Chronic medical conditions requiring ongoing treatment continue to account for a sizable incidence of death, disability, and diminished quality of life around the world. In many of these cases, adequate adherence to treatment recommendations for a chronic condition would have averted or delayed negative outcomes. Upward of 63 percent of patients with medical conditions requiring treatment do not adhere to their recommended treatment (Dunbar-Jacob et al., 2000), which, depending on the condition, may involve inconsistent attendance in care and/or following of monitoring, medication taking, diet, exercise, or other lifestyle recommendations.

Treatment adherence, as a broad and global concept, is often thought of as the result of a myriad of unique and interactive factors that can be grossly characterized as intrapersonal (personal feelings and beliefs, skills), interpersonal (social influence),
structural (access to treatment, arduousness of access), disease related (severity of symptoms, stage of illness), and medication related (side effects, demands of regimen). Given that adherence further occurs in the contexts of a local culture and a specific disease, and often over an extended period, there are substantial challenges to providing a comprehensive overview of treatment adherence. Health Behavior Change and Treatment Adherence: Evidence-Based Guidelines for Improving Healthcare seeks to tackle this formidable task by introducing readers to a method (model) of organizing core factors influencing adherence and providing an exploration of each factor with recommended strategies to promote it.

The authors walk readers through a host of diverse issues in behavioral science that too often do not make it from the scientific community to an audience of busy practitioners of diverse specialties, students, or health-care professionals seeking a basic primer in treatment adherence. While the authors do a respectable job, the sheer scope of work creates a review that is more a “jack of all trades, master of none” than a detailed exploration of each targeted area that would provide sufficient details for a practitioner to glean empirical, evidence-based guidance. However, this may be desirable when the goal is to provide an overview of areas that readers could subsequently master with additional study.

Coming from the research community, I initially struggled with the liberties taken by the authors to provide gross overviews or conclusions. For example, in their presentation of leading models of adherence, it is unclear how they made decisions for inclusion of one model versus another. Models prominent in the literature but not highlighted include the chronic care disease model (cf. Wagner, 1998), Andersen’s behavioral model (Andersen, 1995), and the information–motivation–behavioral skills (IMB) model (Fisher & Fisher, 1992; Fisher, Fisher, & Harman, 2003). Particularly odd is the decision to present and adopt an information, motivation, and strategy model without mentioning the IMB model, which in comparison has a far more extensive supporting literature.

Clearly, decisions about what to cover and what to exclude must be made to create a short volume covering so much. Other works, such as Emerging Theories in Health Promotion Practice and Research by DiClemente, Crosby, and Kegler (2009), take entire volumes to provide a basic overview of behavior change theory, whereas the current book has one chapter to do the same. Nonetheless, as this book may be a first introduction into the area of behavioral approaches to promoting positive medical outcomes, referring readers to more comprehensive reviews of behavior change theory would have been prudent.

Also, when the title includes “Evidence-Based Guidelines for Improving Healthcare,” it is important to provide readers with a clear definition of how “evidence-based” is interpreted in this work and explain that the present state of the science is still searching for the best guidelines to offer. The recommendations made in this book are clearly drawn from established literature, but they should not be interpreted as reflective of a clear consensus in the scientific or research community for best practices for intervention.
There are several aspects of the book that are particularly valuable. The manner in which the text is written is conversational, with humor intermixed with practical examples and ample visuals. It is, by and large, an “easy read,” but not because it avoids complex topics.

The authors manage to present statistical topics such as odds ratios, relative risk, and survival in a manner that makes intuitive sense out of these otherwise difficult ideas. They include the presentation of results from meta-analytic studies, randomized controlled trials, and complex designs in a manner that is readily understandable and avoids jargon. Their overview of varied and diverse literature, such as risk perception and decision making, is reflective of a wide body of research that is well organized and, again, easy to understand. Finally, the inclusion of practical suggestions for supporting adherence at the individual and structural/health-care level is useful and could make a real impact on one’s provision of adherence-related services.

Areas that would have made this book stronger include the adoption of more culturally diverse or international examples, an exploration of condition-specific issues, and an expansion of intervention/support approaches. The examples provided appear largely Western and individual based, describing issues that can have limited generalizability to other nations and cultures.

Issues pertaining to access to care/treatment, social/cultural influences in treatment adherence, stigma in accessing and using treatments, the role of local/regional belief systems, and the interplay between health care/treatment and patient in diverse cultures can influence not only how one conceptualizes factors influencing behavior change and treatment adherence but also how one might best intervene to support adherence. Additionally, it would have been particularly interesting to see a chapter on diseases that presently carry substantial burden in the global population, including diabetes, heart disease, and HIV and have substantial literatures that could be culled for overall recommendations.

Providing more detailed exploration of treatment adherence in the context of a serious, life-threatening condition would elucidate the potential for medical crisis (a response to being diagnosed with a life-threatening condition that often parallels the classic grief response; cf. Pollin, 1995). Alerting readers to the potential for this kind of process of adjusting to one’s condition is critical when it comes to intervening with patients who are transitioning through these processes. In relation to this but also more generally, the intervention guidelines and suggestions would have been greatly strengthened by greater coverage of patient-centered approaches and specific coverage of delivery approaches that use motivational interviewing (Rollnick, Miller, & Butler, 2008) or other strategies that emphasize alternatives to verbal persuasion.

*Health Behavior Change and Treatment Adherence: Evidence-Based Guidelines for Improving Healthcare* offers an overview that is clearly sculpted by the authors’ working models of lead factors influencing the adoption of adherence and ways to support adherence. In this general overview of a vast and ever-expanding literature, there is certainly “evidence”
that is not included, and there are data that are included that are not necessarily evidence based. Allowing for some flexibility in the application of the term evidence based, this book does a good job at providing readers with a comprehensive overview, which is in several areas quite thorough and detailed but in other areas understates the complexities of the current literature.

In its attempt to provide coverage of such a large scope of work (including behavior change theory, detailed exploration of core facilitators of behavior change as it applies to treatment adherence, interpretation of research design and results, and an array of support approaches), its main shortcoming is that there are pockets of literature and aspects of adherence and its support that are not included. A reader of this work will not become expert in any one of the broad areas covered, but that is not the assumed intention of the work.

Whereas mastery is not the target, a reader will likely gain a basic understanding of some ways of conceptualizing behavior change, how that can relate to treatment adherence, and how one might try to help oneself or others achieve and sustain adherence over time. These are critical areas of exploration for students in an entry-level course on behavioral approaches in medicine and for health-care professionals looking for guidance on how to better understand and work with adherence.

References


