

Symptom burden and poor adherence to oral anticancer agents remain significant clinical problems. This study examined feasibility, preliminary efficacy, and satisfaction with ADHERE, a nurse practitioner intervention that promotes symptom management and adherence among patients prescribed oral agents. The intervention group (which received one semistructured, face-to-face session followed by three weekly telephone sessions using motivational interviewing, brief cognitive-behavioral therapy, and a toolkit to promote self-management) had significantly lower symptom severity postintervention. Self-reported adherence was high and did not differ by group. Patients reported being highly satisfied with the ADHERE intervention.

AT A GLANCE

- No known standard of care exists for patients newly prescribed oral anticancer agents.
- Many patients with cancer treated with oral anticancer agents have difficulty managing side effects of treatment, which may lead to difficulty with adherence to the medication regimen, or adverse events.
- The intervention improved symptom severity compared to the control group.

KEYWORDS

advanced practice registered nurse; oral anticancer agent; patient education

DIGITAL OBJECT IDENTIFIER

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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; Ruppert, 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,