Taking Your Medicine

If you take any medication on a routine basis, chances are you’ve forgotten a few pills, or fudged the dosage amount. That’s no big deal, right? Wrong. Medication compliance is vital, and disregarding orders for taking meds can have serious or even deadly consequences.

Experts with the Methodist Health Care System define medication compliance as “the extent to which a person’s use of medications coincides with medical or health advice.”

Noncompliance, on the other hand, is “a substantive deviation from the way in which the medication is prescribed,” says Dan Stryer, MD, acting director of the Agency for Healthcare Research and Quality’s Center for Quality Improvement and Patient Safety. That definition applies to both prescription and over-the-counter drugs, Dr. Stryer says. For example, while missing one dose out of 30 may not be described as a “substantive deviation,” missing five or 10 would be.

Problems linked to noncompliance

According to the American Heart Association,

- Twenty-two percent of Americans take dosages less than the amount prescribed for them.
- The No.1 problem in treating illness today is people not taking prescription meds the right way, no matter what patient age.
- Ten percent of all hospital admissions are the result of people failing to take prescription drugs the right way.

Medication noncompliance is a serious problem for a wide range of health problems, resulting in adverse health and economic outcomes, according to the American Medical Association. Some disturbing consequences of noncompliance are:
• increased hospitalization, with 10 percent of admissions to hospitals due to not complying with prescribed drug care
• cases of people with many illnesses dying, failing to get better, or having their conditions worsen
• increased direct costs that range from the added cost of unused drugs to more doctor’s office visits to increased hospitalizations, and indirect costs from lost productivity, absenteeism and lost earnings

In fact, an Ohio State University study found that noncompliance with prescription drugs causes 125,000 deaths and costs about $75.6 billion each year.

Noncompliance takes a toll both on an individual basis and on a societal level, Dr. Stryer points out. For example, noncompliance with antibiotics regimens can cause bacterial resistance to the drug, resulting in problems for sick patientspeople and the doctors trying to treat them, he says.

**Causes of noncompliance**

There are many reasons people don’t follow medication orders, and the problem affects all segments of the population—although older adults may be at higher risk.

Issues influencing compliance include:

• the “health literacy” of people—the ability to read and understand drug orders
• mental traits and behaviors
• forgetfulness or dementia
• cost considerations
• lack of information or incomplete information about meds from doctors

Even highly motivated people may have trouble following drug regimens, especially those with multiple prescriptions or complicated instructions.

**Help with compliance**

Experts offer a wide range of ideas for helping with medication compliance—although the best compliance aids vary depending on the person.

• Before starting a new prescription, ask your doctor about the name of the drug, any potential side effects, the condition it will treat, how it works, when and how you should take it, how long the regimen will last, if it will interact with other drugs or foods, what to do if you forget a dose, and if you can take home printed information about the medicine.
• Tell your doctor if you are or might become pregnant, and if you have any drug allergies.
• Work with your doctor while you’re taking meds. Ask about results of tests that show how the meds are working for you, and be sure to bring up any problems you have with them. Talk about how you have felt since you started taking the drug.
• Keep a record of all meds (including over-the-counter and herbal) you take and discuss them often with your doctor and pharmacists. Drug interactions can be fatal.
• Read all dosage instructions—whether the drug is a prescription or over-the-counter—and follow them exactly, including using precise measurements. Heed warning labels. Make sure you understand the directions, and ask your doctor or pharmacist if you have any questions. Post any printed instructions in an obvious place.
• Don’t use meds after the expiration date. Throw them out in a place where children or pets can’t find them.
• If cost is a concern, ask about a generic version or other lower-cost options.
• If needed, use special tools to help you remember your drug regimens, such as pillboxes, beepers, alarms, or timers.

Dr. Stryer stresses honesty and communication as the main factors in medication compliance. “People have to be honest with themselves and question whether the real problem they’re being noncompliant is that they just don’t remember, or because of some other reason,” he says. “The important thing is that patients talk to their providers and pharmacists about these issues. We should be able to figure out ways to make medication fit with their lifestyle and priorities. They shouldn’t assume they have no choices.”

Resources

National Council on Patient Information and Education
www.bemedwise.org

National Institute on Aging
www.nia.nih.gov/

Facts About Phobias

Fear is a normal emotion. It warns us of danger, keeps us from acting recklessly and helps us stay alive. But fear can be so strong that it stops serving its useful purpose and starts getting in the way of normal life. That’s when it crosses the line into phobia.

Take the fear of heights. Up to a point it is healthy. If you feel a bit nervous when perched on a high, exposed place, like the edge of a cliff, your brain and body are telling you to be careful. But if you turn down an offer for a job because the office is on the top floor of a high building, your fear is hurting you. It’s a phobia. You need help. You can’t fix the problem by dodging the thing
you fear. If anything, that makes the phobia worse. Phobias can lead to sadness, drug use, social seclusion and even suicide.

**Phobia types, from specific to social**

Fear of heights, called *acrophobia*, is a **specific phobia** (or **simple phobia**). There are many of these. They range from fear of spiders and dogs to fear of flying and dental visits. In all these cases, the fear is about a certain situation or thing. It may not always be quite what it seems, though. Fear of flying may not be simply a fear of plane crashes. It may be a fear of close quarters, germs, or having to deal with strangers.

There are two other major phobia types: agoraphobia and social phobia. Agoraphobia means a fear of public gathering places or wide-open spaces. It is a fear of having panic attacks in public or when not able to get help. Those who have it avoid places where they feel unsafe if an attack occurs. They find it hard to be alone or to leave home without a close friend. This phobia can be very disabling, making it hard to hold down a job, travel or have normal relationships.

**Social phobia is a fear of embarrassment around others, specifically when performing or interacting with others.** It is what makes many people scared of speaking in public. Their fear is so strong that it gets in the way of work and relationships. People who have it avoid situations in which they see themselves being watched or judged. They might skip meetings at work. Or, if they can't get out of social events, they may drink heavily to get through them. Social phobia can take specific forms, such as a fear of using public toilets. It is also known as social anxiety disorder.

**Who has phobias, and why?**

Phobias are a common problem. The National Institute of Mental Health (NIMH) says about 30 million American adults will have a specific phobia at some point in their lives. Nearly as many will have social phobia. About 3 million will have agoraphobia. Sadly, most phobias are not treated. The NIMH says about 32 percent of adults with specific phobia get help. Treatment rates for social phobia and agoraphobia are a bit higher: 40 percent and 46 percent.

Many live with a phobia for a long time before getting help. The Anxiety and Depression Association of America (ADAA) says 36 percent of people with social phobia have symptoms for 10 or more years before they get help.

Phobias tend to start in the teens or early adult years. The ADAA says social phobia is equally common in men and women. Twice as many women as men have specific phobias. Women also are twice as likely to have panic disorder, which often results in agoraphobia.

The cause of phobias is not clear. Phobias may start with an event, like being bitten by a dog. But often that's not the case. Both genetics and upbringing may play a role. A shy child may start out with a fear of social situations; the child's parents may add to that fear by being socially nervous.
Treatments that work

In treating a phobia, the object is not to learn what started it but rather to change the behavior that keeps it going. For people with phobias, the key behavior is “avoidance of triggers that make them anxious,” says New York-based psychologist Simon Rego. This in fact heightens the phobia. The fear can also spread to other parts of life.

The good news about phobias is that there are ways to treat them. Most of these methods are forms of cognitive-behavioral therapy (CBT), which helps people learn new ways of thinking and acting in situations that cause fear. One common type of CBT for phobias is exposure therapy. This breaks down people’s fear by slowly increasing their contact with the things or situations that frighten them. For social phobia, this may start with speaking to a small group of close friends. Then, step-by-step, the group widens. For agoraphobia, it may start with walking out of the house to get the mail, then driving around the block. Drugs and relaxation therapy may also be used in treatment to ease anxiety.

Resources


The NIMH has information on phobias at its page on anxiety disorders (including phobias): www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

Medline Plus, a website of the U.S. National Library of Medicine, has information on phobias at www.nlm.nih.gov/medlineplus/phobias.html

The Mayo Clinic has a useful overview of phobias at www.mayoclinic.org/diseases-conditions/phobias/basics/definition/CON-20023478?p=1

How Do I Know If I Have Panic Disorder?

You don’t know what just happened. All of a sudden, your heart was pounding and you could hardly breathe. Your whole body started to sweat and shake. The pain in your chest made you think you were having a heart attack. It scared you and, in fact, you thought you were about to die!
By the time you reach the emergency room, though, your symptoms have subsided. You feel relieved but also confused. Your heart is no longer racing but your mind certainly is. What was that? What is the matter with you? After a lot of questions and tests, the results come back. The ER doctors can find no physical reason for the attack. Now you are really confused, and scared.

You may have experienced a panic attack. Panic attacks can happen to anyone, anywhere. They can strike without warning and for no apparent reason. They are very similar to a person’s natural “fight-or-flight” response to danger. The difference is panic attacks can occur even when there is no threat of danger.

**Types of panic attacks**

There are two types of panic attacks—expected and unexpected. A person who has an expected type of attack is aware of some sort of trigger. The attack could be due to a stressful event or drug use, for instance. These types of attacks are more common with phobias or other disorders, such as claustrophobia or social anxiety disorder.

An unexpected type of panic attack seems to occur out of nowhere. It is the more common type linked with panic disorder. It is not a response to any danger. It can occur in any setting and for no real reason.

Panic attacks can even happen during sleep. These are known as nocturnal panic attacks, and they differ from nightmares or sleep apnea. They wake the person up from non-REM stages of sleep and can be very startling.

**Symptoms of panic attacks**

Panic attacks come on quickly and generally subside within about 10 minutes. On rare occasions, they may last for up to an hour. Panic attacks are marked by an intense fear. This fear can be so great that it lingers for several hours after an attack. In addition to extreme fear, panic attacks can produce any of the following symptoms:

- Racing or pounding heartbeat
- Trouble breathing
- Choking feeling
- Chest pains
- Dizziness
- Sweating
- Shaking or trembling
- Nausea
- Hot flashes or chills
- Numbness or tingling
• “Out of body” feeling
• Feeling of losing control
• Feeling of dying

Panic attack symptoms can be similar to those of heart attacks or respiratory issues. For this reason, a person should be thoroughly tested to rule out these or other medical conditions. Sometimes a person will have to see several different doctors before being properly diagnosed.

Having just one panic attack does not mean you have panic disorder. Many people will have one or two attacks in their lives and no more. People with panic disorder have recurring panic attacks and often live in fear of the next one.

**The fear of fear**

As scary as panic attacks are, they are not considered dangerous. The greater danger is from the overwhelming fear they can create. You might become convinced that you have a serious physical illness. You may go from doctor to doctor, trying to find a medical explanation. The fear can be so restricting it prevents you from leading a normal life. You may start to avoid places or situations where you had an attack. You may start to withdraw from friends and loved ones. You may stop doing many of the things you used to enjoy.

If left untreated, you can start to develop certain phobias. You might become afraid to go the grocery store or to drive or to fly, for instance. You may even develop a condition known as agoraphobia. This is an extreme fear of situations where the person might feel trapped. This can include being in crowds or lines, open or enclosed spaces, or using public transportation. The person will avoid such settings at all costs for fear of having a panic attack. In some cases, people are afraid to leave their own home.

**Ending the fear**

If you have experienced panic attacks and are fearful of having another, please consider seeking treatment. A mental health doctor or licensed therapist can determine if you have panic disorder. People with this disorder respond very well to treatment. There is no reason to feel ashamed or to live in fear any longer. Recovery is possible.

**Resource**

American Psychological Association
www.apa.org
Achieve Solutions, offered by Beacon Health Options, is a behavioral health and wellness website filled with thousands of educational articles and tools for employees and their family members.