

Multi-compartment Compliance Aids (MCAs):

A decision tool for practitioners

Background

- MCAs organise a person's medication into the days of the week and times to be taken. They are intended to support people to adhere to their prescribed medication regimen.
- **Intentional non-adherence** arises from an individual's **perceptual barriers** to taking their medication as prescribed.
- **Unintentional non-adherence** arises from an individual's **practical barriers** to taking their medication as prescribed.
- This guidance offers a range of adherence solutions for consideration in addition to MCAs, together with situations when these solutions may be appropriate.
- The guidance is not exhaustive and adherence solutions should always be selected in partnership with the patient or if appropriate, the carer.[1,2] Decisions should be reviewed at least annually for ongoing appropriateness.

Guidance

- Non-adherence is often an amalgam of perceptual and practical barriers. Determine whether non-adherence is dominated by perceptual or practical barriers using an appropriate tool*[3]
- MCAs are inappropriate when perceptual barriers dominate. In these circumstances MCAs may cause harm.[4]
- MCAs may be useful when practical barriers dominate.

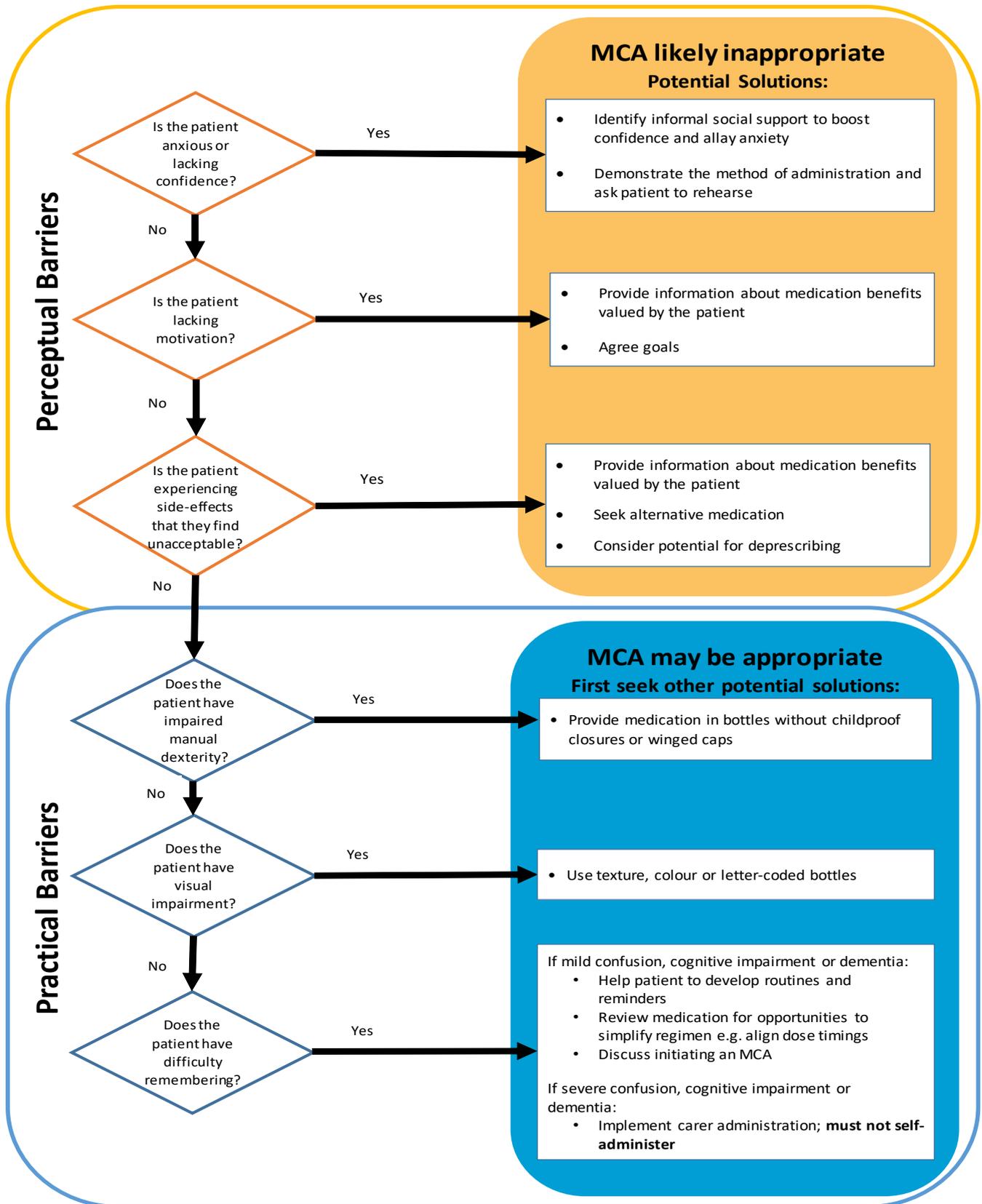


References

1. Royal Pharmaceutical Society, *Improving patient outcomes; The better use of multi-compartment compliance aids*. 2013, Royal Pharmaceutical Society: London.
2. Nunes V, et al., *Clinical Guidelines and Evidence Review for Medicines Adherence: involving patients in decisions about prescribed medicines and supporting adherence*. . 2009, National Collaborating Centre for Primary Care and Royal College of General Practitioners: London, UK.
3. Brown T.J, Taylor, N, Easthall, C.E, Twigg, M.J, Bhattacharya, D. *Final Report for the IMAB-Q Study: Validation and Feasibility Testing of a Novel Questionnaire to Identify Barriers to Medication Adherence*. [Accessed 2016 22.11.2018]. Available from: <https://www.uea.ac.uk/pharmacy/research/imab-q>
4. Bhattacharya, D., Aldus, C.F, Barton, G, Bond, C.M, Charles, I.S, Fleetcroft, R, Holland, R, Jerosch-herold, C, Salter, C, Shepstone, L, Walton, C, Wright. D.J, *Do not initiate medication organisation devices without prior detailed medication review and vigilant monitoring*. BMJ: British Medical Journal, 2005. **330**: p. 293.



Adherence support decision aid



Prior to initiating an MCA:

- Establish cause(s) of non-adherence; implement appropriate strategies in collaboration with patient and/or carer
- Consider whether there is the potential to deprescribe any medicines
- Consider whether a sudden increase in adherence could cause harm to the patient:
 - Review medication to identify any that are commonly associated with dose related adverse effects such as hypoglycaemia, hypotension and drugs with a narrow therapeutic index.
 - Implement precautionary dose reductions prior to any adherence solution(s).

