6. The importance of additional concepts in Health Psychology: therapeutic compliance, placebo effect, addiction to medication, quality of life
Compliance / adherence

**Definition:** the ratio between the number of therapeutic prescriptions received by the patient and the actual treatment the followed by the patient.

The term "compliance" has a note of conformism (the "blind" obedience of the patient to the doctor).

This term has been replaced more recently by "adherence", which reflects the fact that the patient assumes and understands the therapeutic approach.

Adherence to treatment refers not only to the medication itself, but also to the requirements of the medical regimen and the restrictions regarding harmful behaviors.
Factors influencing adherence

- Patient
- Disease
- Treatment
- Doctor
- Socio-cultural
Factors that depend on the Patient

**Psychological:**
- *cognitive* (intellectual level, understanding, concentration and memory);
- *emotional* (mood, pessimism, depression, anxiety, fear of side effects);
- *attitudes* (attitude towards illness and doctor, attitude towards the disease);
- *motivation* (extrinsic / intrinsic);
- *behavioral* (harmful behaviors, risky lifestyle);
- *personality:* - “at risk” types (e.g., type A, paranoid and antisocial personality typically underestimate the doctor’s indications);
  - conformist and optimistic persons have higher adherence;

**Age** (teens may have low adherence);

**Mental health** (psychotic patients have low adherence, as they typically display a lack of self-awareness regarding their disease; patients with mental retardation and patients with dementia may have hypo- or non-adherence);

**Socio-economic factors** - social support;
  - low income → low adherence if the medical regimens is not adjusted to the patient's material possibilities.
Factors that depend on the Disease

Acute vs. chronic;
Symptomatic vs. asymptomatic;
Severity degree of the disease, as it is perceived by the patient;
The degree in which the disease influences the patient’s activity;
Comorbidity (the coexistence of other diseases).

Factors that depend on the Treatment

Side effects (true or imaginary);
Treatment costs;
The complexity of the treatment;
Duration of the treatment;
Failure of previous similar therapeutic prescriptions;
Radical change of lifestyle, because of the treatment.
Factors that depend on the Doctor and on the health care system

- Prestige (formal and informal);
- Relational skills: - empathy;
  - good communication;
  - adequate manner of information transmission (depending on the intellectual level of the patient);
  - individualization of the relationship;
- Access to health care.

Socio-cultural factors

- Influence from the family, co-workers, other patients;
- Their effect on adherence may be ambivalent.
PLACEBO EFFECT

Definition of placebo:
= a product that seems identical to a medical drug,
   but has no active substance (therefore it has
   no pharmacological action).

Characteristics:
1. pharmacodynamically inert;
2. symptomatic effect (both physical and psychological);
3. duration: short;
4. time until action: usually shorter than it takes for an active medication;
5. unspecific action (indifferent of the disease).
Definitions

**Genuine placebo effect**
= the positive effects occurring in a patient or in a healthy person to whom, a placebo was given (for therapeutic or experimental purposes);

**Pseudoplacebo effect**
= a positive effect on the patient’s symptoms, produced by a real medication, which has however no effect on them;

**Nocebo effect**
= the negative effects following the administration of a placebo.
Factors that influence the placebo effect

- Patient
- Disease
- Doctor
- Medication

Placebo effect
Factors related to the patient

- personality type:
  - hysterical, anxious, suggestible patients are placebo-reactive;
  - non-suggestible, paranoid, extraverts patients are placebo non-reactive;
- gender: women are more placebo-reactive;
- educational level: people less educated are more placebo-reactive;

Factors related to the doctor

- prestige (esp. informal prestige);
- authority;
- relational and communication skills;
- attitude towards the medication (confidence in its qualities; optimism regarding the therapy);
- the manner of prescribing the treatment.
Factors related to the disease

- duration of illness – a recent illness, or a disease with a short evolution responds favorably to placebo;

Factors depending on the placebo itself

- novelty;
- way of administration;
- taste;
- odor;
- color;
- price.
Indications of placebo therapy

- the existence of an adequate, good therapeutic relationship, based on patient’s trust in the doctor and in the prescribed treatment;

- the situations when it is necessary to decrease the dose of a drug which has unwanted side effects;

- the situations in which we aim the gradual replacement of a drug that can cause addiction (e.g. cortisol addiction);

- the situations in which it is wanted to prove that the symptoms are functional (i.e. to demonstrate the absence of an organic substrate);

- the situations when we intend to test the therapeutic efficacy of a new medication → clinical trials for validation of active treatments, which can be carried out as "single-blind" or "double-blind" studies.
Patients are divided into two groups
(group 1 receives the active product and group 2 the placebo)

**Single-blind study**
The patients don’t know what type of product they receive, while the doctor knows this information. It is possible that the Dr is subjective and to overestimate the effects of active product.

**Double blind study**
Neither the patients in the two groups, nor the doctor know the type of product administered. There are higher chances that the doctor will be objective in analysing the effects of the products.

*Usually, group 2 reports better health in a proportion of 30-35%. In group 1, the rate of improvement exceeds typically 65-70%.*
Addiction to medication

It can be determined most frequently by analgesics (painkillers), sedatives or psycho-stimulants.

It can be: → physical:
- withdrawal - eliciting specific physical or mental symptoms, if the medication use is abruptly ceased;
- tolerance – decrease of the desired effect at a constant use of a medication → the patient has to increase the dose to achieve the desired effect.

→ psychological.

Consequences of medication abuse: kidney failure, liver failure, hypertension.
Quality of life

QoL = individual satisfaction regarding life or joy to live.
Assessing QoL

Short Form Health Survey – SF36

8 sections:
- vitality;
- physical functioning;
- physical role functioning;
- bodily pain;
- general health perceptions;
- vitality;
- social role functioning;
- emotional role functioning;
- mental health.