

An Interactive Voice Response System to Enhance Antidepressant Medication Compliance

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Paper Publication Date: 5th August 2021

Abstract-

Antidepressant medication compliance is a critical factor in the successful treatment of depression. However, many individuals struggle to adhere to their medication regimen due to various reasons such as forgetfulness, lack of understanding about the importance of medication, or side effects. An interactive voice response system (IVRS) can be a valuable tool in enhancing antidepressant medication compliance by providing reminders, education, and support to patients. This essay explores the potential of using IVRS to improve medication adherence and ultimately enhance the effectiveness of antidepressant treatment.

Keywords: antidepressant medication, compliance, interactive voice response system, depression, treatment.

INTRODUCTION:

Depression is a common mental health disorder that affects millions of individuals worldwide. Antidepressant medications are often prescribed as a first-line treatment for depression, helping to alleviate symptoms and improve overall quality of life. However, medication non-adherence remains a significant challenge in the management of depression. Studies have shown that up to 50% of individuals prescribed antidepressants do not take them as directed, leading to decreased efficacy of treatment and increased risk of relapse.

One potential solution to improve medication compliance in individuals with depression is the use of an interactive voice response system (IVRS). IVRS is an automated telephone system that allows patients to interact with a computer-generated voice to receive reminders, information, and support related to their medication regimen. By leveraging the capabilities of IVRS, healthcare providers can enhance communication with patients, monitor medication adherence, and provide timely interventions when needed. An interactive voice response system (IVRS) can be a useful tool to enhance antidepressant medication compliance. IVRS is an automated telephone system that interacts with patients, collecting information and providing reminders or educational messages.

Here's how an IVRS can be used to improve antidepressant medication compliance:

Medication Reminders: IVRS can deliver automated medication reminders to patients at scheduled times. These reminders can help individuals remember to take their antidepressant medication as prescribed. IVRS can also provide customized reminders based on individual preferences, such as specific times of the day or specific dosages.

Refill Reminders: IVRS can notify patients when it is time to refill their antidepressant medication. This feature helps prevent medication lapses and ensures that individuals have a continuous supply of their prescribed medication. Refill reminders can be tailored based on prescription duration and pharmacy preferences.

Education and Information: IVRS can provide educational messages about antidepressant medication, its benefits, potential side effects, and the importance of adherence. These messages can help patients understand the purpose of their medication and address any concerns or misconceptions they may have. IVRS can also offer information on coping strategies, self-care practices, and available support resources.

Monitoring and Assessments: IVRS can conduct brief assessments to monitor medication compliance and assess the individual's well-being. This can include asking specific questions about medication adherence, side effects, and changes in symptoms. The responses can be recorded and shared with healthcare providers to inform treatment decisions and identify areas where additional support may be needed.

Personalized Feedback: IVRS can provide personalized feedback based on patient responses. For instance, if a patient reports missing multiple doses, the system can provide tailored feedback on the importance of adherence and offer strategies to improve compliance. Personalized feedback can enhance patient engagement and motivation to adhere to their medication regimen.

Access to Support: IVRS can provide information about support resources, such as helplines, counseling services, or local support groups. This feature ensures that patients have access to additional assistance if they encounter challenges with medication compliance or if they need emotional support during their treatment.

Integration with Healthcare Providers: IVRS can be integrated with healthcare providers' systems, allowing them to receive real-time data on medication adherence and patient-reported outcomes. This integration enables healthcare providers to monitor patients remotely, identify non-adherence patterns, and intervene promptly when necessary. It also facilitates better communication and collaboration between patients and healthcare providers.

Feedback and Reporting: IVRS can generate reports summarizing medication adherence rates and patient responses. These reports can be shared with healthcare providers, allowing them to monitor trends, identify areas for improvement, and tailor treatment plans accordingly. Feedback and reporting can promote a proactive approach to medication management and enhance overall patient care.

It is important to note that an IVRS should not replace direct communication with healthcare providers but should complement the existing care process. Regular follow-up appointments and face-to-face interactions with healthcare professionals remain essential for comprehensive treatment.

An IVRS can serve as a valuable tool to support antidepressant medication compliance by providing reminders, educational messages, monitoring, and access to support. By improving medication adherence, an IVRS can contribute to better treatment outcomes and overall mental health for individuals receiving antidepressant therapy.

METHODOLOGY:

To investigate the potential benefits of using an IVRS to enhance antidepressant medication compliance, a randomized controlled trial can be conducted. Participants would be recruited from a mental health clinic and randomly assigned to either the intervention group (IVRS) or the control group (standard care). The intervention group would receive automated phone calls from the IVRS system at scheduled times to remind them to take their medication, provide educational information about antidepressants, and offer support for any medication-related issues. The control group would receive standard care without the use of an IVRS.

Participants' medication adherence would be assessed using self-report measures, pill counts, and electronic monitoring devices. In addition, participants' depression symptoms and overall wellbeing would be evaluated at baseline and follow-up assessments using standardized outcome measures such as the Patient Health Questionnaire (PHQ-9) and the Hamilton Depression Rating Scale (HAM-D).

DISCUSSION:

The use of an IVRS to enhance antidepressant medication compliance has the potential to address several key barriers to adherence in individuals with depression. The automated nature of the system allows for consistent and timely reminders to take medication, reducing the likelihood of forgetfulness. In addition, the interactive features of IVRS can provide tailored education and support to patients, empowering them to make informed decisions about their treatment.

Moreover, IVRS can serve as a valuable tool for healthcare providers to monitor medication adherence and intervene when issues arise. By receiving real-time data on patients' medication-taking behavior, providers can identify patterns of non-adherence and offer personalized interventions to improve compliance. This proactive approach can help to prevent relapse and optimize treatment outcomes for individuals with depression.

CONCLUSION:

In conclusion, an interactive voice response system shows promise as a means to enhance antidepressant medication compliance and improve treatment outcomes for individuals with depression. By leveraging the interactive capabilities of IVRS, healthcare providers can offer personalized support, education, and reminders to patients, ultimately increasing adherence to medication regimens. Future research should explore the long-term effectiveness of IVRS in improving medication compliance and its impact on reducing depressive symptoms and improving overall mental health outcomes.

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