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The Promotion of Therapeutic Adherence in Patients Undergoing Oral Cancer Therapy

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ABSTRACT

Background: In oncology clinical practice in recent years, the prescription of oral anticancer drugs has increased. This has led to an improvement in patients' quality of life, favouring autonomy and a sense of control over the disease compared to intravenous therapy, but also to the need to identify new strategies for the management and maintenance of therapeutic adherence (Divakaruni, et al. [1]). Some studies have evaluated the effectiveness of counselling interventions dispensed by nurses such as motivational interviewing, or brief cognitive-behavioural therapy interventions (Spoelstra, et al. [2,3]).

Objectives: Verifying the degree of adherence of patients treated at the Oncological Therapeutic Outpatient Clinics of the ASL of Alessandria undergoing Oral Cancer Therapy; verifying the effectiveness of a brief counselling intervention (Brief advice) administered to patients with no or poor adherence.

Methods: Cross-sectional observational study with re-test after intervention. Sampling was non-probabilistic. Inclusion criteria are age > 18 years and patients undergoing oral cancer therapy at the Oncology Outpatient Clinics of the ASL of Alessandria. Exclusion criteria are age < 18 years and cognitive impairment and psychiatric pathologies. The 8-item Morisky Medication Adherence Scale (MMAS-8) (Morisky, et al. [4]), in the validated Italian version, was used as the survey instrument. Patients with a score < 7 were considered non-adherent. Non-adherent patients were given Brief Advice.

Results: 191 patients were tested with the MMAS-8. 91% were adherent with initial education alone (n=174). 9% were non-adherent (n=17). Non-adherent patients underwent Brief Advice, but after 1 month only 16 patients were re-tested with MMAS-8 because 1 patient stopped oral therapy and was therefore excluded from the study. Of these, 87% (n=14) became adherent. Only 2 patients remained non-adherent.

Conclusions: The nurse has an important role in initial and targeted education through motivational counselling, and in monitoring patients over time, in order to make them increasingly autonomous in the correct management of oral cancer therapy at home. The nurse is an essential figure in dispensing therapeutic education and measuring related outcomes.

Keywords: Cancer; Motivational Interviewing; Oral Anti-Cancer Therapy; Patient Education; Brief Advice; Nurse; MMAS-8

Background

In oncology clinical practice in recent years, the prescription of oral anticancer drugs has increased. This has led to an improvement in patients' quality of life, favouring autonomy and a sense of control over the disease compared to intravenous therapy, but also to the need to identify new strategies for the management and maintenance of therapeutic adherence (Divakaruni, et al. [1]). There is a need to use tools that can improve communication with the patient, caregiver and family members (Bryant, et al. [5,6]). In the promotion of therapeutic adherence, nurses play a fundamental role, being an important reference for patients during the care pathway. The project consisted of a first phase of literature review by consulting the PubMed database. The review provided insights into the main barriers to oral cancer therapy: side effects and difficulty in management, such as remembering intake times, complexity or excessive duration (Paranjpe, et al. [7,8]). Therapeutic education is of paramount importance and an indispensable prerequisite for achieving therapeutic adherence. Data in the literature suggest that well-informed patients may have

better compliance, as they know the drug, are aware of the importance of taking it and agree with the therapeutic goals. Some simple strategies can help to improve oral therapy management: reminders or calendars, associating medication intake with normal daily activity, keeping medication in a safe and easily visible place. Given the widespread use of smartphones, the use of electronic reminders or alarm clocks may be suggested.

Sometimes, however, caregiver involvement is necessary (Bryant, et al. [5]). Although it is good practice to hand out information material, this is only proven to be effective if individual education, usually by a nurse, is applied. (Divakaruni, et al. [1,9,10]). Some studies have evaluated the effectiveness of counselling interventions dispensed by nurses such as motivational interviewing, or brief cognitive-behavioural therapy interventions (Spoelstra et al. [2,3]). It is defined by its main authors (Miller, et al. [11]) as 'a person-centred, actively directed method of enhancing personal motivation for change by exploring and resolving ambivalence'. Also derived from this school and theoretical model are shorter interventions, including minimal advice or brief advice, which utilises the theoretical principles of motivational counselling [11,12].

Objectives

- Verifying the degree of adherence of patients treated at the Oncological Therapeutic Outpatient Clinics of the ASL of Alessandria undergoing Oral Cancer Therapy;
- Verifying the effectiveness of a brief counselling intervention (Brief advice) administered to patients with no or poor adherence.

Methods

1. Cross-sectional observational study with re-test after intervention.
2. Sampling was non-probabilistic.

Inclusion Criteria

- age > 18 years;
- patients undergoing oral cancer therapy at the Oncology Outpatient Clinics of the ASL of Alessandria;

Exclusion Criteria

- age < 18 years;
- cognitive impairment and psychiatric pathologies.

Study Period

April-September 2024.

The 8-item Morisky Medication Adherence Scale (MMAS-8) (Morisky, et al. [4]), in the validated Italian version, was used as the survey instrument. Patients with a score < 7 were considered non-adherent. Non-adherent patients were given Brief Advice, a 3–7-minute communicative intervention using the theoretical principles of motivational counselling, in which the causes of the problem are investigated and, through active and empathic listening, solutions are sought, stimulating personal resources and motivation.

Chronoprogramme

- April-June: signing of consent to participate, delivery of information sheet on oral therapy management

and initial education to the whole sample;

- May-July: MMAS-8 administration to the whole sample;
- June-August: Brief Advice intervention to non-adherent patients;
- July-September: re-test with MMAS-8 post Brief Advice intervention.

Results

In the oncology outpatient clinics of Asl AL, 241 patients were taking oral cancer therapy at the time of sample enrolment. Of these, 5 patients who refused to participate and 35 patients who did not meet the inclusion criteria were excluded. A total of 201 patients were enrolled. 44% of the patients were male (n=88) and 56% female (n=113); the age group with the highest number of patients was 71-80 years (n=73). 39% have been taking therapy for less than 1 year (n=79) while only 2.5% have been taking therapy for more than 10 years (n=5). 67% take oral therapy exclusively (n=134), 24% in combination with subcutaneous or intramuscular therapy (n=48), 9% in combination with intravenous therapy (n=19). The most frequent primary tumour was 37% breast (n=75), followed by 20% prostate (n=41). From enrolment to completion of the MMAS-8, a further 10 patients were excluded: 3 stopped oral therapy, 2 no longer came in and 5 did not withdraw consent to participate in the study. Thus, 191 patients were tested with the MMAS-8. 91% were adherent with initial education alone (n=174). 9% were non-adherent (n=17). Non-adherent patients underwent Brief Advice, but after 1 month only 16 patients were re-tested with MMAS-8 because 1 patient stopped oral therapy and was therefore excluded from the study. Of these, 87% (n=14) became adherent. Only 2 patients remained non-adherent.

Conclusions

The initial assessment of therapy adherence showed that good initial education by nurses improves patient compliance. Some patients reported that the nurse's educational moment made them feel more taken care of and that they understood the importance of taking the oral therapy correctly. The Brief Advice then led to an important improvement in adherence, by searching together with the patient for possible solutions to barriers and stimulating personal motivation. In conclusion, therefore, we emphasise the importance of the nurse in

initial and targeted education through motivational counselling, and in monitoring patients over time, in order to make them increasingly autonomous in the correct management of oral cancer therapy at home. The nurse is an essential figure in dispensing therapeutic education and measuring related outcomes.

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