

Enhancing Compliance in Contact Lens Wearers

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Abstract

Evidence that non-compliant behaviour is a significant risk factor for contact lens complications is well recognised by eye care professionals, and non-compliance has been extensively documented in the medical literature. Limited research has addressed how best to promote and maintain compliance in contact lens wearers. Compliance is the responsibility of both patient and practitioner. This paper explores the Health Belief Model to better understand patient behaviour, and by building on the patient practitioner partnership, suggests strategies to enhance compliance in the short and long term.

Learning Objectives

- To review the degree and potential consequences of non-compliance in contact lens wearers
- To understand patient behaviours and how to influence
- To highlight strategies to enhance compliance
- The ability to tailor compliance strategies to different individuals

Scope

The presentation will review all areas of potential non-compliance in contact lens wearers, including general hygiene practices, lens wear, care and replacement (not forgetting lens case) and follow up aftercare , both routine and what to do if a problem arises.

Definitions

Compliance n. Action in accordance with request, command

Adherence a. & n. Giving support to (agreement) behave according to

Concordance Involvement of the patient in decision making to improve compliance.

Recent health care policy places an emphasis on individual responsibility for health and compliance with professional advice

Reasons for Non-Compliance

Non-Intentional

- no education
- poor communication
- forgetfulness

Intentional

- unaware of consequences
- no problem to date
- won't happen to me

Health Belief Model

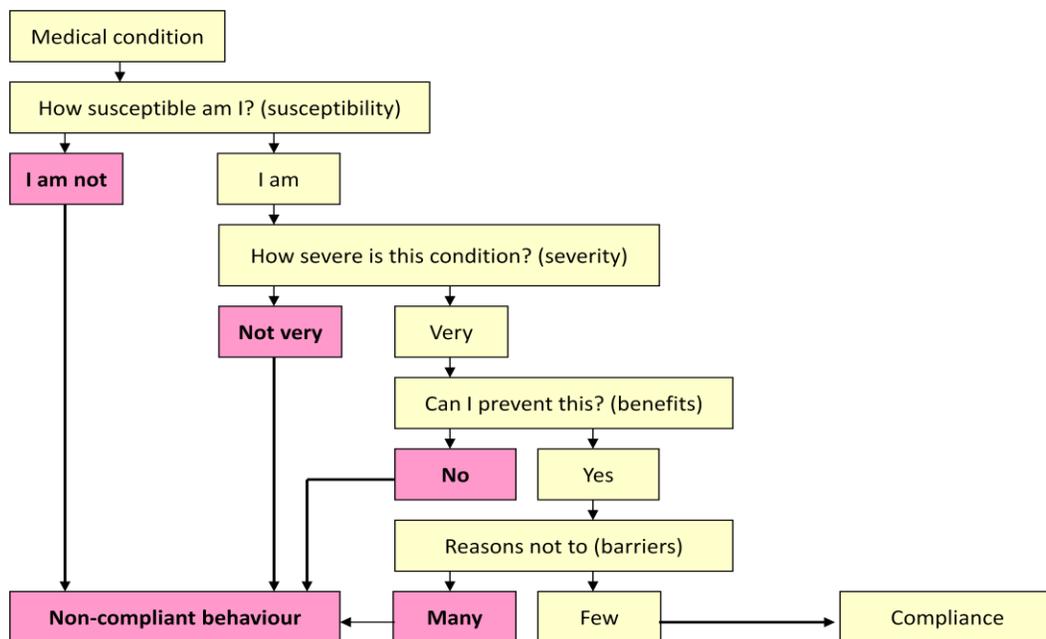
Four dimensions of Human Belief Model

1. Susceptibility

2. Severity

3. Benefits

4. Barriers.



Becker M & Maiman L 1975 ; cited by Sokol J et al. CLAO J 1990 16:3 209-213

Prescribe Convenient Products

- Understand patient wants and needs
- Consider ease of use and simple procedures
- Communicate benefits; address barriers

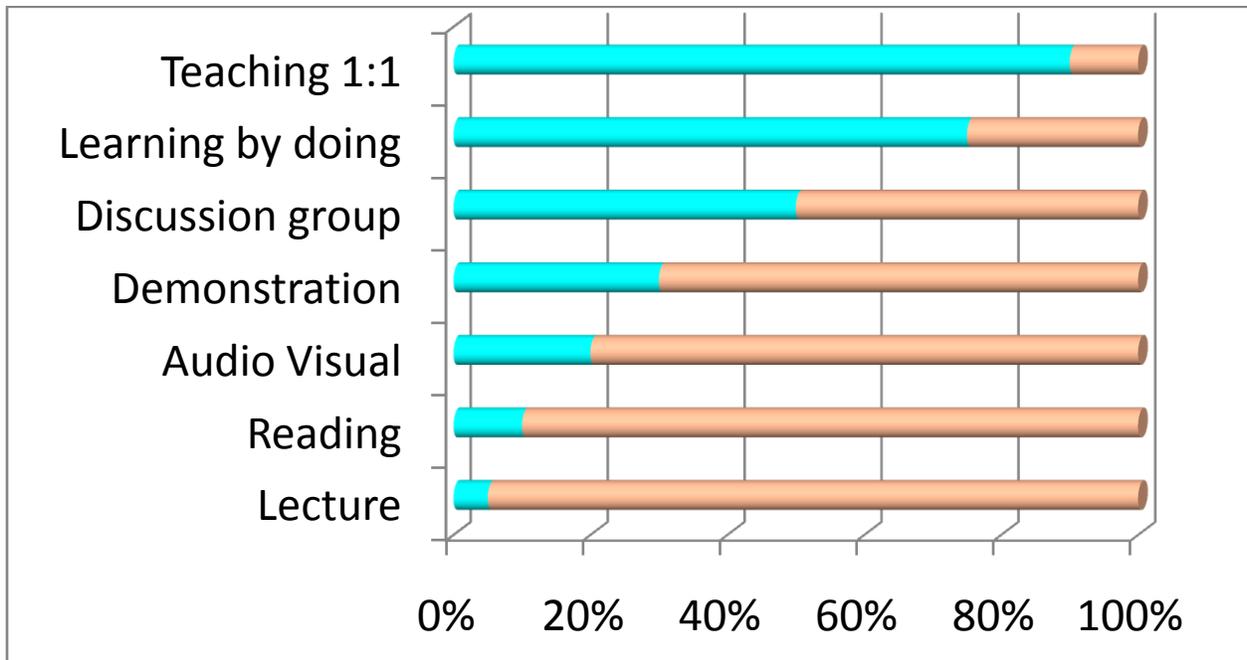
"The Mediocre teacher tells. The Good teacher explains. The superior Teacher demonstrates. The Great teacher inspires"

William Arthur Ward

Patient/Practitioner relationship can influence compliance.

Thompson B et al. Clinician Interpersonal Communication Skills and Contact Lens Wearers' Motivation, Satisfaction and Compliance. *Optom Vis Sci* 1990 67:9 673-678

Effective Education



"Learning Pyramid" cited by Wood E. Problem Based learning: Exploiting knowledge of how people learn to promote effective learning 2004

No single instructional method suits all learners

Effective Communication

Consider verbal and non-verbal communication methods

- use appropriate language (no jargon)
- more do's than don'ts
- use memorable analogies
- be specific; do not generalise
- tone of voice
- body language
- use open questions

Active listening

Can improve compliance, patient satisfaction, reduce clinical time and reduce any risk of malpractice.

Levinson et al. Physician-Patient Communication *JAMA* 1997; 277: 553 -559

Do and Demonstrate

Look for clues, listen for cues and give specific advice to contact lens wearers.

Cultivate compliance in your practice and ensure all staff are aware of its importance. Continually look for opportunities to educate.

Never assume compliance – use questioning techniques to probe for areas of non-compliance.



Use Simple Messages

Explain what to do and why

Provide Written Information

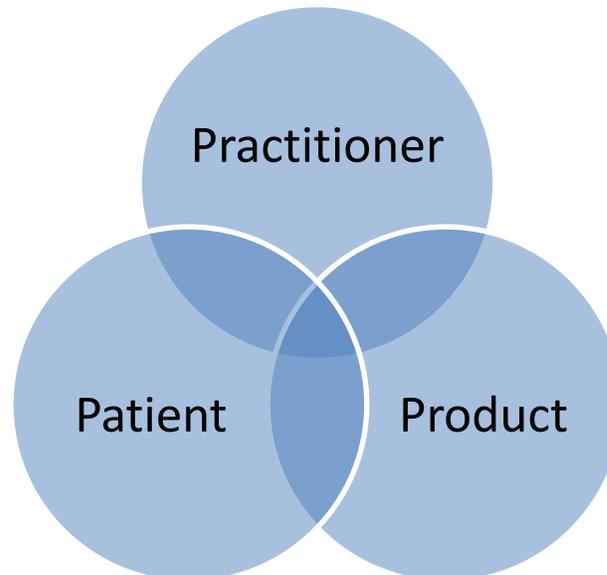
- clear & concise
- relevant & consistent
- consumer tested
- consider illustrations
- give additional information sources
 - website address
 - telephone advice

Fylan F & Grunfeld E Information within Optometric Practice: comprehension, preferences and implications *Ophthal Physiol Opt* 2002 22 333-340

Dickinson D et al Patient Information leaflets for medicines :using consumer testing to determine the most effective design *Patient Education Counseling* 2001 43 147-159

Key Messages

Compliance is a partnership



Claydon B & Efron N. Non-Compliance Review *Ophthal & Pyisol Optics* 1995

Understand key and ongoing role of the practitioner in enhancing compliance.

No single intervention strategy effective. Comprehensive interventions combine cognitive, behavioural and affective components.

Roter D et al. Effectiveness of Interventions to improve patient compliance: a meta analysis. *Med Care* 1998 36:8 1138-61

- Relevant Education
 - understand patient behaviour & meet needs
 - communicate benefits; recognise barriers with CL wear and care
 - address common modifiable risk factors
 - tailor communication for different individuals
- Effective Communication
 - engage & empower patient
- Motivate & Cultivate Compliance in Practice
- Review, Remind & Reinforce

Learning & Forgetting

Education cannot be a single event; retention of information drops with time

Regular review, positive reinforcement and reminders important

Consider embracing new technology to facilitate recall and reminders

Value the aftercare visit

Opportunity for practitioner to reinforce best practice and/ or to intervene

Contact Lens Purchase via Internet/Mail order = increased Risk MK (Odds Ratio 4.76X)

- Stapleton F et al. Incidence of CL related Microbial Keratitis *Ophthalmology* 2008

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Jane Veys is Education Director for THE VISION CARE INSTITUTE® in Europe, Middle East & Africa region. Jane has been involved in optometry for over 25 years, and has broad experience in optometric practice, education, clinical research and industry.

Following clinical practice and research experience both in UK and Australia, Jane was appointed Research Manager for the European Centre for Contact Lens Research in Manchester. Joining Johnson and Johnson in 1993, she has held senior management positions in Professional & Clinical Affairs.

She is a fellow of the BCLA , AAO, and IACLE, and has lectured and published internationally. She has authored an award winning online Continuing Education Series and published a textbook on Contact Lens Practice.