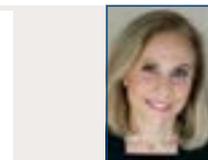


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# Nonadherent? Let's list why, when ...

... and how. Work, children, comorbidities, aging — the litany of reasons grows.

I recently considered the reasons why some patients are not adherent to their medications. It seemed impossible, but the list has grown longer. Compliance by our patients has always been a challenge, but now even more so.

## BEES IN OUR MIDST

Our patients have lots going on in their lives.

Most of them work. Depending on their age, they could have young children, aging parents, or both, to look after. For them, 24 hours a day is hardly enough to see to everyone's needs. Adding another 10 minutes to see to their own is considered impossible.

For those who travel, it's enough to remember their boarding pass, let alone the specific sequence of glaucoma drops to put into their eyes or the hot compresses on their eyelids for their meibomian gland dysfunction. And even if they have no one to care for or they stay put for their jobs, people today tend to pack their lives with all manner of pastimes.

## OTHER DISEASES

Our patients don't just have eye issues. A study by Lin et al. done five years ago to assess the prevalence of certain comorbidities with open-angle glaucoma found that half of the study group (n=76,673) had hypertension; 30% had high cholesterol or diabetes.<sup>1</sup> Other diseases found prevalent included systemic lupus erythematosus and depression.

As for Parkinson's disease and its relationship to diabetic retinopathy, a study by Tian et al., just published, talks about the pathophysiology the two diseases share; dopamine deficiencies are deleterious in both.<sup>2</sup> How can a patient whose hand is shaking infuse her eye with drops effectively? She might miss her eyes altogether and wash her face with them.

It's basically impossible for patients to adhere to all therapies recommended; our patients can only do so much.

## OUT OF THEIR CONTROL

Patients forget — either to instill the drops, or if they dosed themselves. This is a two-tier

problem: because they forget, they use the medication more frequently than prescribed and consequently, go through the bottle too quickly. Then their insurance won't let them get an early refill.

Strokes, osteoarthritis, rheumatoid arthritis, accidents involving hands; these all can affect compliance. RA can make their hands so weak they may not be able to squeeze the bottle.

Cost is another huge issue affecting compliance. Patients try to extend their medications for this reason. For example, instead of using a medication BID, they may use it once a day; or instead, they skip a day and use it every other day.

Next month, we'll talk about possible solutions to adherence. If you have any ideas to contribute, please let me know. **OM**

## REFERENCES

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2. Tian T, Li Z, Lu H. Common pathophysiology affecting diabetic retinopathy and Parkinson's disease. *Med Hypotheses*. 2015;85:397-398.