Oral Anticancer Agents

An intervention to promote medication adherence and symptom management

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Oral anticancer agents (OAs) are now established as the best treatment modality for many types of cancer because of their superior effects (Bestvina et al., 2014; Greer et al., 2016). Use of OAs requires patient self-management of symptoms from side effects, as well as adherence to the medication regimen (Spoelstra et al., 2015). However, patients are known to experience severe symptoms and miss as many as one-third of the prescribed OA doses (Greer et al., 2016; Puts et al., 2014; Spoelstra et al., 2013).

OAs have been on the market for more than a decade; however, few trials have examined start-of-care procedures for patients on newly prescribed treatment. This article reports on a trial that examined an intervention (ADHERE) using motivational interviewing (MI), brief cognitive-behavioral therapy (CBT), and systematic patient education (PE) provided by nurse practitioners (NPs) to teach patients to self-manage symptoms and increase adherence to OAs.

Nonadherence to OAs is a significant clinical problem that may result in hospitalization, treatment failure, and reduced longevity (Greer et al., 2016; Puts et al., 2014). Factors known to influence adherence include race, gender, cancer type and stage, depression, motivation, and medication beliefs (Greer et al., 2016; Puts et al., 2014). The presence of coexisting comorbid conditions may also make self-management more difficult (Koroukian, Murray, & Madigan, 2006; Spoelstra et al., 2015).

The effectiveness of self-management in patients with cancer is well established (McCorkle et al., 2011). This includes motivating patients using MI, improving behaviors using CBT, and providing knowledge through PE (Conn, Hafdahl, Brown, & Brown, 2008; Ruppar, Conn, & Russell, 2008).

As described in Spoelstra, Burhenn, DeKoekkoek, and Schueller (2016), social cognitive theory underpinned the approach to improve self-efficacy (Bandura, 1977), and the information-motivation-behavioral skills model guided the intervention (Fisher, Fisher, Bryan, & Misovich, 2002).

Methods

Study aims were to (a) refine an NP-led ADHERE intervention to promote medication adherence and symptom management in adults with cancer newly prescribed OAs (phase 1) and (b) explore feasibility, preliminary efficacy with adherence and symptom severity, and patient satisfaction (phase 2).

Design

Phase 1 refined the ADHERE intervention using an iterative single-subject design, which has previously proven effective in practice-based research (Francis, 2005). The intervention was used with one patient and improved prior to use with the next patient. Phase 2 determined feasibility,