

# Behaviour Change – Engagement and Adherence

HIN CVD Fellows – 28.9.22

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GP

MSc Behaviour Change

# Wider determinants of health

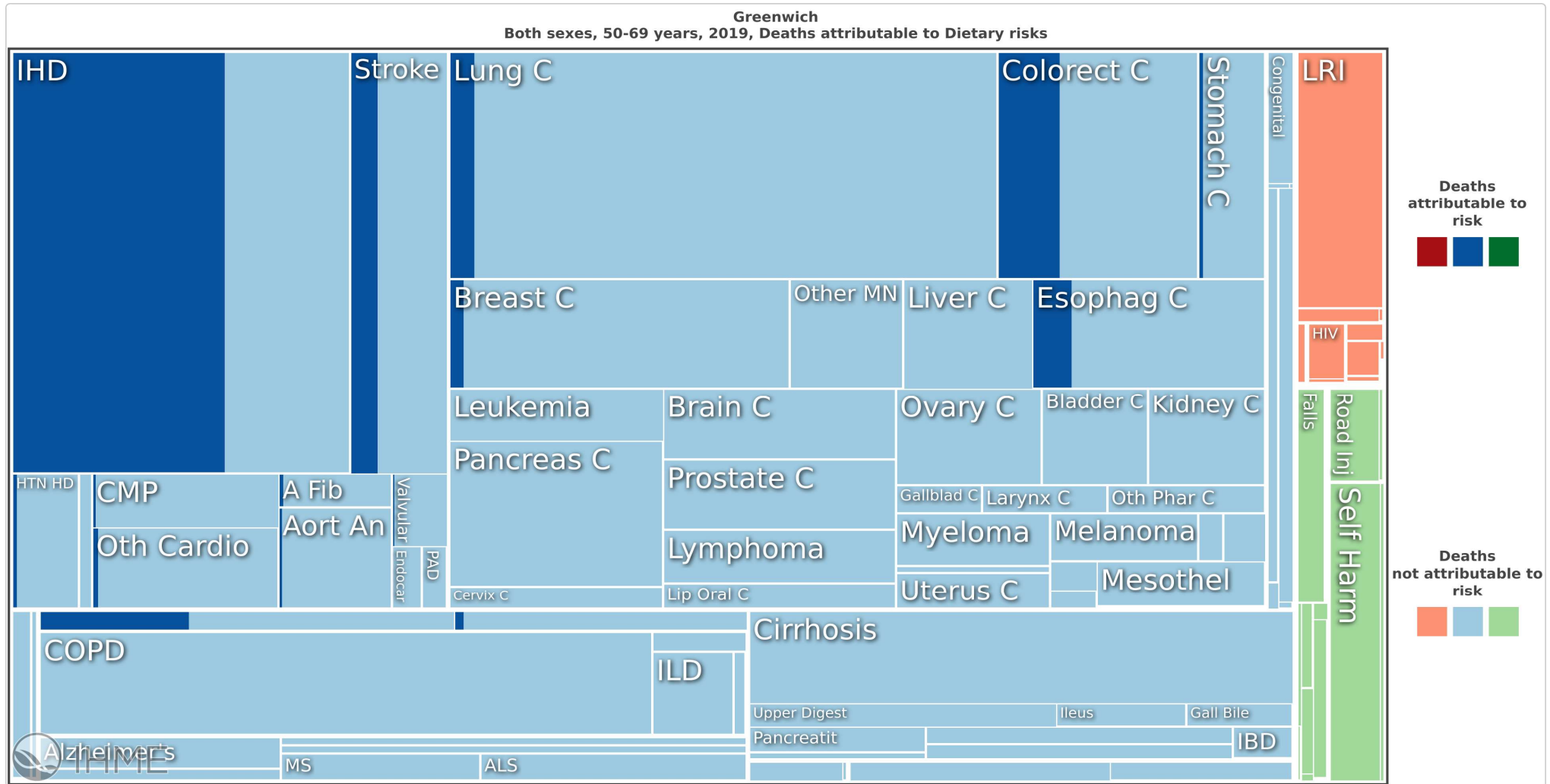


- Environment 5%
- Healthcare 10%
- Social and economic circumstances 15%
- Genetics 30%
- Behaviours 40%

*Dahlgren and Whitehead, 1991*

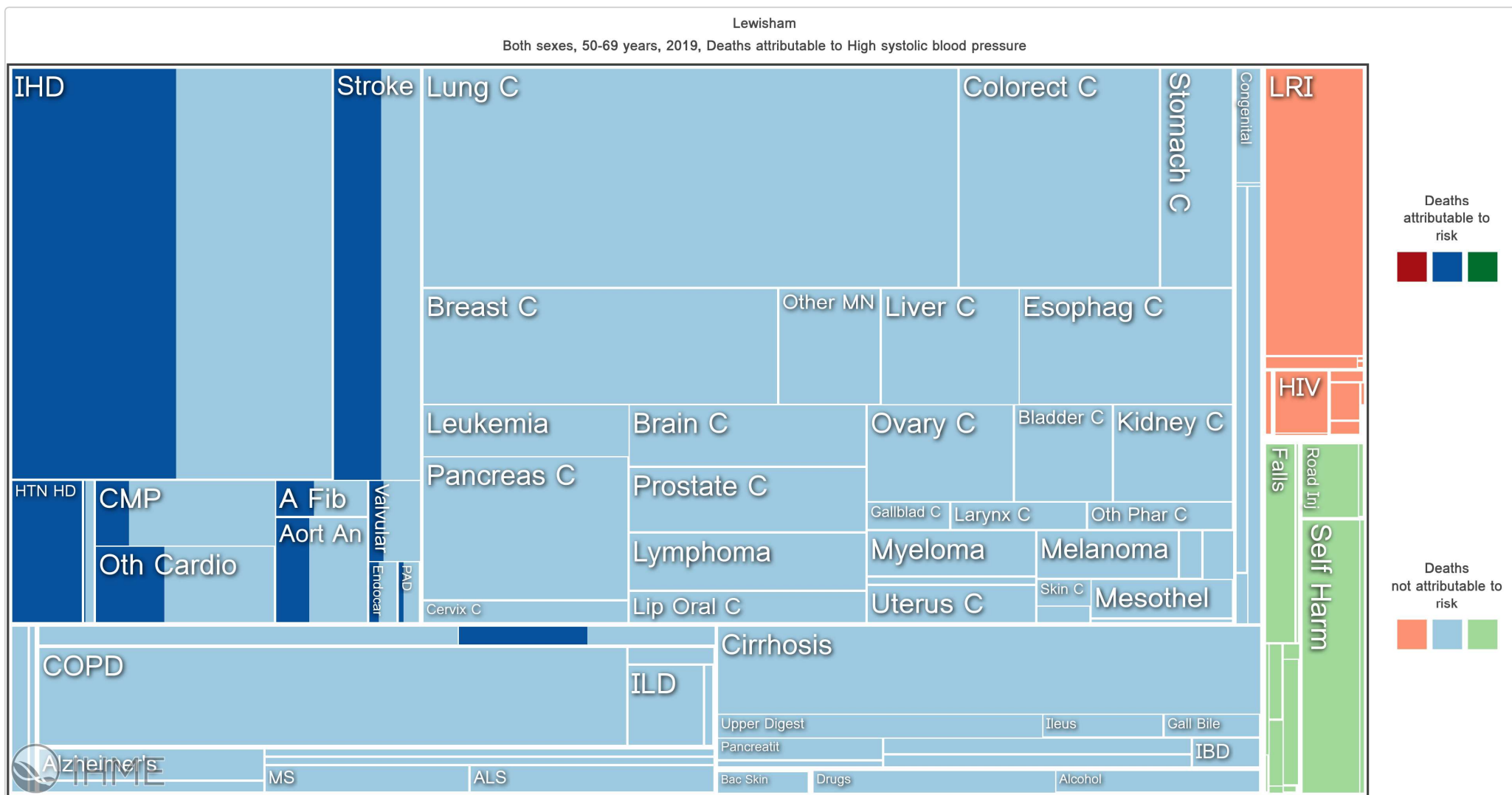
*McGinnis, Williams-Russo and Knickman, 2002*

# Greenwich – Dietary risks contributing to deaths 2019



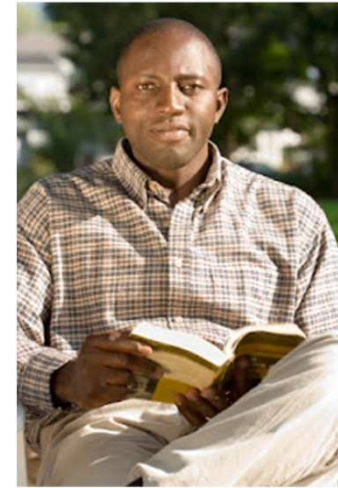
IHME, GBD, 2019

# Lewisham –HSBP use contributing to deaths 2019



### Kamal

- 42, married, lives with wife and 2 children aged 9 and 7
- Works in IT – travels often
- BMI 32
- Presented with headache, high BP found.
- ABPM = 158/100
- Qrisk >10%
- Lifestyle advice given 6/12 ago
- BP machine in reception – 3 readings in last 6 weeks- BP remains > 150/95
- Stage 2 HTN with high Qrisk, NICE advise “discuss” starting BP treatment

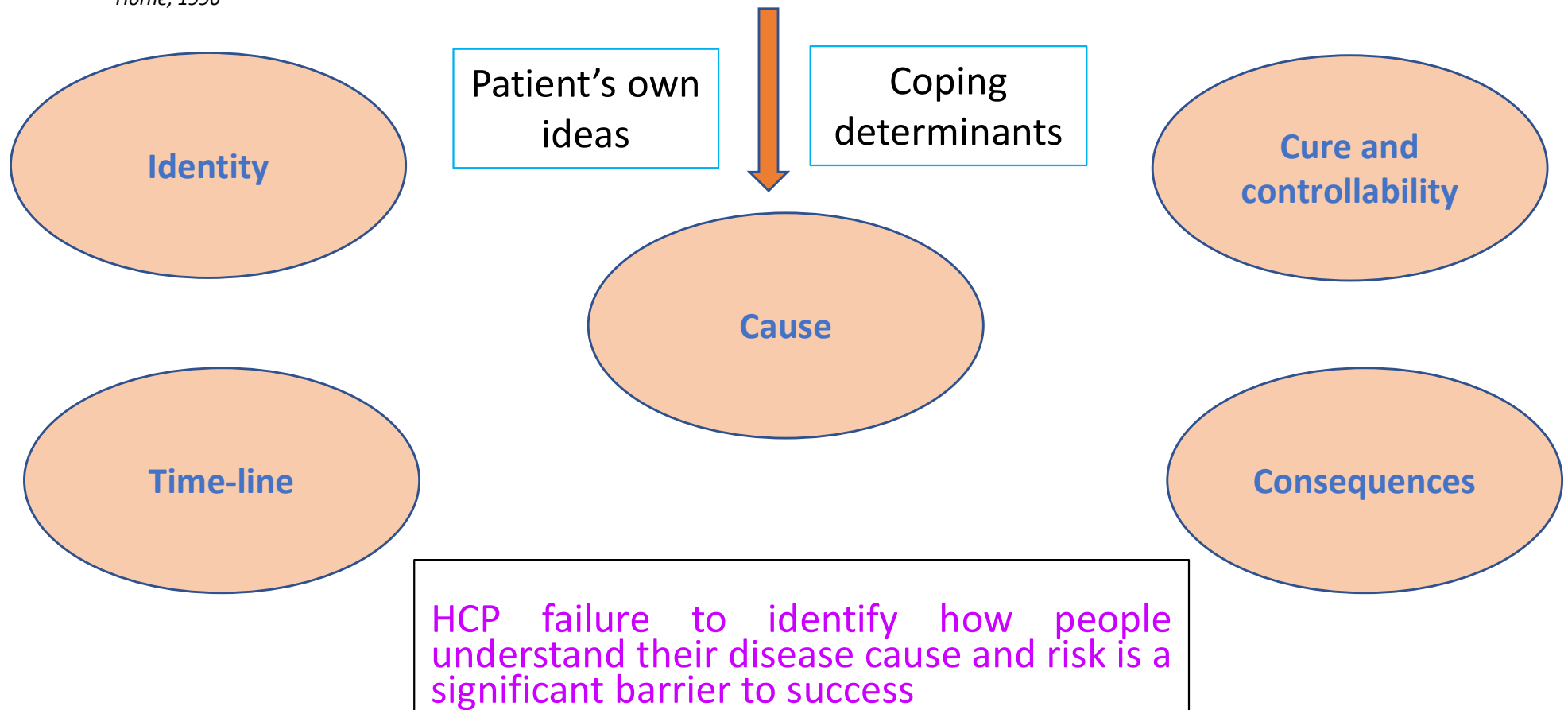


You have been tasked with “discussing” starting BP treatment with Kamal

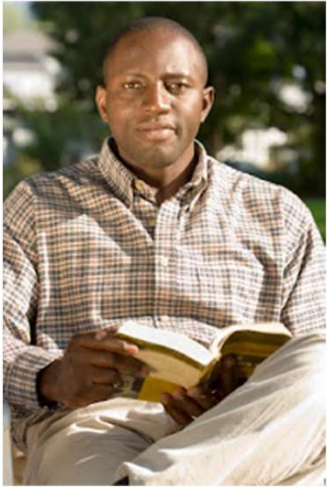
What are the potential challenges you perceive arising for yourself?

# Illness onset presents a range of problems....

“..... in order to make sense of and respond to these problems, patients create their own models or representations of their illness.” *Petrie, Moss—Morris & Horne, 1996*



# Engagement and IPM



**Identity**

“I’m an ill person”

“I’m an old person”

**Cause**

“Stress has caused my high BP”

“Is this my fault?”

**Cure and  
controllability**

“There must be a cure I’m not being told  
about....their first port of call is to give me some  
pills”

“This is a disaster, I’ve lost control of my body”

Do you ever  
explore all of  
these?

**Time-line**

“This will be short lived, my stress will settle soon”

“I have a problem that affects me till I die!”

**Consequences**

“I’m too young to have a stroke”

“I feel fine, this is nothing important for me, I’m  
busy”



# For some, it's not just a standard text.....

What impact did it have on their identity?

What impact did it have on their beliefs about their own mortality?

What impact did it have on their beliefs about their ability to support their dependents?

Maybe it had no impact!

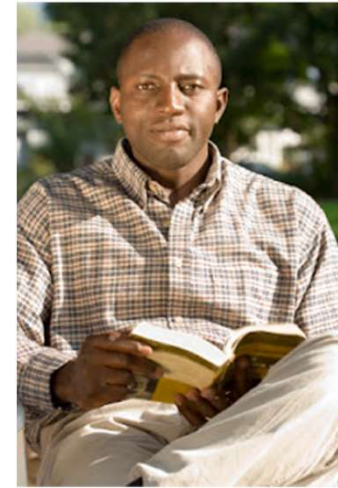


Can you dig deeper using IPM framework with those harder to engage?

-phone-calls

-build rapport

-invest the time



### Kamal

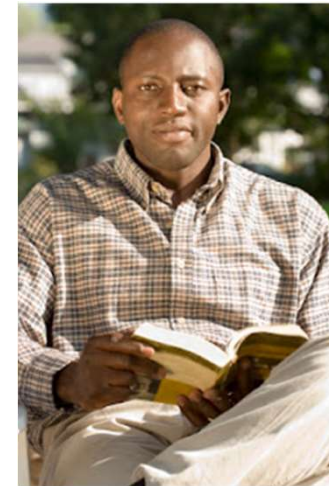
- Initiated on Amlodipine 5mg-BP uncontrolled
- Up-titrated to 10mg Amlodipine-BP 128/74 after 1 month on new regime
- Doesn't return for 3/12 review
- After 6/12 sees GP with headache –BP 160/104
- Re-starts Amlodipine 10mg (2/12 px given)
- Doesn't request repeat medication when due
- After 3<sup>rd</sup> reminder attends annual review- BP 162/100

# Menti slide

What challenges could Kamal be facing with adhering to his Amlodipine?

# Intentional vs Non-intentional adherence

Is Kamal forgetting to take his medication intentionally or non-intentionally?



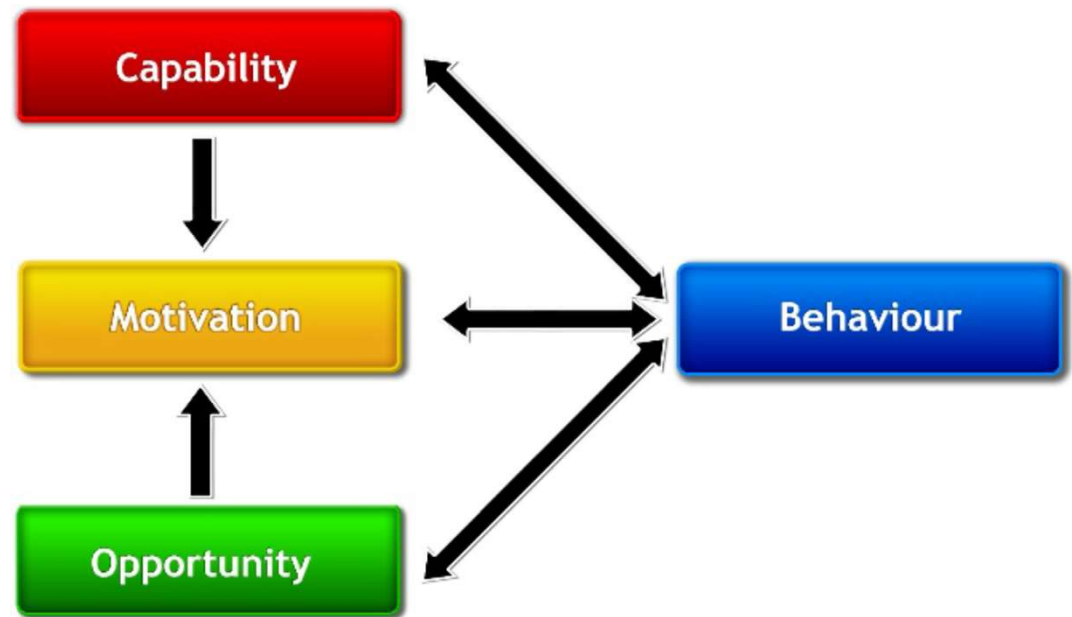
- Medication adherence is a complex issue and can't be categorised simply as intentional vs non-intentional
- Behavioural models are required that account for all determinants in medicine-taking behaviour from system to individual

# Adherence and the COM-B model

C – physical and psychological

M – automatic and reflective

O – physical and social



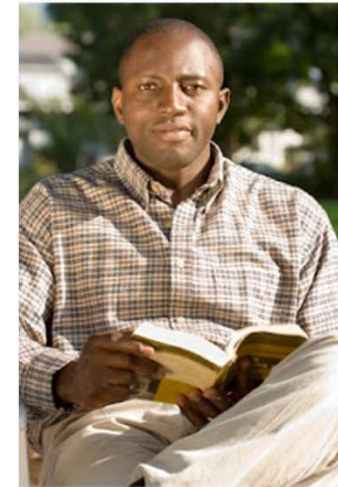
Psychological capability – cognitive ability to understand & retain knowledge  
Physical capability – motor skills to take tablets

Social opportunity – cultural norms  
Physical opportunity – time and resources (ie medicine compliance aids)

Automatic motivation – habits and emotional responses  
Reflective motivation – evaluations and plans

# Adherence and COM-B

<b>Capability</b>	psychological physical	✓ ✓
<b>Opportunity</b>	physical social	✓ ?
<b>Motivation</b>	reflective automatic	? ?

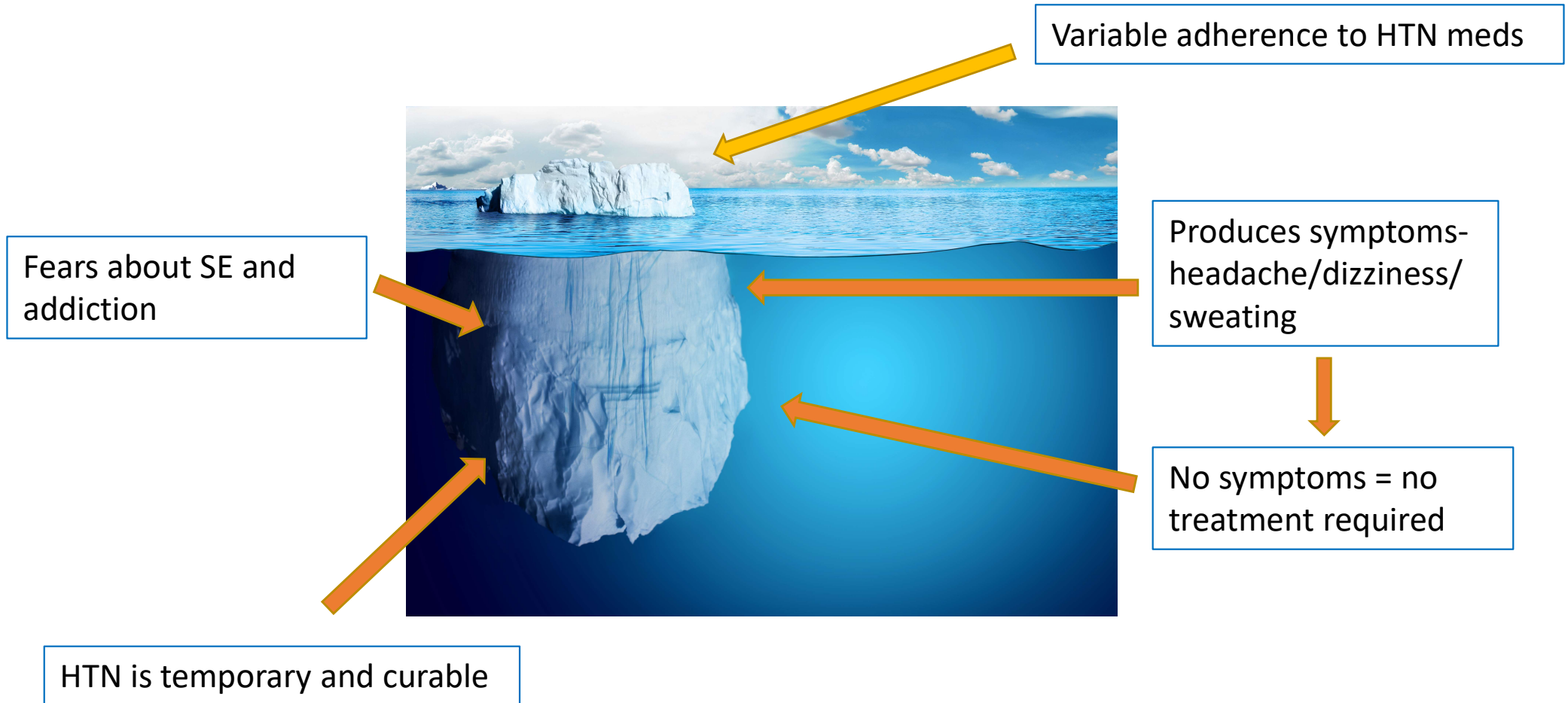


We tend to fixate on imparting knowledge – this is important to ensure patients are informed with correct information – however they will interpret this and integrate with other determinants of:

C-O-M  Behaviour

Always consider HCP-patient competing agendas (is “adherence” a problematic description?)

# Patients HTN beliefs and adherence – BMJ Review



BMJ Systematic Review (Marshall, 2012)



# Encouraging adherence behaviours – additional tips

Acknowledge symptoms rather than deny patient experience

Headaches

Be mindful of language descriptors “your blood pressure is **normal** today”

No headache = no medication?

Engage with patients about their understanding of cause/curability/controllability

Where has it come from? Episodic/acute/chronic?

Discuss long-term risks persist even in absence of symptoms

HCP understanding of consequences vs your patient’s

Acknowledge differences in culture and influence on interpretation (eg Bush remedies in African-Caribbean patients) *Connell, McKeivitt & Wolfe, 2005.*



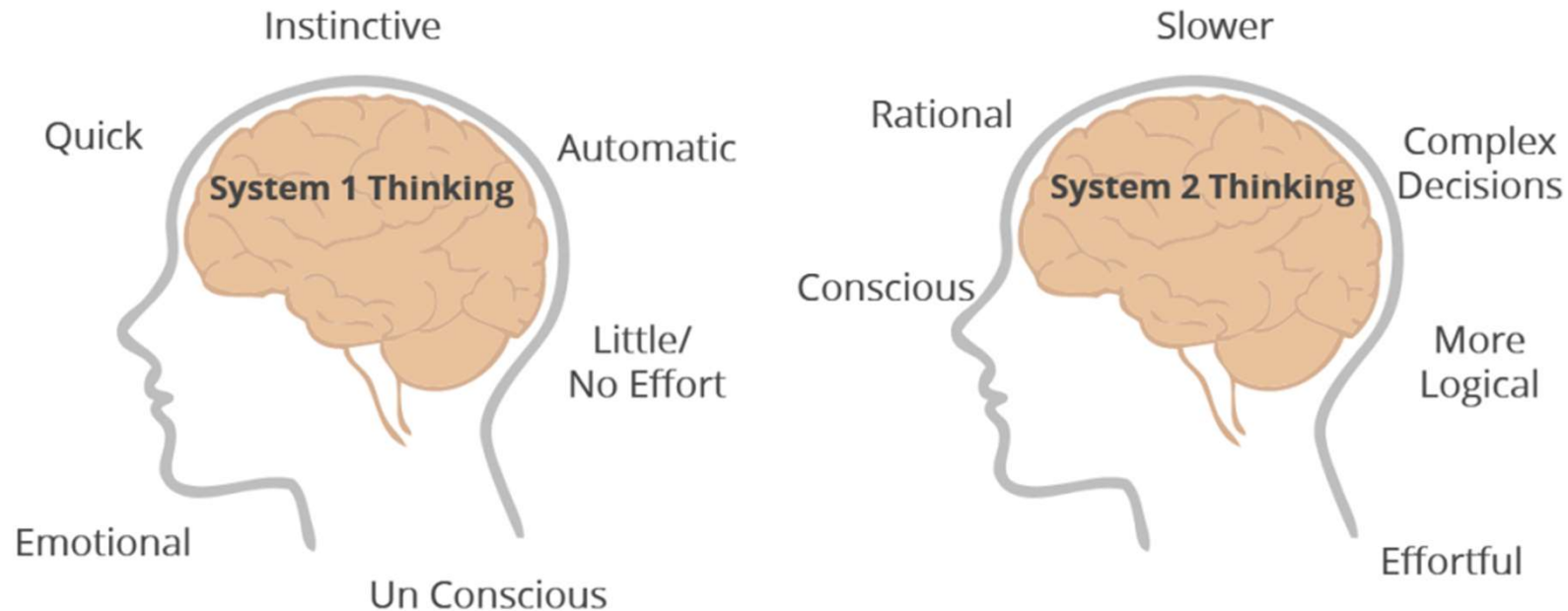
Patients do not want to appear “stupid, critical or ungrateful”



Habits are “automaticity in lieu of conscious decision making”

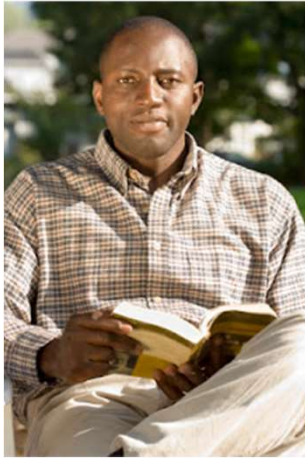
Wood, 2019

## DANIEL KAHNEMAN'S SYSTEMS OF THINKING



Accessed 29/11/20 <https://www.digite.com/blog/yin-yang-productivity/>

# Harness the power of context – Reducing friction



## Counselling

- Understand his daily routines
- **Then offer simple advice (avoid complexity)**
- It's never too obvious!

## Friction/restraining forces

Travels a lot with work

Busy lifestyle

Other friction points?

## Reducing friction (promoting driving forces)

- Safe and simple ways to transport medication (MCA)
- Set reminders (phones etc)
- Consider “keep at eye level” advice here (children)

## Reassure

- Repeated actions have to be laid down as a habit in neural networks and memory systems
- Habits gradually develop to bypass conscious decision making
- **Reassure – occasional gaps do not derail a habit – strengthen your context**

# Take Home Messages

## Engagement

- Reciprocal time investment from HCPs and patient (team rather than you)
- Consider the IPM with patients harder to engage

## Adherence

- Patients commonly link symptoms to their BP, this influences the way they take their meds – acknowledge and understand perceptions
- Consider COM-B to analyse behavioural influencers

## Menti

What one thing have you learned that you can put into practice?

and feedback.....



Thank you for listening!

Any:

Reflections?

Comments?

Questions?

