

How can you improve treatment compliance in daily practice?

ACNE BASIC

Poor adherence, which is higher in chronic conditions such as acne, is associated with treatment failure. Yet half of acne patients are at risk of it, as shown by a recent international survey.^{1,2}

Considering the huge burden of acne, a greater focus on increasing compliance with medical treatment is needed to improve clinical recovery.³

Compliance in acne: multiple hurdles

Adherence is essential for any acne treatment to be effective. However, poor adherence with treatment is the primary problem, particularly because of the high proportion of teenagers.¹

The reasons for the high rate of poor adherence can be categorized into patient factors, physician factors, treatment-related issues, and disease characteristics.²



Acne has a few unavoidable characteristics that can be difficult for patients to accept:^{1,2}

- Clinical improvement is usually seen 6–8 weeks after treatment is started
- There may be an initial flare-up of inflammation
- Relapses are frequent and cures are not, causing treatment fatigue that may contribute to adherence difficulties

Poor medication adherence may be associated with several various factors.²⁻⁴

PRIMARY NONADHERENCE HURDLES (PATIENT NEVER STARTS TREATMENT)	SECONDARY NONADHERENCE HURDLES (MEDICATION IS NOT TAKEN AS PRESCRIBED)
Age (<15 years)	Lack of improvement
Little knowledge about acne and/or treatment	Regimen too complex
Poor physician–patient relationship	At least one side effect from treatment
Influence from the media or other physicians	Difficulty delaying satisfaction
Already has similar treatments	Busy lifestyle
Fear of adverse reactions	Forgetfulness
Poor QoL	Inconvenience
Confusion over how to use the treatment	Psychiatric comorbidity
Cost of treatment	

Hurdles to acne treatment adherence^{2,3}

Optimizing treatment adherence: first quantify and measure²

To optimize treatment adherence, it first needs to be quantified and measured. Several methods are available to assess adherence. A quick, effective, and approved tool that can be used in a clinical setting is the **ECOB questionnaire** described by Pawin et al (2009), in which adherence is considered poor if at least one answer is different from those expected. If a physician suspects poor adherence, it is important to investigate the reasons why it is suboptimal.

Improving compliance: there are solutions³

Considering the low rate of compliance with medical acne treatment and the associated risk of treatment failure, solutions for overcoming the hurdles have been developed. They lie in simplification, technology, and dynamic education.

INTERVENTION TYPE	INTERVENTIONS TO PRIMARY NONADHERENCE HURDLES	INTERVENTIONS TO SECONDARY NONADHERENCE HURDLES
Simplification	Consider postponing the therapy if the patient agrees and has little psychological distress and non-scarring acne	Simplify the regimen by using combination therapies
		Ask patients to incorporate use of their medication into their daily routine
		Ask patients to leave their medications in sight
Technology	Electronic prescription transfer to pharmacies	Automated text messaging
		Follow-up phone calls
		Follow-up with internet-based surveys
		Recommend smartphone apps
Dynamic education	Verbally and visually educate the patient about their condition Provide written information (i.e. handouts/leaflets) or online resources on acne and their specific treatments, including expectations	Determine if the patient is using the medication correctly. If not, educate the patient again
	Discuss treatment options with other physicians	If therapy is truly ineffective and there is no improvement, abandon treatment and consider alternatives
	Debunk myths by proactively educating the patients about side effects	Proactively address anticipated side effects
	Instruct the patient by giving a demonstration	Use adjunctive medications, including dermocosmetics
	Use open-ended questions and avoid nonjudgmental and accusatory remarks	Consider comedone extraction and cyst drainage
	Understand the pervasive nature of the media and its influence on patients	Simplify the regimen
	Ask about previously prescribed treatments and satisfaction with them	Consider psychiatric consultancy, psychotherapy, or forming acne vulgaris support groups
	Demonstrate medication use	
	Know which insurance covers what medications	

Interventions to acne treatment hurdles^{2,3}

Appropriate skincare and cleansers: effective solutions to improve compliance and treatment outcomes

An essential component of acne management with positive effects on compliance is the appropriate selection and use of skincare and cleansers.²

A recent observational, non-interventive study was carried out in 72 Dermatology Departments in Spain (ACTUO Trial) with 643 acne patients. It showed that **good adherence to adjuvants is associated with a 2.2-fold increase in the probability of compliance with topical pharmacological treatments**, and with significant reductions in the severity and number of acne lesions. Investigators concluded that good adherence to adjuvant treatment was associated with positive treatment outcomes in mild to moderate acne patients.⁵

GOING FURTHER

Factors that may influence treatment adherence: results of an international survey¹

Design

International cross-sectional observational study of dermatologists and a cohort of acne patients returning to the dermatologist for a follow-up visit.

3,339 patients were included in the analysis



Objectives

- To evaluate the risk of poor adherence with acne therapies
- To identify major factors influencing adherence in patients treated with topical and/or systemic agents using the approved ECOB questionnaire.

Results

- Overall rate of poor adherence risk : 50%



- Risk of poor adherence by treatment type:
Total: 50% – Only topical: 40%
Combination systemic + topical: 60%

Factors correlated with poor adherence

- Patient dissatisfaction with previous systemic therapy
- Poor patient knowledge about treatment
- Young age (<15 years)
- Consultation with a primary care physician
- At least one side effect

Factors with an independent positive effect on adherence

- More severe acne
- Good clinical improvement as evaluated by the physician
- Good patient satisfaction
- Knowledge of acne treatments
- Use of dermocosmetics (skincare and cleansers)
- Treatment with topical therapy only or isotretinoin

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