Adherence to Oral Cancer Therapies: Nursing Interventions

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This article reviews nursing interventions to increase adherence to oral cancer therapies, such as patient and care-partner education, side-effect and medication management, and safety issues. Data sources included peer-reviewed nursing and medical literature, healthcare Web sites, and published monographs. Oncology nurses are uniquely positioned to promote patient adherence to oral cancer therapies by ensuring that patients understand the goals of treatment, promoting safe prescriptive practices, proactively managing treatment side effects, and identifying and resolving underlying barriers to adherence. When adherence is optimized, clinical outcomes are greatly improved. Primary responsibility for adherence to an oral cancer therapy regimen remains with the patient. Oncology nurses, as part of a healthcare team, can have a significant influence on patient adherence by providing thorough and timely patient and family education and by monitoring and managing side effects of treatment. Monitoring adherence to oral cancer therapies is not a recent phenomenon nor limited to oral cancer treatments but presents an increasing challenge as additional oral therapies enter the marketplace. Oncology nurses should develop and enhance strategies and materials for patient education on oral cancer therapies, improve side-effect management, assist with patient access to medications, and develop practice guidelines to ensure adherence and promote safety.

Oral cancer therapies are changing many of the treatment regimens in oncology. Use of oral medications to treat cancer has increased since 2005 (Goodin, 2007). In 2007, 20%–25% of antineoplastic drugs in development were oral agents (Moore, 2007). Nurses are faced with learning about the new agents along with helping patients manage side effects, procure drugs, and maintain adherence. Adherence is defined as the “extent to which a patient’s behavior coincides with medical advice” (World Health Organization, 2003, p. 17). Rates of nonadherence to a medication regimen range from 17% in patients with cancer to as high as 93% in patients with other medical conditions such as diabetes and hypertension (Hartigan, 2003).

Nurses are an essential part of the oncology team when teaching patients about IV chemotherapy, often taking responsibility for most of the teaching, whereas physicians often teach patients about their oral therapies. Nurses need to become frontline teachers when patients start oral therapy regimens. Their skill at helping patients with side-effect management, procurement, handling medications at home, and follow-up care can help increase patient adherence to medication, thereby increasing the efficacy of drug therapy.

Patient Education on Oral Therapy

The growth of oral medications stems from research in the areas of extra- and intracellular signaling pathways. By interfering with or blocking these signals, targeted drugs have become standard agents in cancer therapy. Because the pathways are specific, inhibition occurs at certain sites within the cell, which may cause unique side effects (Goodin, 2007).

Side effects may differ, and patients take the medications at home; therefore, patient education should be thorough and complete. Teaching should occur at the appropriate time. When a patient is first diagnosed or learns of recurrent or progressive disease, this is the time to teach them how to take their medications. Educating patients and families about oral agents helps them understand the role of these drugs in treating cancer. This understanding helps patients adhere to the treatment regimen. Patients must be involved in their own care to effectively take their medications and understand the importance of adherence.

At a Glance

- Oral agents are becoming more common in cancer care, resulting in a need for nurse education.
- Although nurses are essential in teaching patients about IV chemotherapy, oral care education often is performed by physicians.
- Side effects and toxicities of oral therapies can be as difficult to manage as the effects of IV therapy.

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Digital Object Identifier:10.1188/10.CJON.461-466