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LETTER

An insight into more factors affecting adherence to medications in the elderly

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Dear editor

We read the article "Medication adherence and beliefs about medication in elderly patients living alone with chronic diseases" by Park et al[1] thoroughly. They were right in stating that identification of barriers to patient adherence to a medication holds vital importance, and despite a proper plan devised by the physician, if the patient does not adhere to medication, management of a chronic illness can prove to be challenging.[1]

As part of a society where "quacks", alternative/herbal medicine, and faith "healers" are quite popular, this has an impact on patient approaches to medication.[2] Therefore, we would like to carry forward the discussion from this perspective with a broader viewpoint adjoining some factors other than patient beliefs that influence their attitude toward medication. A study was conducted in Malaysia that concluded that more than 40% people showed positive attitudes toward complementary and alternative medication (CAM).[2] Conventional medications prescribed for chronic illnesses often cause unwanted side effects. On the other hand, CAM has substantially fewer unwanted effects, and these outcomes make the elder patients opt for it instead of physician-prescribed drugs.[3] In addition to this, dismissive attitudes of health-care providers toward old patients further discourages doctor–patient relationships in the elderly. Generally, seniors are considered a burden on economy, with many other stereotypes.[4] This leads to poor care of this population, who then seek alternative easy methods for treatment. Concealment of CAM is a general trend within an elderly population, which further makes it difficult for doctors to realize that the patient has switched treatment.[2]

This is a wakeup call for health-care professionals to improve their communication with elderly people and approach them in such a way that can convince them to stick to their required medication. The doctor's role is of much importance in assessing whether or not the alternative treatment taken by the patient is suitable or if it is debilitating the condition, let alone improving it. Enhancement of physician–patient communication is an effective method to improve adherence.[5]

It is reported that for chronic diseases, patients withdraw from medication within the initial few months of treatment.[5] This is where the role of health-care workers is of great importance. There ought to be proper follow-up of each elderly patient, in order to make sure they take medicines in a timely fashion. Despite studies suggesting elderly people will be a large part of the population in the near future, there remains less development in the field of geriatrics. As such, geriatric programs should be introduced in medical colleges to develop the young minds of future doctors to deal with this situation. There is a need for further studies to assess such factors as alternative/herbal

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medicine and spiritual "healers", since this would result in more insightful outcomes in this domain. Living alone could also be a factor for lower adherence, and thus to evaluate this aspect further, Park et al's[1] results could be compared to those elderly living with their families.

Disclosure

The authors report no conflicts of interest in this communication.

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