Owner Compliance

The Role of the Veterinary Nurse in Ensuring that the Patient is Properly Medicated
Compliance - definition

- The owner or person in charge administers…
- The right medication…
- At the correct dose…
- By the correct route…
- At the right time…
- In the correct way…
- To the right patient

- Some people prefer the term “adherence”
Compliant or non-compliant?

- Genuinely compliant
- Innocently non-compliant
- Knowingly but not deliberately non-compliant
- Deliberately non-compliant
Innocently non-compliant

• The owner believes that he/she is compliant

• Examples from two-part vaccines:-

• UK farmer telephoned Technical Services to say that he had vaccinated all his cattle and to ask what he should do with the brown powder in the other bottles

• Tallaght lady got (human) nurse from next door to inject her dog with the CPV-L component, then took the top off the DA2Pi component and “sprinkled it on his food, and he ate it all up without any problem”
Innocently non-compliant - Stronghold™

Press down on the cap to pierce the tube then, remove the cap

Apply to the skin at the back of the neck

Even when treating for ear mites!
Innocently non-compliant – importance of food

- Some medications must be given on an empty stomach, others must be given with food, e.g.
  - Selgian™ (for behavioural disorders)
    - Must be given in the morning to fasting dogs
  - Cerenia™ (anti-emetic, for motion sickness)
    - Must be given with food, which is counter-intuitive
    - Otherwise the tablets may induce vomiting
  - Trocoxil™ (for osteoarthritis)
    - Give with food, to enhance absorption
Effect of food on Trocoxil™ absorption

Therapeutic level
Knowingly, but not deliberately, non-compliant

• Owner knows what to do, but doesn’t do it
• Forgets to do it?
• Can’t do it?
Giving tablets to a dog
Giving tablets to a cat
Deliberately non-compliant

- Owner decides not to administer the treatment at all,
- Or decides, deliberately, not to adhere to the treatment regime, e.g.
  - Changing the dose
  - Changing timing of the treatment
  - Different route of administration
  - Stopping treatment early
Long-term **continuous** treatment of osteoarthritis

![Evolution over time of "pain on movement" graded by investigators](image)

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Consequences of non-compliance

• Treatment (or vaccination) failure
  – Failure to eliminate infections
  – Failure to cure or control other conditions
    • E.g. Disability, pain, diabetes, cardiovascular disease, etc.
  – Disease in vaccinated (?) animals

• Development of resistance
  – Bacteria
  – Parasites
Non-compliance - whose problem is it anyway?

- **Patient**
  - Prolonged recovery / failure to recover / vaccination failure
- **Owner**
  - Dissatisfaction
- **Veterinarian & the veterinary practice, including the nurses**
  - Damage to reputation, loss of future business, etc.
  - Resistance to antibiotics / parasiticides
- **Manufacturers and distributors**
  - Damage to product reputation, loss of sales
The Health Belief Model

Demographic Variables
- class, gender, age, education, etc

Psychological Characteristics
- personality, sensitivity, beliefs, etc

Perceived susceptibility
- Perceived severity
- Perceived benefits
- Perceived barriers

Health Motivation

Cues to action

ACTION!
Factors influencing compliance

- At least 250 have been identified
- Three headings...
  - Organisational
    - Consultation
    - Treatment
  - Educational
    - Disease
    - Treatment
  - Behavioural

Better compliance
Confidence in care
Better outcome
Organisational factors - the consultation

• Individual appointments
  – Also, ease of making appointments, etc.
• Ease of access & car parking
• Short waiting times
• Comfortable, uncrowded, waiting areas
• Continuity of relationships
  – With vets, nurses & other practice staff
• Unhurried consultations
Quality of the consultation experience continued

- Vets’ & nurses’ communication skills and style
- Confidence in the diagnosis
- Satisfaction with the level of care
- Concordance *versus* compulsion
Organisational factors - the treatment

- Cost of medication
  - But don’t make the decision on behalf of the owner
- Multiple medications
- Complex treatment regime
- Difficulty of administration
  - Including disruption of routine
- Side effects, real or perceived
  - And anxiety about side effects
- Previous treatment failures, real or perceived
- Good or bad response to treatment (real or perceived)
Organisational factors – more treatment factors

- Frequent changes in medication or regime
- Once-off change in medication
- Parenteral administration
- Prolonged treatment
  - Loss of interest
  - Habitual
- Long-acting formulations
  - Better chance of continuous treatment, but
  - Greater consequences if a treatment is missed
Educational factors - knowledge of the disease

- Risks
- Clinical signs and symptoms
- Control
  - Including transmission, if applicable
- Consequences
- Prognosis
Educational factors – knowledge of the treatment

- What it is
- What it does
- How it works
- Storage conditions
- Treatment regime
- Side effects
Concordance versus Compulsion

• Chances of compliance improve if the owner is convinced that he/she is doing the right thing, instead of just following instructions

• Concordance requires four components…

• Owner must have enough knowledge to participate as a partner

• Vets and nurses must be prepared to work in partnership with owners

• Prescribing consultation must involve owner as a partner

• Owner must be supported in giving treatment
Role of the veterinary nurse #1

- At the start of the first consultation…
- Deliver satisfaction with the standard of care
- Making appointments
- Friendly reception
- Caring attitude
- History taking
  - Formal / Triage
  - Informal / Casual
- May need a mechanism to communicate information to the vet
Role of the veterinary nurse #2

• At the end of the first consultation…
• Educate the owner
• …about the diagnosis and the disease
  – Vet must tell you the diagnosis
• …about the treatment
• Reinforce the vet’s messages
  – Verbally, with written / printed materials, demonstrations and/or supervised administration
  – You must know everything about the product / treatment
• Check for understanding & invite questions
Role of the veterinary nurse #2 continued

- Facilitate compliance
- Education
- Encourage use of calendars or diaries
- Advise on timing & development of habits
- Specialised pill-boxes ?
- Explain about “counting backwards to move forwards”
- Reminder service ?
  - From the practice
  - From the manufacturer
Role of the veterinary nurse #3

• At revisits (or follow-up over the ‘phone)
• Take the history since last visit
• Check for compliance
  – Non-confrontational
  – Be clever, subtle and devious
  – Use practice records as a reference point
    • Treatments prescribed / dispensed, versus treatments unused or end of treatment
• Determine the owner’s problems and concerns
• Communicate the information to the vet
Role of the Veterinary Nurse

…is to “bridge the gap” between the wishes of the vet and the special problems and/or concerns of each individual owner
Thank You for Listening
Damian O’Donohue, MVB, MVM, MRCVS
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