Oral Chemotherapy Medications: The Need for a Nurse’s Touch

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Since 2005, many oral chemotherapy agents have been released. Nurses often are not directly involved with patients who receive oral agents. Difficulties with adherence, safety, patient teaching, and access to oral agents can hinder treatment. Nurses can increase adherence and keep patients safe by developing standardized written prescriptions, encouraging the use of patient diaries, offering dosage calendars, and supplying contact information for an office pharmacist.

Advantages of Oral Agents

The primary advantage of oral chemotherapy is one of convenience (Aisner, 2007). Patients can take their medications at home instead of needing an appointment in an office for administration of IV chemotherapy. Visits to a physician’s office often are less frequent than with IV chemotherapy, which saves time and reduces costs such as office copayments and administrative fees. Quality of life may be better for patients taking oral medications at home because of flexibility, convenience, and a sense of control.

Adherence With Oral Agents

Adherence with oral chemotherapy can be an issue if not addressed by the oncology team. Adherence is “the extent to which a patient’s behavior coincides with medical advice” (Partridge, Avorn, Wang, & Winer, 2002, p. 652). A number of studies have addressed adherence with tamoxifen; long-term use drops to less than 80% (Chlebowski & Geller, 2006; Grunfeld, Hunter, Sikka, & Mittal, 2005; Kahn, Schneider, Malin, Adams, & Epstein, 2007; Lash, Fox, Westrup, Fink, & Sillman, 2006; Partridge, 2006; Partridge, Wang, Winer, & Avorn, 2003; Waterhouse, Calzone, Mele, & Brenner, 1993). Various factors, including the experience of side effects and number of other medications, were associated with nonadherence. Few studies have evaluated adherence to oral chemotherapy. Other long-term medications that decrease mortality, such as those for high blood pressure or myocardial infarction, also have low adherence rates, ranging from 40%-50% (Partridge et al., 2002).

Adherence issues include dosing schedules, complexity of dosing regimens, administration of other potentially interacting medications, timing of a dose in relation to food intake, a feeling of not wanting to appear “bad” to the physician for not taking medication, cost, and side-effect management (Moore, 2006). Complexity of dosing regimens causes patient confusion and may be related to the number of pills needed or a combination of different oral chemotherapy agents (e.g., capecitabine and lapatinib). In a study conducted by Taylor, Winter, Geyer, and Hawkins (2006), the error rate for oral chemotherapy administration at home was found to be approximately...