

# Problems of Adherence to Drug Therapy in Medical Rehabilitation

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**Abstract.** Compliance is defined as “patient compliance with the treatment regimen and regimen.” Low compliance is a complex problem that can have both internal and external causes. It is customary to distinguish four groups of reasons: patient-related factors; therapy-related factors; factors associated with the doctor and factors associated with the environment (social aspect).

**Keywords:** Medical rehabilitation, compliance, drug therapy, adherence, pharmacotherapy.

## Introduction

The rehabilitation team works according to a rehabilitation plan formed on the basis of a rehabilitation diagnosis [1]. Each patient’s problem becomes a rehabilitation task for one of the members of the rehabilitation multidisciplinary team (MDT), which is reflected in the rehabilitation diagnosis

## Materials And Methods

It should be added that in the new rehabilitation model “Patient school”, conducted by a doctor and a psychologist, is considered an important and effective rehabilitation technology that should be paid for, like other interventions. Thus, the rehabilitation approach allows us to solve many problems related to ensuring adherence to therapy.

In order to implement the problem-oriented principle of the new rehabilitation model, planning drug therapy and ensuring compliance should begin with asking the patient and the rehabilitation team:

“Why isn’t the patient taking his medication?” The strategy for increasing adherence to treatment and rehabilitation includes the following tasks [2]:

- find out the cause and eliminate it;
- if it is impossible to eliminate the cause, then adapt the patient to this problem;
- transfer the responsibility for taking medications to relatives or loved ones;
- find an effective way to monitor your medication.

## Results And Discussion

Let’s take a closer look at some aspects. Literacy of the patient and his family means that the patient can read, understand, remember medical instructions and act on the information received. Patients with low literacy levels are less adherent to therapy [3]. Russia is characterized by a situation in which in villages and small towns patients do not believe in official medicine, do not trust doctors, are not accustomed to following recommendations, and have the habit of taking medications in courses, and not constantly, as required. This situation is associated with the low level of healthcare organization in these regions and the disappointment of the population with the medical care provided. An important part of the problem is insufficient information about medicine among the population. If in problem regions the quality of medicine is improved and regular meetings with patients and schools for patients and relatives are held, then within a few years the problem can be solved.

An important aspect of therapy and rehabilitation is patient education. Our study involving a group of patients in the acute period of stroke showed that if, upon admission to the hospital, patients are informed about the environment and features of the treatment of their disease, then they do not develop anxiety and depression [14]. Information about the environment should include information about the day, month and year at the time of admission, what happened to the patient, how he got to the hospital, what he is sick with,

how long he will spend in the hospital and how long he will have to be treated, familiarization with separation scheme, etc. Relatives were also informed.

Here are a few psychological techniques that can be used when talking with a patient about medications:

- 1) do not try to scare the patient: he may already be afraid, although he will not admit it, and will reject the information in the form of a defensive reaction;
- 2) forcing the patient is not the best strategy: the patient begins to resist what is imposed on him, so widespread prejudices arise that “all drugs are harmful”, “doctors benefit from prescribing drugs”;
- 3) offer an alternative - several similar medications to choose from;
- 4) discuss the financial issue - is the patient ready to spend money on medicines;
- 5) ask the patient whether he is willing to take medication, and if not, what is stopping him; invite the patient to choose an option to solve this problem;
- 6) respect the patient's choice;
- 7) if the patient does not know something, this does not indicate that he has “intellectual problems”; the patient may have a negative experience, and it is not always his fault;
- 8) give examples of other patients;
- 9) if you can't cope, contact a specialist (psychologist): attracting colleagues is a characteristic of a professional;
- 10) cooperate with the patient.

## Conclusion

Low compliance is a complex problem that can be caused by both internal and external factors. A multidisciplinary approach to rehabilitation makes it possible to involve any specialist in the rehabilitation team in solving compliance problems. The new model of medical rehabilitation allows us to obtain new tools for working with adherence. The rehabilitation approach requires rehabilitation specialists to analyze the situation and plan therapy on a long-term basis, assessing the prospects for the patient's entire life.

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