

# Top 10 Common Misconceptions About Non-Compliant Patients

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Disclosure statement:

Nothing to disclose.

## Learning Objectives

- **Understand** the various factors contributing to non-compliance beyond intentional defiance.
- **Identify and address** unaddressed patient concerns effectively.
- **Recognize** the impact of mental health on patient compliance and integrate support into optometric care.

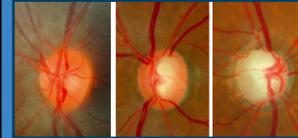
## Introduction of Addressing Non-Compliance

- **Understanding Non-Compliance**
  - Refers to a patient's failure or refusal to adhere to recommended eye care treatments or guidelines
    - i.e.
      - *missed appointments, medication non-adherence, and failure to follow treatment plans*



**Non-compliance** can lead to worsening of eye conditions, reduced effectiveness of treatment, and overall **poorer health outcomes**.

## Impact of Non-Compliance on Eyes



**Glaucoma:**  
24-60% show non compliance with glaucoma meds →  
**DISEASE PROGRESSION**



**Contact Lens:**  
40% of wearers not adhering to proper hygiene →  
**INFECTIONS**



**DM Retinopathy** →  
**VISION LOSS BY 60%**

## Two Types of Non-Compliance

- **Intentional non-compliance** (e.g., choosing not to follow advice)
- **Unintentional non-compliance** (e.g., misunderstanding instructions)



## Overview of 10 Common Misconceptions

# 10. Intentional Non-Adherence

## Case, 69 YO BM

- Established POAG pt, lost to f/u (LEE 2016)
  - Previously rx'd Latanoprost QHS & Cosopt BID OU
- **VA:**
  - **OD:** 20/80 (NIPH)
  - **OS:** 20/100 (NIPH)
  - (*previous acuities were 20/30 OD, 20/30 OS*)
- **Entrance Skills:** Unremarkable OD, OS
- **SLE:** 1-2+ NS Cataracts OU

## Case Example

The patient was lost to follow up but also repeatedly **failed to use** their prescribed eye drops. Upon further inquiry, he discontinued the meds because he believed that eye drops were not necessary and **he didn't feel any symptoms.**



## Intentional Non-Adherence

- This occurs when a patient **deliberately chooses not to follow** a prescribed treatment plan
  - i.e.
    - *skipping medications*
    - *avoiding follow up appts*
    - *ignoring lifestyle recommendations*
- This behavior is often **misunderstood as defiance or a lack of care** for their health

## Intentional Non-Adherence: Why?

- **Fear or Misunderstanding**
  - i.e. fear side effects or have incorrect beliefs
- **Perceived Lack of Need**
- **Previous Negative Experiences**
  - i.e. past bad experiences with healthcare providers or treatments

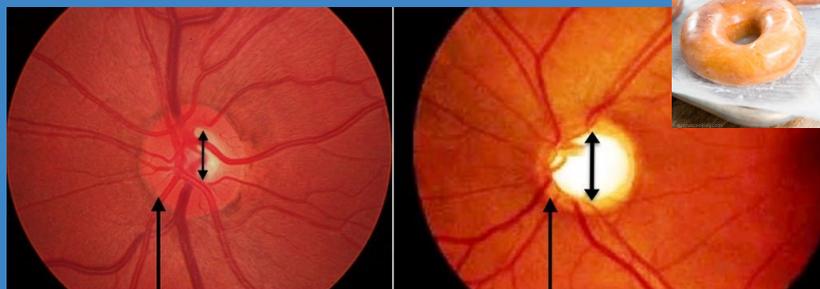


## Strategies to Overcome

- **Motivational Interviewing**
- **Education & Health Literacy**
- **Success Case Stories**
- **Recognizing Unaddressed Patient Concerns**
  - Effective Communication
  - Tools to increase compliance → *Follow up Calls, educational materials/resources, **Ask the patient if they have any questions!***



## Power of Analogies



Normal optic nerve head

Glaucomatous cupping

## Improving Patient Compliance

Findings → Education boosts compliance with medications, lifestyle changes, and appointments, **improving overall health and quality of life**, while reducing hospitalizations.

### Empowering Patients: Promoting Patient Education and Health Literacy

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Pradya Brinjohan Bhattad • Luigi Pacifico

Published: July 27, 2022 DOI: 10.7759/cureus.27336

Open Access Peer-Reviewed

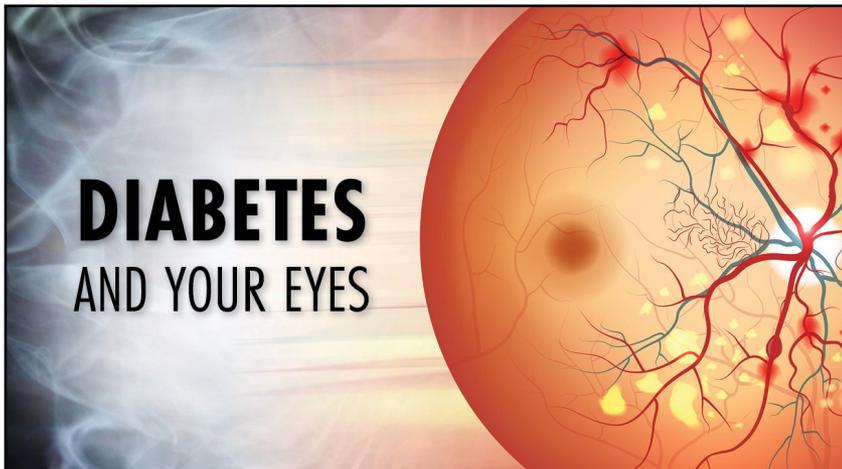
Cite this article as: Bhattad P, Pacifico L (July 27, 2022) Empowering Patients: Promoting Patient Education and Health Literacy. *Cureus* 14(7): e27336. doi:10.7759/cureus.27336

## 9. Lack of Understanding

### Case Example

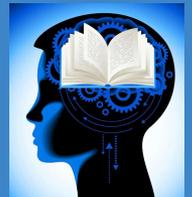
A patient with **diabetic retinopathy** is given thorough patient education on managing their condition, including monitoring blood sugar, annual eye exams, following up with PCP and taking systemic medications.

The patient nods during the consultation but **fails to follow through on any of the recommendations**



### Lack of Understanding Overview

- Refers to a patient's **inability to fully grasp/understand** the details of their condition, the treatment plan, or the reasons behind the prescribed interventions.
  - This can lead to **unintentional non-compliance**
    - where the patient is willing to adhere but **doesn't follow through correctly due to confusion.**



ORIGINAL ARTICLE | MARCH 08 2024

## Disparities Between Teleretinal Imaging Findings and Patient-Reported Diabetic Retinopathy Status and Follow-up Eye Care Interval: A 10-Year Prospective Study **FREE**

Paolo S. Silva ; Jerry D. Cavallerano; Jennifer K. Sun; Ann M. Tolson; Dorothy Tolls; Martin J. Abrahamson ; Lloyd M. Aiello; Lloyd Paul Aiello 



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*Diabetes Care* 2024;47(6):970–977

<https://doi.org/10.2337/dc23-2282> **Article history** 

PubMed:38457639

ORIGINAL ARTICLE | MARCH 08 2024

## Disparities Between Teleretinal Imaging Findings and Patient-Reported Diabetic Retinopathy Status and Follow-up Eye Care Interval: A 10-Year Prospective Study **FREE**

### • Findings

- Major Awareness Gaps
- Poor Awareness linked to poor follow-up
- Eye Care Providers Improves Understanding

## Lack of Understanding: Why?

- **Health Literacy Issues!**
- Cultural or Language Barriers
- Overwhelmed by Information
- Confusion & Forgetfulness
- Religious Beliefs
- Economic Concerns



## Strategies to Overcome

- **Simplify Communication**
  - use **plain language**, visual aids, analogies



## Strategies to Overcome

- **Teach-Back Method**
  - have patients repeat info back to you
  - helps to identify gaps in comprehension
- **Tailored Educational Materials**
  - develop materials cultural and educationally appropriate
  - consider videos & other interactive tools



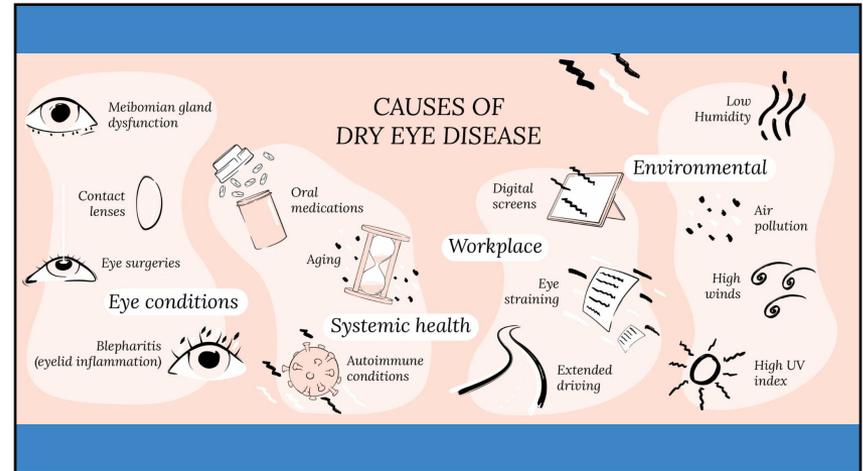
## 8. One-Size Fits All Approach

### Case Example

A patient with **dry eyes** is provided a standard OTC topical AT therapy recommendation. The patient returns with continued symptoms and reports that the OTC treatment is not effective. Upon further discussion, you learn that the patient has a longstanding history of dryness, DM, and RA.

## “One-Size-Fits-All” Overview

- the belief that a single treatment plan or intervention **will work equally well for all patients.**
- In reality,
  - patients have unique needs, preferences, and circumstances that require personalized approaches to care.



## One-Size Fits All Approach: Why?

- **Lack of Individualization**
  - May not take into account the patient's lifestyle, preferences, or specific medical history → **dissatisfaction or non-compliance**
- **Overlooked Patient Feedback**
  - Patients may feel that their specific needs or concerns are not being addressed → **disengagement**



## Strategies to Overcome

- **Personalized Treatment Plans**
  - Understand the patient's needs and preferences;
    - Explore alternative therapies, adjust the frequency of treatment
- **Shared Decision Making**
- **Continuous Assessment**
  - Regular check ins, make adjustments as necessary based on their feedback



## 7. Ignoring Socioeconomic Factors

### Case Example

A patient diagnosed with **POAG** is prescribed a costly medication that they cannot afford. The patient misses follow-up appointments with OD/ OMD because they feel embarrassed to admit they can't afford the treatment.



### Ignoring Socioeconomic Factors Overview

- This involves overlooking the **impact of a patient's socioeconomic status** on their ability to adhere to treatment plans.
- Financial barriers, lack of access to resources, and other socioeconomic factors **can significantly influence a patient's compliance.**



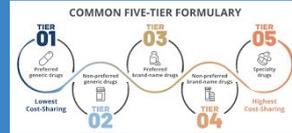
### Ignoring Socioeconomic Factors: Why?

- **Financial Constraints**
  - Patients **may not be able to afford** medications, treatments, or even the cost of follow-up appointments.
- **Social Determinants of Health**
- **Cultural & Social Influences**
  - Beliefs, practices, and social stigma may impact how patients perceive and engage with their treatment plans.



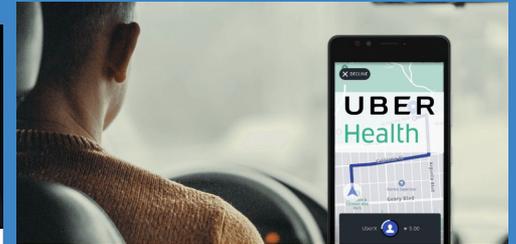
## Strategies to Overcome

- **Discuss Financial Concerns Openly**
  - Offer solutions
    - i.e. *generic medications, payment plans, or financial assistance programs*
- **Connect Patients with Resources**
  - Provide information on community resources, social services, assistance programs, etc.



Patients are relying on Lyft, Uber to travel far distances to medical care

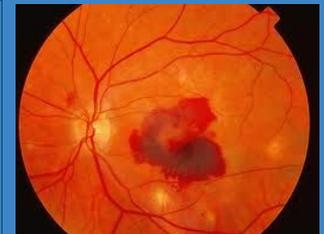
by Michael Scataro, KFF Health News



## 6. Overlooking Mental Health

### Case Example

A patient with wet ARMD frequently skips follow-up appointments and neglects retinal care. Further discussion reveals the patient is experiencing depression, which affects their motivation to care for their eyes.



## Overlooking Mental Health Overview

- This involves **underestimating or ignoring the impact of mental health** on a patient's ability to adhere to their treatment plan.
- Mental health issues, *such as depression or anxiety*, can significantly affect a patient's motivation, memory, and ability to manage their care.



## Overlooking Mental Health: Why?

- Mental Health Challenges
- Ageism
- Social Stigma
- Lack of Awareness



## Strategies to Overcome

- **Check in With Your Patients!**
- **Establish Networks with Mental Health Providers**
  - Refer patients for additional support and care
- **Create a Supportive Environment**
  - Normalize discussions about mental health
  - Spread awareness about the importance of mental and emotional well-being on their overall health
  - **SUPPORT GROUPS!**



## 5. Perception of Non-Compliance as a Failure

## Case Example

A patient struggles with adhering to and adjusting to new PALs. The patient feels guilty and believes they are failing in their care, leading to further disengagement. Afraid to bring them in for a spectacle check



## Perception of Non-Compliance Overview

- This misconception occurs when **both healthcare providers and patients view non-compliance as a failure**, either of the patient or the treatment plan.
- This perspective can lead to feelings of guilt, blame, and frustration, which further hinder the patient's engagement in their care.



## Perception of Non-Compliance: Why?

- **Fear of Judgement**
  - Patients may fear being judged or reprimanded by their healthcare provider for not adhering to the treatment plan → **avoidance or dishonesty about their behavior.**
- **Negative Self-Perception**
  - May internalize their non-compliance as a personal failure,
    - which can diminish their confidence and motivation to continue with the treatment.

## Strategies to Overcome

- **Reframe the Conversation**
  - Shift the focus from blame to collaboration.
  - Emphasize that setbacks are a normal part of the process
- **Celebrate Small Wins**
  - Positive reinforcement can boost their confidence and encourage continued adherence
- **Use Empathetic Language**
  - Avoid placing blame
    - Use phrases like ***“let's figure this out together”***



## 4. Lack of Time Investment

### Case Example

A new multifocal CL patient reports dissatisfaction with the lenses but cites that they felt rushed during the exam and CL fitting session. Afraid to tell their doctor about their difficulties with the CLs.



### Lack of Time Investment Overview

- This misconception arises when **patients feel as though their healthcare providers don't have enough time to address their concerns adequately**,
  - → rushed consultations and missed opportunities to reinforce adherence



### Lack of Time Investment: Why?

- **Feeling Dismissed**
  - When patients feel that their concerns are not being fully heard or addressed due to time constraints, they may become disengaged and less likely to adhere to the treatment plan.
- **Overwhelmed by Time Constraints**
  - Busy patients, i.e those balancing work, family, and other responsibilities
    - may struggle to find time for regular appointments or to follow complex treatment regimens.

## Strategies to Overcome

- **Maximize Consultation Efficiency**
  - Use structured interviews, checklists, and other tools
- **Leverage Technology**
  - Utilize telehealth, patient portals, and mobile apps to maintain communication and follow-ups
- **Prioritize Patient Interaction**



## 3. Assuming Non-Compliance is Irreversible

### Case Example

A middle-aged patient with **HTN-related retinopathy** repeatedly misses appointments and fails to adhere to their treatment plan. They express feeling overwhelmed and hopeless about their health.

### Assuming Non-Compliance is Irreversible Overview

- This is the **belief that once a patient becomes non-compliant, it's difficult or impossible to re-engage them in their care.**
- This can lead to a defeatist attitude and a lack of effort to bring the patient back on track.



## Assuming Non-Compliance is Irreversible: Why?

- **Loss of Hope**
  - Become discouraged and believe that their condition is beyond help
- **Feeling of Disconnection**
  - May feel disconnected from their OD and believe that they are not a priority.



## Strategies to Overcome

- **Rebuild Trust & Rapport**
  - Take the time to re-establish a strong, trusting relationship with the patient.
  - Show empathy and understanding for their situation, and make them feel valued.
- **Offer Incremental Steps**
  - Encourage patients to take small, manageable steps toward re-engaging with their treatment plan.
- **Consistent Communication**
  - Keep the lines of communication open
  - Regular check-ins, even brief ones

## 2. Disregarding Patient Feedback

### Case Example

A patient with **chronic dry eye** using an OTC particular brand of artificial tears but complains of persistent discomfort. The patient's feedback is initially dismissed, assuming they are not using the drops correctly.

## Disregarding Patient Feedback Overview

- This occurs when **healthcare providers overlook or dismiss patient feedback**, assuming that they know best.
- This can **lead to a lack of patient-centered care** and decreased adherence.



## Assuming Non-Compliance is Irreversible: Why?

- **Feeling Overlooked**
  - Patients may feel that their concerns, preferences, or experiences are not being taken seriously
- **Lack of Involvement**
  - When patients feel excluded from the decision-making process, they are less likely to take ownership of their treatment plan and adhere to it.

## Strategies to Overcome

- **Actively Seek Feedback**
  - Ask patients about their experiences, preferences, and concerns (via: consultations or surveys)
- **Incorporate Feedback into Care Plans**
  - Show patients that their feedback is valued by making adjustments to their care plans based on their input
  - Demonstrates respect for their opinions
- **Continuous Improvement**
  - Use patient feedback to continuously improve your practice
  - Enhances overall patient satisfaction and adherence

# 1. Blaming the Patient

## Case Example

A patient with **moderate cataract patient** is labeled as “non-compliant” because they consistently fail to wear their prescribed corrective lenses and not interested in surgical intervention. The patient feels blamed and becomes less engaged in their care.

## Blaming the Patient Overview

- This involves **placing the blame for non-compliance solely on the patient**, without considering the broader context of their behavior.
- This approach can damage the patient-provider relationship and lead to further non-compliance.

## Blaming the Patient: Why?

- **Feeling of Guilt**
  - Patients who are blamed for their non-compliance may internalize the blame → **feelings of guilt and shame**.
- **Breakdown in Communication**
  - Blame can lead to
    - **Breakdown in communication**
    - **Patients becoming defensive**
    - **Withdrawing from the relationship with their OD**

## Strategies to Overcome

- **Foster Empathy & Understanding**
  - Create a more supportive environment where patients feel comfortable discussing their challenges.
- **Collaborative Decision Making**
  - Engage in shared decision making
  - Increases patients' sense of ownership & responsibility
- **Focus on Solutions, Not Blame**
  - Shift the conversation from what went wrong to how you can work together to improve the situation.

## Conclusion

- Understanding is key
- Personalized Approach
- Holistic Consideration
- Interdisciplinary Partnerships
- Empathy & Collaboration
- Effective Communication
- Continuous Improvement



## Take Home Message

By debunking these misconceptions and implementing patient-centered strategies, **optometrists can significantly improve patient adherence**, leading to better visual health outcomes and overall patient satisfaction.

Thank you

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