on substance use and medical issues that may be contributing to client presentation • Address any cultural issues that may have not been identified earlier
Poor provider-client engagement (lack of trust or confidence)	• Inadequate follow-up and discharge planning • Poor provider-client relationship • Missed appointments	• Expand provider access to ensure the right clinician and service is in place to develop improved relationship with client • Motivational interviewing • Psychotherapy/CBT/DBT/Cognitive Behavioral Analysis of Psychotherapy (CBASP)/Interpersonal Therapy (IPT) • Enhanced/more frequent provider communication that recognizes client's preferred communication style and adapting communication methods appropriately • Address any cultural issues that may have not been identified earlier
Difficulty of regimen	• Forgetfulness, client states they cannot afford medications	• Alternative dosing schedules • Consider alternative medications that the client may consider more beneficial

Possible Barrier	Signs/Symptoms of Barrier or Methods to Identify	Potential Interventions
	prescribed, too many medications, they feel fine • Presence of comorbid physical health condition complicating clinical presentation • Side effects of medication not being addressed • Complexity of treatment overwhelming client • Identified social determinants of health challenges not addressed that could clearly interrupt medication compliance	• Offering client choice on a variety of interventions to motivate a client to engage in treatment. Consider increasing client contact especially in home or via community interventions • Personalized reminders • Initiate a relationship with family members and include them in the treatment decision process, if indicated
Feel they may have been misdiagnosed or not had their diagnosis/ prescription fully explained	• Provider, client relationship interrupted • Client expressing frustration with medication or other issues • Side effects of medication not fully understood by client • Missed appointments with provider(s)	• Provide the client with information (e.g., pamphlet or handout) on nature and management of illness • Psychoeducation, provide evidenced informed interventions that support client in addressing their illness. • Psychotherapy/CBT/DBT/Cognitive Behavioral Analysis of Psychotherapy (CBASP)/Interpersonal Therapy (IPT) • Shared decision-making • Consider alternative medications that the client may consider more beneficial • Invite client to describe symptoms experienced and why they are feeling misunderstood; connect what is described to diagnosis and why specific medications have been prescribed
Feel their symptoms have been cured and no longer require medication	• Client lack of belief in the benefit of the treatment • Client lack of insight into the illness • Client lacks social support to assist in staying on medications	• Provide the client with information on the nature and management of their illness. As client's symptoms improve, actively address side-effect management. • Understand the subjective attitudes and concerns the client is expressing with respect to their illness and medications and offer factual data and information as appropriate • Psycho-education - Ensure focus of education is client connecting improved symptomology with adherence to medications. Additionally, clarify possible outcomes if client stops taking medication (probability of symptoms returning). • Psychotherapy/CBT/DBT/Cognitive Behavioral Analysis of Psychotherapy (CBASP)/Interpersonal Therapy (IPT) • Address any cultural issues that may have not been identified earlier

Clinical Guidelines

Predictors/red flags to gauge medication adherence that indicate the need for interventions to evaluate and motivate adherence

- Presence of psychological problems, particularly depression
- Presence of comorbid physical health condition
- Presence of cognitive impairment
- Inadequate follow-up or discharge planning
- Side effects of medication
- Client's lack of belief in benefit of treatment
- Client's lack of insight into the illness
- Poor provider-client relationship (including PCP)
- Presence of barriers to care or medications
- Missed appointments
- Complexity of treatment
- Cost of medication, copayment, or both
- Social determinants of health challenges (food, safety, housing, transportation, other)

Methods of measuring adherence

When considering an intervention, it is important to consider your options and the related advantages and disadvantages of each choice. The below table outlines various methods for measuring medication adherence and the advantages and disadvantages of each.

Test	Advantages	Disadvantages
Direct Methods		
Directly observed therapy	Most accurate	Client can hide pills in the mouth and then discard them; impractical for routine use[1]
Measurement of the level of medicine or metabolite in blood	Objective	Variations in metabolism and "white coat adherence" can give a false impression of adherence; expensive
Measurement of the biologic marker in blood	Objective; in clinical trials, can also be used to measure placebo	Requires expensive quantitative assays and collection of bodily fluids
Indirect Methods		
Client questionnaires; client self-reports	Simple; inexpensive; the most useful method in the clinical setting	Susceptible to error with increases in time between visits; results are easily distorted by the client
Pill counts	Objective, quantifiable, and easy to perform	Data easily altered by the client (e.g. pill dumping)

[1] Note: an additional disadvantage may be negative impact on therapeutic relationship

Test	Advantages	Disadvantages
Rates of prescription refills	Objective; easy to obtain data	A prescription refill is not equivalent to ingestion of medication; requires a closed pharmacy system[2]
Assessment of the client's clinical response	Simple; generally easy to perform	Factors other than medication adherence can affect clinical response
Electronic medication monitors	Precise; results are easily quantified; tracks patterns of taking medication	Expensive; requires return visits and downloading data from medication vials
Measurement of physiological markers (e.g. heart rate in clients taking beta-blockers)	Often easy to perform	Marker may be absent for other reasons (e.g. increased metabolism, poor absorption, lack of response)
Client diaries	Help to correct for poor recall	Easily altered by the client
When the client is a child, questionnaire for caregiver or teacher	Simple; objective	Susceptible to distortion

Source: Osterberg L, Blaschke T. Adherence to Medication. New England Journal of Medicine 2005; 353: 487-497.

Overarching interventions to address non-adherence

The clinician-client relationship is a key factor in improving medication adherence. Trust and care are key qualities of the clinical-client relationship. Fostering positive expectancy and hope with clients are instrumental to clients increasing their adherence to medications. The following are specific interventions intended to improve medication adherence:

- Alternative dosing schedules (see below)
- Expand provider access
- Involve people in their treatment decisions (shared decision-making)
- Offer client choice
- Enhanced provider communication and positive effect
- Cognitive behavioral therapy
- Solution focused therapy
- Motivational interviewing and motivational enhancement strategies
- Psychoeducation
- Personalized reminders
- Support with obtaining medication

Medication adherence is related to dosing frequency:

Medication schedule	Rate of adherence
Once daily	~65-93%
Twice a day	~55-83%

[2] Note: an additional disadvantage may be ability to track variety of prescription fills

Three times a day	~50-81%
Four times a day	~30-72%

Source: Osterberg L, et al. New England Journal of Medicine 2005; 353: 487-497.

If possible, move clients to a dosing schedule that includes medication once a day instead of multiple times throughout the day.

Shared decision-making:

- Move from medication "compliance" (client's passive following of provider orders) to making collaborative treatment decisions jointly based on client lived experience and choice.
- Invite, listen and take seriously the importance of the subjective attitudes and concerns of clients with respect to their illness and medications.
- Help clients understand that choices exist and that they are invited to participate in making decisions related to their treatment.
- Provide more information about treatment options available, including pros, cons, benefits and harms related to each. Ensure that the client understands the options and implications of choices.
- Support the person's consideration of preferences in deciding what is best for them and their specific situation.
- Include family and key supports in decision-making process as appropriate.
- Recognize and respect cultural preferences.

Specific interventions to address non-adherence issues:

- Use motivational messages to increase client's intention to adhere to medication recommendations.
- Explore the triggers or cues that led to the client not taking the prescribed medication
    - Ask if the client felt or acted different on days when they missed their medication
    - Ask about side effects experienced
- Review why choosing to not take medication prescribed seemed like a good idea at the time.
- Review the actual outcome resulting from their choice.
- Explore the potential discrepancy between their desired outcome and actual outcome.
- Strategize with clients about what they could do differently in the future. Examples include:
    - For clients who forget to take their medication:
        - Keep medication where they cannot be missed
        - Using an alarm clock or reminder application
        - Using a pill box that helps track whether the medication was taken or not
    - For clients not wanting to take their medications:
        - Acknowledge they have a right to choose not to use medications
        - Ask their reason for choosing not to take the medication
        - Tie discussion back to their recovery goals and utilize motivational interviewing skills to help make sure their decision is well thought out. Try to solicit reasons or values that can be used to engage them in a discussion about barriers or other possible solutions.

        - Update prescriber regarding client concerns and consider alternative medications that the client may consider more beneficial
- Reduce overstimulating or stressful relationships, environments, and life events.
- Provide the client with information (appropriate to his or her ability to assimilate) on the nature and management of the illness.
- Initiate a relationship with family members and include them in the treatment decision process.

Specific tools to monitor functioning and assist in addressing symptomatology are recognized by the American Psychiatric Association (APA), consider the following guidance:

If at least a moderate improvement in symptoms is not observed within 4–8 weeks of treatment initiation, the diagnosis should be reappraised, side effects assessed, complicating co-occurring conditions and psychosocial factors reviewed, and the treatment plan adjusted.

After an additional 4–8 weeks of treatment, if the patient continues to show minimal or no improvement in symptoms, the psychiatrist should conduct another thorough review of possible contributory factors and make additional changes in the treatment.

Patients who have started taking an antidepressant medication should be carefully and systematically monitored to assess their response to treatment, the emergence of side effects, their clinical condition, safety, and adherence to treatment. Use of clinician- and patient-rated scales can facilitate such assessments. Clinician-rated and/or self-rated scales can help determine the trajectory of disease course and effects of treatment. Many such scales are available in several versions that vary by number of items. Self-rated scales are convenient to use but require review, interpretation, and discussion with the patient. In research studies, commonly used tools include:

- Inventory of Depressive Symptoms (IDS), which is available in clinician-rated and self-rated versions (http://www.ids-qids.org/)
- Clinician-rated Hamilton Rating Scale for Depression (HAM-D) (http://healthnet. umassmed.edu/mhealth/HAMD.pdf) (41, 42)
- Clinician rated Montgomery Asberg Depression Rating Scale (MADRS) (http://www.cnsforum.com/streamfile.aspx?file name=MADRS.pdfandpath=pdf) (43)
- Self-rated 9- item Patient Health Questionnaire (PHQ-9) (http://www. depression-primarycare.org/clinicians/toolkits/materials/ forms/phq9/) (44, 45)
- Beck Depression Inventory (BDI, BDI-II) is another commonly used, copyrighted, 21- question multiple-choice self-rated instrument (46).

Utilizing client statements to identify anti-depressant adherence challenges:

https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/medication-mgmt-common-barriers-full.pdf

References and Resources

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