

It is unclear if combined motivational interviewing and cognitive behavioural therapy improve medication adherence

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Commentary on: Spoelstra SL, Schueller M, Hilton M, *et al.* Interventions combining motivational interviewing and cognitive behaviour to promote medication adherence: a literature review. *J Clin Nurs* 2015;24:1163–73.

Implications for practice and research

- Interventions in motivational interviewing (MI) and cognitive behavioural therapy (CBT) to enhance self-care and healthy behaviours, including the appropriate use of medication, should be implemented in practice.
- Future research should separately consider MI and CBT and their effect on medication adherence, ensuring the utilisation of a skilled cognitive behavioural therapist.

Context

Medication adherence is a complex problem affecting the care of patients with various medical and psychiatric conditions. The study by Spoelstra *et al* attempts to review the evidence of combined motivational interviewing (MI) and cognitive behavioural therapy (CBT) interventions to promote medication adherence. Combined MI and CBT may improve medication adherence and ultimately patient outcomes if properly implemented.

Methods

The aim of Spoelstra *et al*'s study was to examine combined MI-CBT interventions that promoted medication adherence. An integrative review process was employed to analyse measures of adherence and methodological rigour. The literature was extracted from electronic databases including the Cochrane Library, PubMed and CINAHL, from 2004 to 2014. Articles that identified interventions combining MI and CBT with an outcome of medication adherence were included in the review. From a combined search of MI-CBT, 206 articles were identified. From these, 100 were considered to involve interventions of MI-CBT. The researchers deemed that six final articles met the identified inclusion criteria.

Findings

Of the six articles meeting inclusion criteria, four were cohort studies, one was a case study and the other a randomised controlled trial. Owing

to the various study designs, the researchers critically appraised the studies using the Whittenmore and Knafl (2005) method.³ Five of the six studies were found to be effective at improving medication adherence. The findings suggest that a MI-CBT intervention may be an effective method for promoting medication adherence.

Commentary

This study focused on combined MI-CBT interventions that promoted medication adherence in a wide range of clinical populations. In the method employed by Spoelstra *et al*, it was noted that a comprehensive and exhaustive literature search was not completed. Contact with experts in the area and review of conference abstracts and the grey literature could have enhanced identification of articles and definitions of what encompasses MI-CBT. The concept and definition of CBT in the study were not properly defined and MI-CBT training throughout the included articles was not identified, which made it difficult to review. In addition, CBT principles identify that CBT itself is an intervention that teaches patients to identify, evaluate and respond to dysfunctional beliefs and thoughts,¹ and therefore it is not understood how the articles were cut from 206 to 100.

The findings suggested that a MI-CBT intervention may be an effective method for promoting medication adherence; however, as identified within the paper, the interventions in the first four articles were very loosely, if at all, CBT-based and were more in line with MI alone.² Further, no method was identified to describe how the talking points to promote medication adherence were extracted from the literature. Explicit criteria used by reviewers involved in data extraction and analysis could have improved reproducibility of the study.

Although there were flaws that made it difficult to review, the topic itself is of extreme importance. MI and CBT have been demonstrated to enhance self-care and health behaviours including appropriate use of medication. These interventions can be broadly applied, not only in the field of mental health, but in many chronic and acute health conditions, across a wide range of populations, and as a method for promoting health and preventing illness.¹ Future research could include reviewing the literature for evidence of each intervention, MI and CBT, separately, on medication adherence within a specific clinical population to make the results more generalisable and to increase the number of included articles and strengthen the findings. Further, well-defined studies on CBT strategies implemented by educated and skilled cognitive behavioural therapists along with a clear methodology may help to extract beneficial 'talking points' as a guide to inform novice staff working with these types of interventions.

Competing interests None declared.

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