



ADDRESSING POOR ADHERENCE

BY LARISSA HABIB, MD



As my residency draws to a close, I find myself reviewing everything I have learned during these intense years of training. In addition to their clinical and surgical knowledge, I have been impressed by the wisdom shown by my mentors when faced with the challenge of poor adherence. They have displayed endless

patience for explaining the disease process and the need for strict adherence. I have seen their successes and watched them agonize when they have failed to get through to a patient.

From the patient's perspective, glaucoma treatment often offers no discernible improvement, yet therapy can prevent blindness. Added to the complexity are language barriers, cultural misconceptions, poor or absent insurance coverage, an inability to instill drops, and a lack of ready help.

In a resident-run clinic with an indigent population, gaining patients' trust and buy-in has often felt like running up a steep hill. By taking the time to talk with patients and understand the obstacles to their adherence, I was able to suggest possible solutions. One of my favorite patients came to every appointment with bags and bags of drops, and he expressed

anger and frustration that his glaucoma was progressing. He felt as if he were being told that his lack of effort was the cause. I had a long talk with him and his wife, and we decided to put each class of medication in a hard plastic container with the dosing directions listed on top. The discussion and strategy had a lasting effect on his glaucoma control and self-esteem. The patient is now proud of how perfectly he is able to follow his treatment plan.

I look forward to applying the lessons from my residency to my career, and I know that I will continue to learn from each patient whom I encounter. ■

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