Some thoughts on compliance: when people don't do what's good for them.

Recently, a 55 year old man presented to Sydney Eye Hospital Emergency asking for a check up. He was vague and defensive and claimed to have no specific symptoms and no history of eye problems. I was stunned to find that his visual acuity was hand movements at 1 metre on the right and count fingers on the left, yet with no sign of cataracts or corneal problems. Suddenly, he blurted out aggressively

"Some fool of a doctor told me I had glaucoma. But I want a second opinion."

It was like pulling teeth, but eventually we got the whole story. His optometrist had picked up something on a routine check and referred him to a local ophthalmologist. The specialist was off hand and abrupt according to the man, and charged him $120 for a ten minute consult. He was told to use some drops and come back regularly for check ups. The man insisted there had been nothing wrong with his eyes; he had passed the sight check for his driving license 6 months earlier. The drops stung and blurred his vision. He used them for a week then threw them away and he never kept his follow up appointment with the specialist.

This happened 4 years ago. The registrar confirmed that he had extensive, irreversible optic nerve damage and should have been receiving regular treatment. It was very disheartening.

Compliance is defined as the extent to which a patient follows the directions of his or her doctor. It is a much studied area in health care because it can have such serious negative outcomes for our patients. Our angry man may have retained his vision if he had been compliant with his specialists' advice.

Non compliance also costs the health system serious money in resources and staff time: chasing people who fail to turn up for post-op appointments, treating people with preventable conditions who fail to take their prescribed drops or tablets, or perhaps continue to let their BSL hover up in the teens.

Compliance is not just about taking the tablets or the drops; it can cover lifestyle choices such as chronic heavy drinking or smoking. We have all at some time nursed a heavy smoker with lung cancer or an alcoholic in liver failure. They are so common as to be clichés. It can be frustrating in the extreme. I remember during my student days, a long-suffering wife saying what none of us student nurses could say to her grumpy, obese husband after he had suffered a heart attack. "If you'd lost weight like the doctor told you years ago, I wouldn't be breaking my back trying to get you into this jolly wheelchair!"

Reasons for non-compliance range from simple forgetfulness to incomprehensible bloody-mindedness. Can you believe 37% to 55% of former smokers go back to smoking after undergoing a heart transplant[1]? It cuts their 5-year survival down to 37% compared with 80% for nonsmokers. Patients undergoing antiviral medication for HIV/AIDS often miss vital doses because they don't want anyone to see and guess their diagnosis.

A recent eye study from the US[2] showed that 3% of non-compliant glaucoma patients say they stopped using their prescribed drops due to patient-physician relationship issues; in other words the patient thought the doctor was a jerk. The commonest reason was forgetfulness when they changed their routine for some reason: went away on holiday or went to bed later than usual. Cost of the medication could be a factor as could plain laziness: "it was too wet to go down to the chemist to refill the script that day."

Non-compliance among glaucoma patients using eye drop therapy is reported in the research literature as being between 30 and 50%. It is likely to be much higher as underreporting of compliance has been discovered in several studies[3] and furthermore study subjects are almost exclusively drawn form a population of regular appointment keepers. We need to be alert to the many and varied reasons that patients do not follow instructions (and perhaps learn a thing or two about any non-compliance in our own lives). Some patients we can help by giving non-judgmental encouragement and support; education, reinforcing instructions, writing things down, labeling their drop bottles or providing extra information. Once we have done all that we can, it's over to the patient to do what's good for them.

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2. Tsai JC, McClure CA, Ramos SE, Schlundt DG, Pichert JW (2003) Compliance barriers in glaucoma: a systematic classification *Journal of Glaucoma* 12(5):393-398
3. Kass MA, Gordon M, Meltzer DW (1987) 'Can ophthalmologists correctly identify patients defaulting from pilocarpine therapy?' *American Journal of Ophthalmology* 103:188.

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