



NICE (2009) defines medication adherence as:

“The extent to which the patient’s behaviour matches agreed recommendations from the prescriber”

- Studies have shown that many patients, between 30-50%, do not take their medication as intended
- Poor medication adherence is a major risk factor for poor outcomes including relapse in patients with mental health conditions.
- There are numerous factors that influence a patient’s adherence which may be intentional or unintentional or a mixture of both.
- Medication adherence should be assessed regularly, with referral made to prescribers when issues are identified.

STEP 1: OPTIMISE

- ✓ Ensure all patients are offered information about medicines **before** the decision is made to prescribe (see Trust [Choice & Medication](#) site - this includes a fact sheet on [oral vs. long-acting depot injection](#))
- ✓ Actively discuss the information with the patient
- ✓ Listen to, acknowledge & document any concerns the patient may have, agreeing a way forward
- ✓ Keep medication regimes simple
- ✓ Follow patients up regularly and monitor for adherence, effectiveness and adverse effects
- ✓ Consider the use of medication reminder charts, such as the Trust approved chart

STEP 2: ASSESS

Use non-judgemental open questions that acknowledge that non-adherence is common; e.g. start by saying “people often miss taking doses of their prescribed medicines for a wide range of reasons” then:

- Ask if they’ve missed any doses recently
 - Mention a specific time period, e.g. have you reduced the dose or stopped or started any of your medicines in the past few days/week
 - Explore the patient’s perspective to establish the reasons for any reported non-adherence e.g. are there other considerations, such as are they paying for prescriptions?
 - Negotiate, agree and record a plan
 - If necessary, refer to a prescriber to discuss options and make any agreed changes
 - **Note:** if a patient is prescribed a medication for which blood levels can be checked (e.g. Lithium, Clozapine, Valproate) levels will indicate whether the patient is taking the medication or not but not necessarily confirm that the patient is taking the dose prescribed. Levels that are lower than expected may potentially indicate poor adherence to the prescribed dose.
- If reviewing a patient at home, consider assessing for intentional or unintentional stockpiling of medication - removing any stockpiled medications where there is a risk of harm.

STEP 3: IMPROVE

Issue	Options
Timing of dose / tolerability of product	Formulation change e.g. tablet to capsule; standard release to MR; oral to depot; aim for once daily/all medication taken together
Accessing supplies / prescription costs	Consider pre-payment options or help with health costs
Accessing medicine or dose information	Larger print or translated labels, inhaler spacer devices, devices to assist with removal of medication from blister packaging; monitored dosage systems (MDS) should be a last resort, formal assessment required
Issues remembering when to take / what’s been taken	Patient could record doses taken e.g. tick chart; keep a diary about their condition/symptoms; keep a tally of number of tablets left
Concerns regarding effectiveness, side effects and possible alternatives	Discuss concerns with patient, the “handy charts” available on the Choice & Medication site can support such discussions

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