EDITORIAL

NON-COMPLIANCE – THE PATIENT PERSPECTIVE

In many textbooks of clinical pharmacology, patient's non-compliance is considered a contributory factor in pharmacotherapy failure. It is worse when treatment has to continue for months, but still significant in short-term dosage regimens of up to 7 days.

Several factors are associated with non-compliance but they fall into the following categories: (a) the patient, (b) the physician, (c) nature of patient's illness, (d) the type of medication prescribed and, (e) the treatment environment.

A patient's perception of his/her illness is an important determinant. Patients frequently discontinue medication upon appearance of minor side effects because they have not been told that such reactions are common and expected. Educational, economic, social, cultural factors are closely intertwined with an individual's personality. Non-compliance occurs more frequently in geriatric patients because of lapses in memory or just self-neglect. Men, living alone, are more likely to default on medication than married men. Multiple medication and inappropriate dosage regimens promote non-compliance. The physician's relationship with the patient and particularly his/her ability to motivate and justify the treatment regimen may improve compliance.

A patient's behaviour towards his/her illness is not always dictated by rational reasoning. When our life is threatened we invoke the survival instincts. I got the impetus to write this editorial a few days ago after I suffered a bout of falciparum malaria. After failing to get significant response with a dose of sulphadoxine/pyrimethanine combination, I was put on a course of quinine. As a pharmacologist, I was fully aware of the side effects of quinine, particularly tinnitus and nausea. I had warned patients about these side effects and hastened to add that they are not life threatening. After taking the first 3 doses of quinine treatment there was definite improvement in the clinical symptoms of malaria. I was however alarmed when I noticed that after flushing the toilet, the familiar loud gushing sound of water had been replaced by a mundane, low monotonous murmur. My auditory function was clearly compromised. As further evidence of this, I could hardly hear telephone ringing clearly, from a distance of 100 metres. After agonizing over this unpleasant experience, I invoked my survival instincts and stopped medication. Instead, I started on artemether/lumefantrine combination and eventually recovered after taking the recommended 4 doses. In the meantime I found myself performing "toilet flush test" the toilet, repeatedly, to gauge recovery of my auditory function.

The above humbling personal experience should serve as a wake-up call to clinicians and pharmacists who often advise patients regarding unpleasant side effects of drugs. Such patient complaints are common with many drugs, the notable ones being nitrofurantoin used in urinary tract infections, metronidazole in amoebiasis, chloramphenicol and norfloxacin in typhoid, erythromycin in syphilis and iron salts in anemia. Perhaps all clinicians and pharmacists should be made to complete a dose of one or more of these drugs before being licensed to practice their profession. It is only then that they can appreciate fully the real significance of patient experience and therefore communicate meaningfully with distraught patients complaining about unpleasant drug side effects.

Editor-in-Chief.