Review Article

# A Review on Barriers of Medication Adherence in the Chronic Diseases

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**ABSTRACT**

Chronic illnesses are one of the world's most serious health problems, and the number of individuals affected is continually rising. Many of the most common chronic conditions, such as hypertension, diabetes, arthritis, and asthma, have a strong treatment component that includes medication adherence, physical exercise, and disease-specific behaviours. According to the World Health Organization (WHO), non-adherence is caused by five variables: socioeconomic factors, health-care system factors, therapy-related factors, condition-related factors, and patient-related factors. The results of treatment differed by 26% across patients with high and low adherence. Patients' morbidity, death, and preventable health-care expenses rise as a result of nonadherence. Lack of adherence was predicted to be responsible for almost 125,000 fatalities and 10% of hospitalizations in the United States in 2017. Low drug adherence is a major issue all around the world. In Hradec Kralove, the adherence rate to long-term drug therapy is reported to be between 40% and 50%. (Czech Republic). In the United States, more than 80% of persons aged 65 and up did not follow their prescription drug regimens, and more than half of patients using antihypertensive drugs ceased treatment within a year. Patients in India are only half as likely to take their medication as they should be, owing to a lack of effective education and patient counselling. Patients' timely medicine-taking behaviour has a greater impact on people's health than the need for new treatment options.

**Keywords:** Chronic conditions, medication adherence, non-adherence, barriers and facilitators to medication adherence.

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## INTRODUCTION

Medication non-adherence is a widespread problem that causes high costs worldwide.[1-6] Especially in chronic conditions with long-term therapies, adherence is important to achieve target outcomes but is often low.[6]

Chronic illnesses are one of the world's most serious health problems, and the number of individuals affected is continually rising. Many of the most common chronic conditions, such as hypertension, diabetes, arthritis, and asthma, have a strong treatment component that includes medication adherence, physical exercise, and disease-specific behaviours.

Patient adherence, also known as compliance, refers to a patient's willingness to follow medical advice. Adherence could refer to the use of surgical instruments such compression treatment, chronic wound care, self-directed physiotherapy activities, or counselling or other therapeutic courses.[7] Medication adherence is defined by the World Health Organization (WHO) as "the degree to which an individual's behaviour corresponds to agreement with any advice or suggestions from a health care professional who delivers health care."[6]

Non-adherence to therapy in patients with chronic conditions such asthma, chronic obstructive pulmonary disease, diabetes, and cardiovascular disease frequently necessitates emergency care and hospitalizations, resulting in worse outcomes and higher treatment costs. Poor medication adherence is a major public health concern in the health-care system, particularly for non-communicable chronic conditions that necessitate lifelong pharmacological treatment.[6,8]

Adherence and compliance are two terms that are frequently interchanged.[9] The term concordance, which comes from the Latin word concorder, which meaning "to accord," was recently introduced in the United Kingdom. It is an agreement established following discussion between a patient and a health care practitioner that takes into account the patient's beliefs and wishes when deciding whether, when, and how to take medications. This is a reciprocal alliance in which health-care personnel acknowledge the primacy of the patient's decision regarding whether or not to take the prescribed medications.[10]

Noncompliance is classified as "deliberate" or "unintentional" according to NICE guidelines. Intentional nonadherence is defined as a patient's decision not to follow treatment recommendations, such as ignoring a doctor's advise, skipping or changing a dose, or stopping taking medication owing to negative effects. Unintentional

nonadherence occurs when a patient is prevented from taking medication due to factors beyond his or her control, such as a failure to perceive or accept the directions for use, inability to pay for treatment, or simply forgetting to do so.[11]

According to the World Health Organization (WHO), non-adherence is caused by five factors: socioeconomic (e.g., low socioeconomic status, illiteracy, unemployment), health system-related (poor medication distribution, inadequate or non-existent reimbursement, or a lack of performance feedback), therapy-related (complexity of medical regimens, duration of treatments, or the immediacy of beneficial effects), and condition-related (severity of symptoms, racial discrimination) (knowledge and beliefs, motivations to manage or confidence).[12]

There are two types of drug adherence: adherence and perseverance. Although the two concepts are theoretically similar, adherence refers to the usage of a medicine during the course of treatment, whereas persistence refers to the duration of treatment.[13]

According to a study conducted in India, 55.14 percent of study participants were non-adherent to antidiabetic therapy, with ignorance of lifestyle change accounting for 83.78 percent of non-adherence. Due to a lack of self-discipline, 59.48 percent of them did not take their prescription medicine on time, the majority of them (85.71 percent) did not follow a diabetes diet, and fewer than half (46.61 percent) did not test blood glucose levels consistently. Non-compliance was significantly influenced by gender, occupation, and educational position.[14]

Females, illiteracy, urban population, irregularity of follow-ups, non-adherence to antidiabetic medication, non-adherence to exercise regimen, insulin, and insulin with oral metformin were all linked to therapeutic non-compliance in Saudi Arabia, with a prevalence of 67.9% (69.34 percent in males and 65.45 percent in females).[15]

In a study conducted by Gertrude Afriyie and colleagues at the University of Ghana, 34.7 percent of 259 patients between the ages of 26 and 88 years old did not take their diabetes medication, and associated factors that were statistically significant for non-adherence were age, educational level, presence of comorbidities, and financial support.[16] While in Ethiopia, non-adherence was found to be 58.6% (95 percent CI: 54.7, 62.4), and major depressive disorder, one or more diabetes mellitus complications, and average income greater than 1000 birr were found to be independent predictors of medication non-adherence, respectively.[17]

Non-adherence to anti-diabetic medication was found to be prevalent in 31.2 percent of diabetes mellitus patients at a general hospital in Ethiopia, with side effects of medications, the complexity of the regimen, failure to remember, educational level, and monthly income being major associated factors identified in the study. In Uganda, there have been less research on non-adherence to anti-diabetic treatment.[18]

However, female gender, illiteracy, low social economic status, bad handwriting on prescriptions, and delayed intervals to follow up on treatments were all associated with a nonadherence incidence of 28.9% at Mulago hospital in Kampala district.[19] As a result, the goal of this study was to determine the prevalence of non-adherence to anti-diabetes medication among patients in the Diabetes mellitus clinic at Mbarara regional referral hospital in southern Uganda, as well as to identify factors linked to non-adherence.

While efficient communication between healthcare practitioners and patients is important for medication adherence, proper social support and contact between patients and their families has been found to help patients adopt positive health initiatives and improve their quality of life.[20] Friends and peers, as well as healthcare professionals and organisations, can provide social support in addition to family.[21] As a result, social support is diverse and may assist patients in remaining active in their care when they are confronted with physical, social, or economic challenges.[22]

There could be obstacles that the healthcare provider is unaware of. The patient may face challenges in self-managing their medication, such as difficulty injecting medications, remembering to take their medications on time while working, or fear of stigmatisation. Financial difficulties might often be difficult to disclose. To discuss pharmaceutical hurdles and concerns, health care practitioners should meet with the patient without any prejudices and in a safe setting.[23]

Poor drug adherence, according to the research, hinders the desired therapeutic impact, raising the risk of hospitalizations and serious health outcomes in patients, all of which contribute to their financial burden. As a result, it is recognised that patient education and the use of medication adherence approaches and technologies may be effective in improving overall population health and, as a result, lowering healthcare costs. This paper discusses many techniques to improving medication adherence that could be utilised by health care practitioners in health settings to increase patient medication adherence.

**Medication Adherence Influencing Factors**

Despite the fact that adherence measurements are categorised as emotional and rational, they have been classed as direct and indirect in various research. As a result, predicting treatment adherence is difficult due to the fact that each patient's condition is different.[24]

The elements that influence adherence or any health-related behaviour are divided into three groups based on scientific research:

**Table 1:** Factors affecting adherence.[9]

| Factors | Description |
|---|---|
| Social/ Economic | 1. Patients with social support from family, friends, or caregivers who can help with prescription regimens have a higher rate of adherence.<br>2. Instable living environments such as homelessness, limited access to health care facilities, inability or difficulty accessing pharmacies, lack of financial resources, medication cost, cultural and lay beliefs about illness, treatment, and burdensome work schedules have all been linked to lower adherence rates. |
| Provider-patient / Health care system | 1. One of the most important health-care-related factors that has a good impact on medication adherence is the finest doctor-patient relationship.<br>2. Nonadherence can also be caused by a lack of communication about the medication's benefits, directions for usage, and adverse effects, particularly in elderly patients with memory issues. |
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| Condition-related | 1. Patients with chronic illnesses (high blood pressure, osteoporosis, and hyperlipidemia) who require long-term medication administration have much lower adherence to treatment regimens over time.<br>2. There are few or no symptoms, which contributes to the decline. It is critical that the patient comprehends the sickness and is aware of the consequences of not receiving treatment. |
| Therapy-related | 1. The pharmaceutical regimen's complexity, which includes the number of concurrent drugs and daily doses necessary; duration of therapy, lack of rapid benefit of therapy, and treatment interfering with lifestyle and side effects have all been linked to lower adherence rates. |
| Patient-related | 1. Physical limitations such as vision, hearing, and cognitive impairments, as well as swallowing problems, may increase the chance of older people not adhering to their medications.<br>2. Poor medication adherence may be linked to a lack of understanding of the disease and the reasons for why medicine is required; a lack of drive, fear of possible adverse side effects, and substance addiction. |

**Factors that Predispose to Disease**

Patients' demographics, as well as their knowledge, attitudes, and views of the condition, its severity, causation, prevention, and treatment regimens, are all factors to consider. The health belief model, introduced in 1974, predicted adherence or other health-related behaviour changes based on specific thought patterns.[25]

The following is the sequence of belief events that must occur in this approach for the patients to remain adherent:

• Patients must believe their health is in risk, and they must assess the condition's potential in terms of symptoms, lost time at work, financial strain, and other factors.

• Patients should believe that the advantages of treatment outweigh the costs after considering their circumstances.

• Patients should feel obligated to take their medication exactly as directed.

**Key Factors that Improve Medication Adherence**

These are the skills and resources required for compliance. A patient's ability to adopt behaviours that will help them stick to their medicine regimen and, as a result, arrange an appointment with their doctor to obtain a prescription order is referred to as talent. The term "resources" refers to health-care facilities such as doctors, pharmacies, clinics, and hospitals, as well as their accessibility and reachability.[26]

**Factors that Emphasize the Medication Adherence**

Patients would be supported by members of the local community, peers, and health-care providers, who would encourage them to take their prescriptions as prescribed by their doctor. These characteristics have an impact on whether the patient's family is willing to assist with medication adherence. Because some people are more influential than others, this support can be good or harmful, depending on the attitude or behaviour of those involved.[27]

**Barriers to Medication Adherence**

1.Patient specific barriers

2. Illness specific barriers

3. Medication specific barriers

4. Healthcare and system specific barriers

5. Social and culture specific barriers

6. Logistical and financial barriers

***1. Patient specific barriers:***

Patients may lack the necessary knowledge or information to adequately recognize their pharmaceutical regimen. Patients may have given prescription information and adherence counselling at the start of their sickness, but there was little follow-up, resulting in forgetfulness.[28]

It may be difficult to modify the information offered if the patient is really ill at the time of counselling, and misconceptions may develop. Patients may be unaware of the importance of taking their medications exactly as prescribed, and so may change their doses accordingly.[29,30] They might have erroneous or wrong beliefs regarding drugs.[31] They may be depressed and believe they have no control over the sickness.[32] Lack of routines, stress, or changes in behaviours for special events are all risk factors for medication adherence, and can easily result in missed doses or sleeping through dosing periods.[33]

Medication adherence has been shown to be influenced by stress and feelings of helplessness.[34] Injectable medications can be uncomfortable to use, and some patients believe that injecting them would kill them.[32] Physical limitations can also be a hindrance while administering medicine, which may necessitate good eyesight or a steady hand.[35] Poor health literacy makes adherence more difficult, and it can be difficult to interpret written language, especially if it is not written in the patient's native language.[36,37] Non-adherence may be exacerbated by comorbidity.[38]

Non-adherence was found in 40% of patients receiving antidepressants, 39% of those receiving oral blood glucose-lowering agents, 33% of those receiving blood cholesterol-lowering agents, and 24% of those receiving blood pressure-lowering agents in a study of Saskatchewan's senior population (aged 65+).[39] Patients who do not take their drugs on a regular basis have poorer outcomes than those who do. Patients who do not take their antihypertensive drugs as prescribed are half as likely to reach their goal blood pressure levels.39 Similarly, poor adherence to cholesterol-lowering drugs is linked to a 25 to 27 percent increase in LDL levels and a 26 percent increased risk of experiencing cerebrovascular events.[40] Non-adherence to oral blood-glucose-lowering drugs is associated with a 58 percent increased risk of hospitalisation and an 81 percent increased risk of death in diabetic patients.[41]

***2. Illness specific barriers:***

The disease is not often the patient's top priority, contrary to healthcare professionals' expectations.[42,33,43] It may be an unpleasant occurrence, but it is little in comparison to other concerns. A patient's emotional reaction to the sickness may be negative, and he or she may value life before the illness more highly. It's possible that making the necessary lifestyle modifications isn't a top priority. Patients may also rationalise that their illness isn't serious enough that they don't need to take their medication exactly as directed. The patient's decision to take or not take treatment may be influenced by how seriously they evaluate their situation.[44]

Sometimes the problem is that the patient refuses to acknowledge his or her condition or believes it is the fault of someone else. Negative thoughts about illness or many diseases might increase medication adherence hurdles, albeit this varies by situation.[45] Cancer is more life-threatening than diabetes, yet diabetes can have serious repercussions if it is not controlled properly. The condition itself can produce lethargy and exhaustion, which can make it difficult to stick to a treatment plan.[46]

***3. Medication specific barriers:***

Patients may be unaware of their disease or the treatment they require at the time of commencement of illness.[47,48] They may be perplexed regarding the duration and prognosis of their sickness.[49,50] They may perceive treatment to be time-consuming and difficult . In the eyes of patients, taking medication is connected with being sick, which might have a detrimental impact on adherence.[51] Patients may be unable to take their medication as prescribed due to difficulties integrating it into their daily lives. Working life may include shift work, and night hours can make maintaining a regular pattern difficult.[52] Furthermore, the illness may not manifest itself in the form of observable symptoms, and patients may not feel ill.[53] Patients also worry that once they start taking a drug, they will have to take it for the rest of their lives.[54]

If a patient's pharmaceutical information is insufficient and does not suit their needs, they can turn to additional sources of information, such as the internet.[55] It's possible that a patient information booklet included in a medicine packaging will be difficult to comprehend. The presence of side effect warnings on the package can lead to a patient deciding not to take the medication. Generic substitution might lead to doubts about a generic drug's effect when compared to the original medication, lowering adherence.[56] The media can also impact public perceptions of drug quality.[57] Patients' urge to self-regulate their life may cause them to utilise non-prescription substances rather than prescribed medications.[58]

Side effects appear to be a common roadblock to drug compliance. Patients may refuse to take their medication out of fear of not being safe with it.[47] Physical hurdles to medication-taking exist as well: the size of the tablet can make it difficult to swallow, there may be an unpleasant metallic aftertaste, or there may be throat soreness.[48] Insulin injections can be hampered by needle fear. Patients may experience a disadvantage when switching from oral pills to injectable medicines.[51]

***4. Healthcare and system-specific barriers:***

Poor medication adherence is caused by a lack of access to healthcare and excessive wait times.[59] Treatment issues can be caused by fragmentation of treatment among many prescribers, a lack of communication between a general practitioner and a community pharmacist, and a lack of coordination between primary and secondary care. These factors can lead to the termination of treatment.[59,60,61]

Adherence can be harmed by a lack of support and empathy from healthcare personnel, as well as a paternalistic attitude.[52,62,63] Inadequate patient counselling results from poor patient-provider relationships, leaving the patient alone to deal with

medication issues.[42] Patients cannot freely share side effects and other concerns about their medicine without trust-based patient-provider dialogue.[64,65] Patients' self-efficacy can be impacted if healthcare personnel are unable to discuss adherence issues with them and take their concerns and experiences seriously.[66,67] Lack of faith in doctors and scepticism of their expertise may exacerbate the illness's severity and have a significant impact on a patient's adherence behaviour.[47]

According to the scoping review conducted by Kirsi Kvarnström.et.al, the person's sickness was not always a top priority. Many other things can take precedence in people's lives over their own ideal disease self-management. Healthcare practitioners must pay more attention to patients' thoughts and worries, as well as have more time to listen to their experiences with the disease, in order to improve drug adherence. Patients place a high importance on doctor-patient interactions built on trust.[66]

***5. Social and culture specific barriers:***

In HIV/AIDS and non-communicable diseases, humiliation is a common factor for non-adherence.[68] It's possible that patients don't want their sickness to be known. The fear of being humiliated might be so strong that a patient will refuse to take their medication if they think someone is monitoring them. Work-illness balance can be tough.[69] The absence of significant others' support can have a major impact on adherence and disease control.[70,71]

Traditional alternatives, such as homoeopathic treatments or procedures, are more "natural" than conventional medicine.[65,72,73] Patients with a strong religious faith may choose to prefer religious practises over medication. Fasting during Ramadan and the usage of holy water can have a substantial impact on medication management and may be the primary reason for medication adjustments to match religious contexts and routines better.[68] Patients who feel that praying will cure them may stop taking their medication.[74]

***6. Logistical and financial barriers:***

Medication expenses and financial hardship are important impediments to medication compliance.[75] Unemployment and financial hardship might have an impact on one's potential to purchase medications. Medicines are unlikely to be a top priority for a patient who does not have enough money to acquire basic essentials like food and clothing.[76] Traveling to the clinic might be challenging, especially in developing countries.[47]

The expense of medicine can be burdensome if insurance coverage is insufficient or if there is no insurance at all.[76] Medicine shortages and availability at the clinic or pharmacy, particularly in underdeveloped countries, might pose a serious threat to patient continuity.[47]

The results of treatment differed by 26% across patients with high and low adherence.[77] Patients' morbidity, death, and preventable health-care expenses rise as a result of nonadherence.[78,79] Lack of adherence was predicted to be responsible for almost 125 000 fatalities and 10% of hospitalizations in the United States in 2017.[80] Low drug adherence is a major issue all around the world. In Hradec Kralove, the adherence rate to long-term drug therapy is reported to be between 40% and 50%. (Czech Republic).[77] In the United States, more than 80% of persons aged 65 and up did not follow their prescription drug regimens, and more than half of patients using antihypertensive drugs ceased treatment within a year.[81,82]

Besides, financial support is a significant part of family support, as widely documented in existing literatures. According to Cohen and Wills,[83] Winemiller divided social support into 5 categories, one of which was fundamental support, referring to financial aid and material resources.[29]

**Facilitators to Medication Adherence**

1.Informational, Motivational and Behavioural Factors

2.Healthcare and System-Specific Facilitators

3.Logistical and Financial Factors

***1.Informational, motivational and behavioural factors:***

Adherence requires a thorough awareness of the condition and its treatment, as well as how drugs improve quality of life.[58] In self-managing chronic illnesses, the ability to incorporate drugs into daily life enhances adherence.[75] Low toxicity, few side effects, and oral delivery appear to encourage treatment adherence.[55,75] Pillboxes, clock or smartphone alarms, and taking pills during regular TV and radio programmes are some of the things that can help with medication taking.[84,59]

A crucial facilitator is the patient's motivation. When a patient realises the medication's importance, motivation improves, and it leads to favourable health outcomes.[76] Medication adherence might be influenced by significant life events. When a significant consequence arises, the importance of avoiding problems and sustaining health is emphasised, and the patient's priorities may be re-evaluated. [42,53,35] Medication adherence is aided by a strong desire to return to "normal life".[85]

Concerns about sickness have been shown to promote adherence and motivation to take medication as directed.[75,86] Medication adherence may improve if patients have lived through the experience of their condition and its subsequent detrimental impact on functional capacities.[86] Knowing that halting or altering prescriptions could worsen the disease can motivate people to better self-manage their medications.[75] The patient's treatment objectives must be realistic and attainable.[33]

Adherence is aided by the support of family and friends, as well as co-workers. It may necessitate the patient's revelation of the disease, which can be frightening.[47,68] The patient's ability to manage with the condition is aided by social acceptance.

When dealing with practical challenges in everyday life, self-efficacy is a necessary skill. The chances of improved adherence are higher if the patient takes ownership of self-managing the prescription and understands how to modify medications if the disease worsens.[47,87] Self-empowerment and a good attitude toward medication are promoted by feeling accountable and having a strong belief in the efficacy of medication.[46]

Moreover, the research by Turan et al. concluded that the level of perceived support from the families was higher than the perceived level of support from friends or other individuals.[88] These confirm the importance of enhancing family support for each hypertensive patient.

***2. healthcare and system-specific facilitators:***

Medication adherence is dependent on a trusting, collaborative, and respectful patient-provider relationship.[53] Patients require easy access to healthcare as well as adequate time for talks.[55] Adherence might also be aided by a desire to please or a fear of offending healthcare providers.[53] Patients want to communicate with health care providers in a personal manner and have a continuous communication with them.[79] Adherence appears to be encouraged by healthcare providers' support and easily accessible care.[52]

***3.logistical and financial factors:***

Medication adherence requires financial flexibility. The household's earnings and expenditure balance allows them to purchase basic items like food, clothing, and medicine without having to prioritise.[75] Furthermore, having adequate insurance coverage ensures financial security, as opposed to having none at all.

**Imparting Appropriate Knowledge**

Understanding the treatment conditions of patients has consistently been linked to adherence, contentment, recollection, and the sort of information offered to caregivers by caregivers, according to study. According to several studies, people do not always understand prescription instructions and typically forget major amounts of what healthcare providers said concerning therapy.[89,90] Doctors can give successful and beneficial patient education by limiting instructions to three or four primary issues during each talk. Simple ordinary language may be utilised by the healthcare practitioner, particularly when describing diagnosis and providing directions. Written materials could be used to supplement the doctor's advice. Family members and friends of the patient may be invited to participate in the doctor's discussion of the treatment plan or diagnosis. This is especially true for the millions of people who are illiterate.[91]

**Modifying Beliefs and Human Behaviour**

Patients' beliefs, intentions, and self-efficacy must all be addressed in today's world (perceived ability to perform action). Patients who perceive themselves to be at risk due to a lack of healthy behaviour adoption (perceived susceptibility), who perceive their medical conditions to be serious (perceived severity), who believe in the positive effect of the suggested treatment (perceived benefits), who have channels to address their fears and concerns (perceived barriers), and who perceive themselves to have the necessary skills to perform the suggested treatment can all benefit from behaviour change (self-efficacy). 99,100 As a result, knowing which of these beliefs is assumed to be important for effective adherence, the physician can tailor the treatment to each patient's specific needs.[92]

**Evaluating Adherence**

Because adherence evaluation is so critical, it's crucial to accurately measure and analyse patient compliance. It can be done using a variety of methods, including patient self-reports, pill counting, and, in some situations, monitoring blood or urine drug levels. Patients can be highly accurate in reporting whether or not they are complying to their treatment regimens if physicians ask them directly, and regular assessments of patient adherence can lead to increased patient adherence.[93]

**Tips to Improve Medication Adherence**

Physicians must create strong physician-patient relationships in order to promote patient adherence. In health-care education, improving adherence has been a never-ending loop. We asked patients to bring all of their medications to each office visit, as most practises do, so that the observers could accommodate them at the point where they had already started a programme to keep patients out of health-related problems and reduce readmissions. The medication adherence programme is used to assess and monitor each patient's compliance with their prescription medications.

The following points are stressed in order to determine whether they have problems filling, taking, or controlling the expense of their medicines.[94]

1. Results are discussed.
2. Keep a record of it
3. Collaborate with patients
4. Consider the patient's financial worth.
5. Assess the effectiveness of well-being education
6. Reduce the degree of unpredictability
7. Reconnect with patients.

**Role of Pharmacist in Medication Adherence**

Patients' adherence to prescriptions is greatly improved by drug specialists. They can confirm that patients are taking the correct medications and that they are not taking any additional medications that could jeopardise the treatment plan's success. Drug treatment management can aid drug specialists in identifying patients at risk and assisting them in resolving prescription adherence problems.[95]

They can teach patients on how to take their medications correctly and when to take them, as well as how to use the right drug store apps to get medication updates on their phones. Other clinical interventions that drug specialists can use to encourage their patients to take accurate measures on time, acquire refills on time, and manage symptoms of drugs in an emergency situation include:[96]

Using the following strategies, the patient-pharmacist interaction can be improved:[97]

1. Patients should be greeted by pharmacists who are courteous and approachable.

2. They must be able to successfully communicate.

3. The pharmacist must take into account the patients' physiological needs.

4. They should provide patient counselling and help patients learn more about their condition.

5. They should encourage each patient to express their problem without being interrupted or the session being ended prematurely.

6. They should get the patient's perspective on the sickness, as well as the sentiments and expectations that go along with it.

7. They should use the active listing method and demonstrate empathy with the patients.

8. They should provide patients with a clear explanation.

9. They should assess the patient's understanding of the ailment and the medications.

10. They should talk to the patients about therapy options.

## CONCLUSION

We learned in this article that medical adherence refers to a person's willingness to follow a healthcare provider's instructions.

Adherence to prescribed drugs is linked to better clinical outcomes for chronic illness treatment and lower chronic disease mortality. When compared to individuals without comorbid disorders, patients with comorbid conditions had lower medication adherence. According to numerous research conducted over the last ten years, Medication side effects, presence of comorbidities and negligence of patients have been identified as a key cause of medication non-adherence in patients with chronic conditions. Patients are only half as likely to take their prescription as they should be, due to negligence, financial problems, lack of proper education and side effects of medications. The importance of patients taking their medications on time has a greater impact on their health than the need for new treatment choices.

In essence, adherence is a critical component of drug therapy management that must be addressed in the patient's care in order to achieve the best possible therapeutic result.

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