

Compliance or concordance?

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The reasons why medicine-taking often bears little resemblance to what is written on prescriptions are numerous and complex.¹ New relationships and understandings need to be established between interested groups to achieve the best possible health outcomes for (medicine-taking) individuals and the community.

Changes in human interaction often cause changes in the way we communicate, whether we like it or not. In medicine, **compliance** is a measure of how closely a person follows a course of prescribed treatment. However, compliance is now considered to be a paternalistic concept. The search is on for a more acceptable term. Social scientists use the term **adherence**, but this has not been universally accepted. Recently **concordance** has been proposed as an alternative term², but is this word appropriate?

Dictionaries suggest that:

- concord comes from concordat, which is an agreement between the Pope and a secular government regarding the regulation of ecclesiastical matters
- concord refers to the matching of words within a sentence in terms of their number (singular or plural) and in terms of gender or person
- concord is two sounds making harmony together, and concordant is harmonious
- Concord(e) is also an aeroplane

- concordance refers to an alphabetical list or index of subjects or topics; its verbs are concordanced, or concordancing.

The negative of concord is discord. So if a person does not take their pills does this mean they are discordant, or are they non-concordant?

In its newly fashioned context, concordance is an agreement or partnership between patient and prescriber about obtaining the best use of treatment, compatible with what the patient desires and is capable of achieving. Non-concordance then relates to the patient-prescriber consultation, and not to the patient.

Compliance and concordance are not interchangeable terms. Achieving concordance between doctor and patient by identifying beliefs about illness, treatment and medicine-taking is a worthy concept. It should impact positively on compliance with treatment, and thus health outcomes may be improved. While we should be striving for concordance, some of us will no doubt still wish to be able to evaluate compliance. Although the terms compliance and non-compliance can have a negative connotation for some people, they remain the most useful descriptions of this process in the absence of anything better.

Concordance aficionados or those who may wish to know more should visit www.concordance.org/

REFERENCES

1. Hopkins H, Wade T, Weir D. 'Take as directed', whatever that means. *Aust Prescr* 2000;23:103-4.
2. Mullen PD. Compliance becomes concordance [editorial]. *Br Med J* 1997;314:691-2.

Book review

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CD-ROM \$135

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Reduced prices for students and members of the Royal Australian College of General Practitioners, the Pharmaceutical Society of Australia and the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists.

1. Julia Hanna, Intern, Royal Adelaide Hospital, Adelaide

The Australian Medicines Handbook (AMH) sets itself an immense task in the foreword, aiming to provide 'readily accessible, concise, up to date' information to 'facilitate effective, rational, safe and economical prescribing' and also to be 'an educational tool for practitioners and students'.

Does the AMH meet its stated goals? The drug information is very easy to access. Used as a reference book the text is concise, while as a textbook repetitions appear. For example the reader is told four times that an individual's response to any particular antihistamine is variable. The information provided is up to date, but occasionally the format lets this information

down. The leukotriene receptor antagonists are described in two places. When discussed under asthma therapy the lack of current data supporting a firm place for these medications is mentioned, but it is not reiterated under the drug headings where it would be more obvious to someone looking up these drugs. A segment about imminent approvals would also be useful, information provided inconsistently by this edition.

Does the AMH facilitate effective, rational and safe prescribing? The amount of information readily at the fingertips of the reader makes the answer to this question a resounding yes. Economical prescribing? The costs of individual drugs are mentioned in an index separate from the main text and this might not routinely be consulted. Optimal prescribing is, I suppose, economical prescribing, and the AMH certainly promotes this.

I wholeheartedly recommend this book as an educational tool to trainee medical officers and medical students, who will find it wonderfully useful. As a reference book, I humbly recommend it to any clinician who wishes to obtain prescribing information for a diverse range of conditions quickly and efficiently, and to specialists who wish to access information rapidly in fields other than their own.

On a philosophical note, it is a shame that this excellent source of drug information found it necessary to carry advertising for private medical insurance. Given that the cost of the AMH places it firmly in the textbook/reference book category, perhaps a few more dollars on the price would have been preferable. This book is worth every cent of the price in the time and effort saved when researching or prescribing a new or unfamiliar drug. Once purchased it will be used time and time again.

2. Gerard Gill, General Practitioner, Launceston, Tasmania

This publication is the result of a joint project by the Royal Australian College of General Practitioners, the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists, and the Pharmaceutical Society of Australia.

The handbook is available in both CD-ROM and book formats. The publication is intended for a wide audience. I will restrict my comments to its usefulness in general practice.

The AMH offers three main fields of information covering treatment considerations for common diseases, medication classes, and individual medications. It does bring together this information very well. At 4 cm thick the book version is not for the pocket or doctor's bag, but rather as a surgery reference. Where it does excel is in the CD-ROM form for the ease of use as a clinical desktop decision tool. The comprehensive but concise individual drug monographs are much easier to take in than the manufacturer's product information in my computer prescribing package. For really curly questions one may still need to consult the more complete manufacturer's product information.

This publication is not yet perfect. The CD-ROM version runs from the CD-ROM drive not from the hard disk, making its

computer use less flexible. It can be installed on a server hard drive for network applications. The medication class numbering system varies from that used in the MIMS and the Pharmaceutical Benefits Scheme books. Can we not standardise our classification systems to speed up access? As details of newer medications released since the publication of the AMH are not available, one still needs to utilise these other publications.

The typeface, print size and colour made some contents, especially tables, hard to read quickly. While the purists may prefer only generic names, in the real world a complete listing of proprietary drug brand names in the index is required. The AMH index fails here.

An oversight in the psychotropics section is the lack of a table listing the washout times for antidepressants. One still needs to keep a considerable number of manufacturers' cards for this data.

There is limited coverage of the common complementary or over-the-counter medications. With the high use of such therapies by patients this is an area that needs attention in the next edition.

Where does this book fit into general practice? For the undergraduate or general practice registrar it offers an excellent introduction to medication issues. The book version would be less useful for the established general practitioner. The electronic version on the CD-ROM is superb and would form part of my ideal doctor's desktop tools. Other members of the community-based primary health care team such as pharmacists and nurses would find it most helpful. If one wishes to purchase a reference book on medication usage for Australian general practice, the AMH currently offers the best overall coverage. Purchase price concessions are available for students and members of the three sponsoring bodies.

Gerard Gill FRACGP has been in general practice in Launceston for 20 years and has held a number of appointments with national medical bodies. He is a Clinical Senior Lecturer in General Practice at the University of Tasmania.

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