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Author's declarative title:

The dynamics of patient adherence with their cardiovascular treatment plans.

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Commentary on: Rashidi, A., Kaistha, P., Whitehead, L. & Robinson, S. (2020) Factors that influence adherence to treatment plans amongst people living with cardiovascular disease: A review of published qualitative research studies. *International Journal of Nursing Studies*, 110, 103727.

Implications for practice and research

- Following treatment plans is essential for best outcomes - nurses must understand how and why patients choose to conform with treatment so they can support adherence.
- Further research is needed to highlight factors from both healthcare professional and patient/ relatives' perspectives to encourage concordance.

Context

Adherence to cardioprotective treatment and lifestyle modification are crucial to reduce future cardiovascular complications, rehospitalization and death; as well as to improve patient quality of life¹. Numerous studies have reviewed medication adherence, while research on factors that influence medication adherence and treatment plans is scarce. This systematic review collates evidence on factors which influence cardiovascular patient adherence to their treatment regimes. For optimal patient outcome, patients and nurses must be able to work together to develop achievable treatment plans for lifestyle modification and medication.

Methods

This qualitative synthesis followed a systematic retrieval process and includes data extracted from a variety of studies. A total of 22 publications related to cardiovascular diseases and treatment plans published in peer- reviewed journals between 2001 to 2018 were extracted. The Joanna Briggs Institute Qualitative Assessment and Review Instrument was used for included studies quality appraisal and the standardized data extraction tool from JBI SUMARI used to pool the relevant data. Authors present results as 'facilitators or inhibitors' to patient adherence with engaging in exercise; home support; medications and lifestyle modification facets of cardioprotective treatment plans.

Findings

Promoting physical activities is most important to cardioprotection, however, prescribed activities must be perceived as 'achievable'. Fatigue, safety and shortness of breath

were the main inhibitors to adherence. Age, work commitments, weather and geography were barriers to exercise. Importance of peer and health professional support was a facilitator. Most participants needed accessible information, follow up, peer meetings and mentorship to attain goals. 'Overprotection or limited support' caused frustration and inhibited adherence with prescribed treatment plans. Perceived 'value', effectiveness and side effects of medicines and 'remembering' regimes were key factors to adherence. Dietary advice was sometimes perceived as contradictory or 'overwhelming'.

Commentary

Worldwide, cardiovascular disease (CVD) is a leading cause of death and patient adherence to treatment plan is recognised as an issue¹. Therefore, health professionals play a significant role to empower patients through lifestyle modification, self-care practice, and encouraging adherence to recommended treatment plans². Nurses regularly offer pre hospital discharge information, health and dietary education, and safe medication techniques to their patients, in addition to reiterating the need for regular follow up². This crucial role is essential to a clinically sound and cost-effective approach for management of cardiovascular disease through reducing risk³. A key strategy to enact lifestyle modification is through 'motivational interviewing'. Van Nes et al (2010) describe this as a "patient-centered, directive counselling technique and healthy behavior approach". An approach nurses can take to encourage their patients in sustainable healthy behaviours so that they may prevent CVD and reduce symptoms⁴.

This systematic review of qualitative research pools findings from an array of studies and moves the general focus (which has tended to be on medication adherence) – to a more appropriate and wider lens. CVD is a lifestyle disease, meaning medications are only a minor facet of treatment. The paper offers an understanding of factors which engage patients in their treatment plans, so is important to nursing strategies which engage adherence.

The paper does have some limitations, for example, there are an array of quantitative surveys which may offer more generalisable evidence on factors which encourage or discourage concordance. The search strategy did not include papers not published in the English language, meaning experiences of patients from other countries may not be represented.

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