

Role of Motivational Interviewing in Adherence

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Overview of adherence research

- Focus on prevalence & predictors of adherence, research methodologies, and development of adherence measures
- Evolution of theories of human behavior: HBM, SR, SCM, SOC, TRA, SD e.t.c.
- Theories highlight
 1. Importance of motivation to change
 2. Importance of strengthening factors that prompt behavior change
 - » self-efficacy
 - » social support
 - » decisional processes
 - » patients' beliefs and illness perceptions

Medication adherence interventions

- **Behavioral:** involve strategies such as skill building, feedback, self-monitoring, use of reminders and tailoring
- **Educational:** achieved by educating patients about how to take their medications
- **Affective:** provide social support or empathy for patients either through individual counseling or group support
- **Provider-targeted:** strategies that aim at educating care providers or serve as reminders for them

Characteristics of effective interventions

1. Combination of multiple strategies such as involving different levels of care
2. Involve active patient orientation
3. Emotively supportive interventions that take into account patients' beliefs about their medications
4. Enhance patients' self-efficacy in their abilities to overcome barriers to adherence

What is motivational interviewing (MI)?

- A client-centered style of counseling that motivates people for change by helping them to recognize and resolve the ambivalence between their present behavior, their health and future personal goals and values.
- MI helps patients to
 1. clarify the goals they have regarding their health
 2. explore perceived barriers to recommended treatment
 3. make commitment to change.
- MI uses an effective communication approach

Theoretical Framework of MI

1. Theory of cognitive dissonance - creating inconsistencies in patients has an influence on their attitudes and behavior
2. Self-determination theory - patients' decision to change is predicated upon the importance they attach to the behavior
3. Transtheoretical model - patients' decision to change is predicated upon their readiness to change
4. Self-efficacy theory - patients' decision to change is predicated upon their confidence in their ability to do so
5. Self-regulation model - patients' perceptions of their illness and treatment offered them influences adherence.

Principles of MI

1. Expressing empathy
2. Developing discrepancy between patients' current problem behavior and goals
3. Avoiding argumentation
4. 'Rolling with resistance' rather than confronting or opposing it
5. Supporting self-efficacy and optimism for change.

MI Techniques

1. Reflective listening:
2. Eliciting self-motivational statements
3. Putting the responsibility for change on patients
4. Providing feedback to patients on their behavior
5. Providing patients with a menu of options for behavior change

Use of MI in health behavior research

- Alcohol and substance abuse - 17 studies
- Physical activity and diet - 6
- Smoking cessation - 2
- HIV risk reduction - 4
- Behavior Change Consortium -15 RCTs designed to improve healthy behaviors in diverse settings and patient populations

Characteristics of studies reviewed

Behavior	Studies with sig. ES	N (median)	Effect sizes	MI Duration (minutes)
Addiction	10 of 17	31 – 1726 (240)	0.3 - 0.95	30 - 240
Diet & Exercise	3 of 6	23 – 611 (245)	0.36 -2.17	40 – 200
Smoking cessation	1 of 2	40 and 536 (288)	0.23	10 and 30
HIV risk reduction	2 of 4	74 – 200 (144)	0.46 - 0.64	30 - 360

MI & Medication adherence

- Literature review revealed only 3 published studies, which tested MI in improving adherence to prescribed medications in patients with psychiatric illnesses - all three studies were effective in favor of MI
- Equally few studies are currently funded to evaluate the impact of MI on medication adherence
 - Adherence to HAART in HIV+ patients
 - Adherence to prescribed anti-hypertensive medications in African-Americans with hypertension in a community health center

Challenges of adapting MI to primary care settings

- Time constraints: what is the optimal duration of MI sessions & frequency of contact with patients
- Modality of MI delivery: In-person vs. Telephone counseling
- Training generalist providers, who often lack background in counseling and communication skills
- Treatment fidelity issues – process evaluation
 1. Did providers gain achieve minimum level of competence in MI? and Did their skills improve or decay over time?
 2. Was MI delivered as intended?
 3. What percentage of patients receive the treatment as intended?
- Appropriateness to various ethnic groups

Summary

- Motivational interviewing encompasses components of effective adherence interventions such as patient involvement, enhancement of self-efficacy and acknowledgement of patients feelings
- Offers opportunity to address patients' beliefs in primary care settings
- Mi can be performed by laypersons rather than professionals
- MI may be applicable to minority populations