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The realization that patients do not always do what their doctor recommends has led to a whole area of research looking into why this is so and how to counteract it. If we assume that the practitioner is right (an area of research in itself, of course!), then how do we get the patient to follow that advice? If you have high blood pressure, but don't take the tablets is this remiss or empowering? Are you ignoring your health needs or taking control of them? As always, definitions are necessary so that everyone knows they are talking about the same thing. Medication-taking behavior has now spawned a lexicon of terms that are useful in the research setting, but lead to confusion outside of it. What is the difference between concordance and compliance, or between adherence and persistence? A physician-led approach to prescribing treatment came to be described as "compliance" in the medical literature of the 1950s. This word quickly became unpopular for its judgmental overtones and alternatives were sought. "Adherence" was then introduced and was used interchangeably with compliance. Amongst a number of problems, the terms "nonadherence" and "noncompliance" make no distinction between someone who takes some or none of their prescribed treatment. Additionally, these terms shed no light on the reasons or motivations for a patient's medication-taking behavior. Rates of refilling for prescriptions have been used as a method of measuring adherence and is also another means of testing "persistence". This term is relatively recent, and describes the duration of continuous medication use. In clinical practice, the term is probably of limited value to physicians when describing patient behavior and may serve a more useful purpose in the pharmaceutical industry, as it commonly refers to how frequently a patient will collect a prescription for a certain treatment with little regard to its effectiveness or whether it is actually taken or not. It is increasingly understood that clinicians require a far greater appreciation of the patient's perspective of their condition and the need to foster a working partnership to achieve this appreciation. The creation of an agreement between parties as to how to move forward, instead of a mere giving and receiving of instructions, is perhaps the most positive approach. Termed "concordance", this concept has seen an increased usage in the past decade or so to describe a more equal relationship between physician and patient. It describes a change in culture and builds on the idea of a shared responsibility. The emphasis is more on setting out the goals of therapy and not arbitrarily enforcing a treatment regime. Of course, the bottom line is that it doesn't matter what you call it as long as the patient takes the correct medication at the correct time and at the correct dose. Cognitive and social problems have an impact upon this as do the frequency and total number of medications the individual takes. All these need to be taken into consideration when prescribing and reviewing medications, but intuitively it seems much more likely that the patient who understands why they are taking a treatment is much more like to take it. This is why I think that the term we should all use is in fact the one we are actually aiming for anyway - concordance. Articles from Patient preference and adherence are provided here courtesy of Dove Press Scott FraserSunderland Eye Infirmary, Sunderland, UKThe realization that patients do not always do what their doctor recommends has led to a whole area of research looking into why this is so and how to counteract it. If we assume that the practitioner is right (an area of research in itself, of course!), then how do we get the patient to follow that advice? If you have high blood pressure, but don't take the tablets is this remiss or empowering? Are you ignoring your health needs or taking control of them?As always, definitions are necessary so that everyone knows they are talking about the same thing. Medication-taking behavior has now spawned a lexicon of terms that are useful in the research setting, but lead to confusion outside of it. What is the difference between concordance and compliance, or between adherence and persistence? © 2010 The Author(s). This work is published and licensed by Dove Medical Press Limited. The full terms of this license are available at and incorporate the Creative Commons Attribution - Non Commercial (unported, 3.0) License. By accessing the work you hereby accept the Terms. Non-commercial uses of the work are permitted without any further permission from Dove Medical Press Limited, provided the work is properly attributed. For permission for commercial use of this work, please see paragraphs 4.2 and 5 of our Terms. Anderson I. How to...Ten Top Tips on compliance, concordance, and adherence. Wounds international. 2013; 4:(29-12 Hospital Management Committee. 1 WJLR 583. 1957; Buczkowski K, Marchonowicz L, Czachowski S, Piszczek E. Motivations toward smoking cessation, reasons for relapse, and modes of quitting: results from a qualitative study among former and current smokers. Patient Prefer Adherence. 2014; 2014:1353-63 Cushing A, Metcalfe R. Optimizing medicines management: From compliance to concordance. Ther Clin Risk Manag. 2007; 3:(6)1047-1058 Dowell J, Jones A, Snadden D. Exploring medication use to seek concordance with 'non-adherent' patients: a qualitative study. Br J Gen Pract. 2002; 52:(474)24-32 Gray R, Wykes T, Gournay K. From compliance to concordance: a review of the literature on interventions to enhance compliance with antipsychotic medication. J Psychiatr Ment Health Nurs. 2002; 9:(3)277-284 Horne R, Weinman J, Barber N Concordance, Adherence and Compliance in Medicine Taking Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation R & D (NCCSDO). 2005; Howard R. Compliance, adherence and concordance. In: Whalley B., Fletcher K.E., Weston S.E., Howard R., Rawlinson C.F. London: Foundation in Pharmacy Practice Pharmaceutical Press; 2008 Huyard C, Haak H, Derijks L, Lieverse L. When patients' invisible work becomes visible: non-adherence and the routine task of pill-taking. Social Health Illn.. 2019; 41:(1)5-19 Latter S, Mahen J, Myall M, Young A. Perceptions and practice of concordance in nurses' prescribing consultations: Findings from a national questionnaire survey and case studies of practice in England. International Journal of Nursing Studies.. 2007; 44:(1)9-18 Lally J. Enabling patients to share decisions about their care. Nursing Times. 2011; 107:(34)14-16 Lee K, Chin YS, Loong YY, Hejar AR. From Compliance to Adherence and Concordance, What Quantitative and Qualitative Studies Have Synthesized?. Journal of Health Management. 2008; 2008:36-60 McKinnon J. Pursuing concordance: moving away from paternalism. Br J Nur.. 2013; 22:(13)766-771 Montgomery (Appellani) v Lanarkshire Health Board (Respondent) (Scotland). 2015. National Institute for Health and Care Excellence Medicines Adherence: involving patients in decisions about prescribed medicines and supporting adherence NICE CG76. 2009. (accessed 17 May 2021) Nuttall D, Rutt-Howard J. The Textbook of Non-Medical Prescribing,Sussex: Wiley; 2020 Pomey M-P, Hihat H, Khalifa M, Lebel P, Neron A, Dumez V. Patient partnership in quality improvement of healthcare services: Patients' inputs and challenges faced. Patient Experience Journal.. 2015; 2:(1)29-42 Randall S, Neuback L. What's in a name? Concordance is better than adherence for promoting partnership and self-management of chronic disease. Aust J Prim Health.. 2016; 22:(3)181-184 Trehanre GJ, Lyons AC, Hale ED, Douglas KM, Kitas GD. 'Compliance' is futile but is 'concordance' between rheumatology patients and health professionals attainable?. Rheumatology (Oxford). 2006; 45:(11)-5 Wahl C, Gregoire JP, Teo K Concordance, compliance and adherence in healthcare: closing gaps and improving outcomes. Healthc Q.. 2005; 8:(1)65-70 Whalley BJ. Foundation in Pharmacy Practice.London: Pharmaceutical Press; 2008 This article, the fourth in a six-part bite-size series looking at nursing theories and their implications for practice, explains adherence, compliance and concordance Citation: Chapman H (2018) Nursing theories 4: adherence and concordance. Nursing Times [online]; 114, 2, 50. Author: Hazel Chapman is postgraduate tutor, University of Chester. This article has been double-blind peer reviewed Scroll down to read the article or download a print-friendly PDF here Click here to see other articles in this series The underpinning theory that guides nursing practice can sometimes be forgotten in busy clinical environments. This article, the fourth in a six-part series providing a snapshot of nursing theories and their implications for practice, discusses adherence, compliance and concordance. Adherence Adherence is the extent to which someone follows an agreed set of actions. It assumes an equal relationship between two people and is a voluntary process. In healthcare, it usually relates to: Making lifestyle changes; Taking prescribed medication (National Institute for Health and Care Excellence, 2009); Seeking help if symptoms change; Attending consultations. Non-adherence to medication means either not taking prescribed treatments or taking them incorrectly. It may be due to: Lack of understanding; Lack of trust in the health professional; Dislike of taking medication; Experience or fear of side-effects; Lack of motivation; Forgetfulness. Non-adherence is generally higher for lifestyle changes. Adherence can be complex where people do not have mental capacity or insight, but informed choice is a right. Compliance Compliance relates to a more paternalistic or even autocratic relationship, in which someone is seen as either following instructions (compliant) or disregarding them (non-compliant). Being labelled 'non-compliant' by health professionals becomes a barrier to empathising with a patient's perspective. It prevents understanding of why the patient is unable or unwilling to adhere to lifestyle changes, medication regimens or advice. It places responsibility for a perceived failure to optimise health outcomes on the patient, and assumes that health professionals know best. This terminology is not helpful in practice, but is still found in research papers as it is used in international research databases. Concordance Concordance is an indicator of the quality of decision-making in healthcare. It depends on patients being well-informed about the evidence supporting their choices and on finding the best fit with their own goals (Winn et al, 2015). A concordant relationship promotes self-management of health; it is based on trust, enabling patients to discuss with the health professionals providing care how other aspects of their life influence, and are influenced by, health and health interventions. It is a partnership to achieve the best health and wellbeing outcomes. Why are adherence and concordance important? Adherence is an important outcome measure for healthcare because non-adherence increases morbidity and mortality and health service costs, as well as clinical issues, such as the risk of resistant strains of disease developing due to antimicrobial resistance (Arbuthnott and Sharpe, 2009). Cognitive factors (such as dementia or learning disabilities); interpersonal factors (particularly trust in the physician), patient involvement and participatory decision-making, and patients' attitudes towards their health, cultural variations and depression are all significant factors in their ability to adhere to lifestyle changes and medication. Trust is the most important factor in patient satisfaction and adherence to care; health professionals need to develop a concordant relationship with their patients so that they can understand them and work together to optimise health interventions. When discussing medications or advice with people with learning disabilities, dementia or mental illness – prepare to adjust your communication style to their needs (where applicable use easy-read leaflets, but remember always to discuss leaflets with them) Ask about prior experiences of medication or lifestyle change to identify any problems Share your knowledge and respond openly and honestly to questions about interventions; their effectiveness and possible difficulties; and how they might be managed Help patients to develop strategies to incorporate lifestyle changes or medications into their routines Provide motivational support but do not be disappointed with non-adherence; try to understand it Also in this series Arbuthnott A, Sharpe D (2009) The effect of physician-patient collaboration on patient adherence in non-psychiatric medicine. Patient Education and Counseling; 77: 1, 60-67. National Institute for Health and Care Excellence (2009) Medicines Adherence: Involving Patients in Decision About Prescribed Medicines and Supporting Adherence. Winn K et al (2015) Measuring patient-centered care: An updated systematic review of how studies define and report concordance between patients' preferences and medical treatments. Patient Education and Counseling; 98: 7, 811-821. Hippocrates described the importance of patient compliance over 2000 years ago, but the issue continues to generate intense debate [1]. Dictionary definitions often disregard the evolution of language, but definitions in science and medicine are constantly changing. New and modified terminology is needed to capture and communicate emerging ideas, practices and discoveries. The issue of compliance, adherence and concordance is a case in point. Concordance is not synonymous with either compliance or adherence. Concordance does not refer to a patient's medicine-taking behaviour, but rather the nature of the interaction between clinician and patient. It is based on the notion that consultations between clinicians and patients are a negotiation between equals [2]. How individual patients value the risks and benefits of a particular medicine may differ from the value assigned by their clinicians [3]. In adopting a concordant approach clinicians should respect the rights of patients to decide whether or not to take prescribed medicines. The aim of concordance is the establishment of a therapeutic alliance between the clinician and patient. Concordance is synonymous with patient-centred care. Nonconcordance may occur if a therapeutic partnership is not established and therefore may denote failure of the interaction. In contrast, compliance and adherence relate to the medicine-taking behaviour of the patient. Compliance and adherence can be estimated using prescription claims records, pharmacy dispensing data, validated survey instruments or electric pill counters, as well as direct measures such as serum drug levels [4]. However, concordance can not. There are still no accepted, valid and reliable tools to measure concordance. While Aronson correctly points to the lack of evidence for improved health outcomes following concordant interactions, research suggests many patients do wish to be involved in decision making about their own treatment regimens [5]. This is particularly true in the field of psychiatry, where many patients may receive only minimal information about their prescribed medicines [6, 7], but may also apply to patients receiving long-term therapy for somatic diseases [8]. Just like Hippocrates, most clinicians recognize the importance of good adherence. In the case of the 81-year-old lady with worsening heart failure, the author attributed non-adherence to the 'very simple' cause of morning diuresis. However, understanding the reasons for non-adherence is not always so simple. Patient-related reasons for non-adherence may include forgetfulness, the decision to omit doses, lack of information and emotional factors [4]. Clinician-related reasons may include prescription of complex regimens, failing to explain the benefits and side-effects of treatment, not giving consideration to a patient's lifestyle or the cost of medicines, and having a poor therapeutic relationship with the patient. Most traditional methods of assessing medicine taking do so quantitatively, and provide little insight into the reasons for non-adherence. These methods may lead clinicians to attribute non-adherence to patient-related reasons. Greater use of qualitative research techniques may reveal that the reasons for non-adherence also lie in the way clinicians work and the healthcare system operates. Use of a concordant approach in clinical practice may be one mechanism by which non-adherence can be better understood and addressed. 1.Aronson JK. Compliance, concordance, adherence. Br J Clin Pharmacol. 2007;63:383-4. doi: 10.1111/j.1365-2125.2007.02893.x. [DOI] [PMC free article] [PubMed] [Google Scholar] 2.Royal Pharmaceutical Society of Great Britain and Merck Sharpe and Dohme. Partnership in Medicine Taking. A Consultative Document. London: Royal Pharmaceutical Society of Great Britain and Merck Sharpe and Dohme; 1996. [Google Scholar] 3.Asleszewski A. A person-centred approach to communicating risk. PLoS Med. 2005;2:e41. doi: 10.1371/journal.pmed.0020041. [DOI] [PMC free article] [PubMed] [Google Scholar] 4.Osterberg L, Blaschke T. Adherence to medication. N Engl J Med. 2005;353:487-97. doi: 10.1056/NEJMr050100. [DOI] [PubMed] [Google Scholar] 5.Hamann J, Cohen R, Leucht S, Busch R, Kissling W. Do patients with schizophrenia wish to be involved in decision about their medical treatment? Am J Psychiatry. 2005;162:2382-4. doi: 10.1176/appi.ajp.162.12.2382. [DOI] [PubMed] [Google Scholar] 6.Garfield S, Francis S-A, Smith FJ. Building concordant relationships with patients starting antidepressant medication. Patient Educ Couns. 2004;55:241-6. doi: 10.1016/j.pec.2003.09.011. [DOI] [PubMed] [Google Scholar] 7.Olofinjana B, Taylor D. Antipsychotic drugs – information and choice: a patient survey. Psychiatr Bull. 2005;29:369-71. [Google Scholar] 8.World Health Organization. Adherence to Long-Term Therapies: Evidence for Action. Geneva: WHO; 2003. [Google Scholar] Articles from British Journal of Clinical Pharmacology are provided here courtesy of British Pharmacological Society Compliance and concordance are two terms often used in the context of healthcare and medication adherence. Compliance refers to the extent to which a patient follows the prescribed treatment plan, including taking medications as directed and following lifestyle recommendations. It is often seen as a more passive approach, where patients simply comply with the instructions given to them. On the other hand, concordance emphasizes a collaborative and shared decision-making process between healthcare professionals and patients. It recognizes the importance of patient autonomy and involvement in their own care, aiming to reach an agreement that aligns with the patient's values and preferences. Concordance promotes a more active and engaged role for patients in their treatment, leading to better health outcomes. When it comes to healthcare, patient adherence to prescribed treatments and medications is crucial for successful outcomes. Two terms often used in this context are compliance and concordance. While both concepts revolve around patient behavior and adherence, they have distinct attributes and implications. In this article, we will explore the differences and similarities between compliance and concordance, shedding light on their significance in healthcare.ComplianceCompliance, in the context of healthcare, refers to the extent to which a patient follows the prescribed treatment plan or medical advice provided by their healthcare professional. It is often seen as a more traditional approach, where the patient is expected to strictly adhere to the instructions given by the healthcare provider. Compliance is typically associated with a hierarchical relationship between the healthcare professional and the patient, where the former holds the authority and the latter is expected to follow instructions without question.One of the key attributes of compliance is the emphasis on obedience and adherence to the prescribed regimen. Patients are expected to strictly follow the recommended dosage, timing, and duration of their medications or treatments. The healthcare provider assumes the role of an authoritative figure, making decisions on behalf of the patient's best interest. Compliance is often measured through objective criteria, such as pill counts or attendance at medical appointments.However, compliance has been criticized for its paternalistic nature, potentially undermining patient autonomy and decision-making. It can create a power imbalance in the patient-provider relationship, where the patient's voice and preferences may be overlooked. This approach may not fully consider the patient's individual circumstances, beliefs, and values, potentially leading to suboptimal outcomes.Despite its limitations, compliance remains an important concept in healthcare, particularly in cases where strict adherence is critical for treatment success, such as in infectious diseases or post-operative care. It provides a framework for healthcare professionals to ensure patients receive the intended benefits of their prescribed treatments.ConcordanceConcordance, on the other hand, represents a more collaborative and patient-centered approach to healthcare. It recognizes the importance of shared decision-making between the healthcare provider and the patient, taking into account the patient's preferences, values, and circumstances. Concordance aims to foster a partnership between the patient and the healthcare professional, where both parties work together to reach mutually agreed-upon treatment goals.Unlike compliance, concordance acknowledges the patient's autonomy and respects their right to make informed choices about their healthcare. It encourages open communication, active participation, and shared responsibility between the patient and the healthcare provider. Concordance recognizes that patients are more likely to adhere to treatment plans when they feel heard, respected, and involved in the decision-making process.One of the key attributes of concordance is the focus on patient education and empowerment. Healthcare providers strive to provide patients with comprehensive information about their condition, available treatment options, potential risks and benefits, and the rationale behind recommendations. This enables patients to make informed decisions that align with their personal values and goals. Concordance also emphasizes the importance of ongoing dialogue and feedback, allowing patients to express their concerns, preferences, and any barriers they may face in adhering to the treatment plan.While concordance promotes patient autonomy, it does not imply that patients can simply disregard medical advice. Rather, it recognizes that patients are more likely to adhere to treatment plans when they feel respected and involved in the decision-making process. Concordance encourages patients to take an active role in their healthcare, leading to improved treatment outcomes and patient satisfaction.Comparing Compliance and ConcordanceWhile compliance and concordance share the common goal of patient adherence, they differ in their underlying principles and approaches. Compliance is rooted in a more traditional, authoritative model, where the healthcare provider holds the decision-making power and the patient is expected to follow instructions without question. Concordance, on the other hand, emphasizes a collaborative and patient-centered approach, recognizing the importance of shared decision-making and patient autonomy.Compliance focuses on strict adherence to the prescribed treatment plan, often measured through objective criteria. It assumes that patients will benefit from following the healthcare provider's instructions without deviation. Concordance, however, acknowledges that patients have unique circumstances, beliefs, and values that should be considered in the decision-making process. It recognizes that patients are more likely to adhere to treatment plans when they are actively involved in the decision-making process and their preferences are taken into account.Another distinction between compliance and concordance lies in the power dynamics within the patient-provider relationship. Compliance can create a hierarchical relationship, where the healthcare provider holds the authority and the patient is expected to comply. Concordance, on the other hand, promotes a partnership between the patient and the healthcare provider, recognizing the patient's autonomy and involving them in the decision-making process.Both compliance and concordance have their merits and limitations. Compliance can be particularly important in situations where strict adherence is critical for treatment success, such as in acute infections or post-operative care. It provides a framework for healthcare professionals to ensure patients receive the intended benefits of their prescribed treatments. Concordance, on the other hand, is valuable in chronic conditions or situations where treatment decisions involve trade-offs and personal preferences. It fosters patient empowerment, improves treatment outcomes, and enhances patient satisfaction.ConclusionCompliance and concordance represent two different approaches to patient adherence in healthcare. Compliance focuses on strict adherence to the prescribed treatment plan, often with a hierarchical patient-provider relationship. Concordance, on the other hand, emphasizes shared decision-making, patient autonomy, and a collaborative partnership between the patient and the healthcare provider. While compliance ensures patients receive the intended benefits of their treatments, concordance promotes patient empowerment, improves treatment outcomes, and enhances patient satisfaction. The choice between compliance and concordance depends on the specific context, patient characteristics, and treatment goals, highlighting the importance of individualized care in healthcare. Comparisons may contain inaccurate information about people, places, or facts. Please report any issues. Medication compliance is the act of taking medication on schedule or taking medication as prescribed, to achieve the desired health benefit i.e. following a healthcare professional's advice. Adherence includes an indication of the tenacity that patients need to achieve in sticking to a therapeutic regimen, and also takes into consideration social and environmental influences. For example, with aging populations, older adults often find themselves with multiple chronic conditions requiring management of multiple medications. This polypharmacy phenomenon is often associated with poor adherence. Or, patients may not fully adhere on grounds of gender, ethnicity, education or beliefs. Noncompliance/non-adherence have unwanted outcomes for both the patient (unnecessary disease progression and complications, reduced functional abilities and quality of life, more physician visits than required and unneeded medication changes) and the health provider (increased use of expensive, specialized medical resources). The factors underlying noncompliance are myriad: Complexity of the regimen, which can lead to mistakes in doses, taking either too much or forgetting to take any Failure of the patient to understand the importance of adherence, with treatments perceived as ineffective or unsafe The patient's perception of barriers to adherence e.g. an unwillingness to make lifestyle changes to accommodate a recommended treatment regimen The AIDES method to improving medication adherence has been devised around evidence-based practices, and consists of a set of strategies which can be used by health professionals to improve care provision. AIDES stands for: Assessment- completion of a comprehensive evaluation of medication(s) being prescribed Individualization of the regimen in collaboration with the patient Documentation- providing printed information suitable for the patient, to improve doctor-patient communication Education- providing accurate and ongoing information tailored to the needs of the patient Supervision- continuing after initiation of the drug regimen The idea of concordance was introduced, as a less-paternalistic concept to enhance the relationship between the prescriber and their patieint. It implies an agreement about the therapeutic regimen that the patient will follow, made between the prescriber and patient.