

Increasing Compliance

One pharmacist shares ideas to increase compliance for ACEI & ARBs usage.

Clinical data strongly supports the use of either an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin receptor blocker (ARB) to slow the progression of renal failure in the chronic kidney disease (CKD) patient population.

Since both classes of agents are equally effective in slowing renal damage, how do we decide which agent to use and how do we do better at helping patients comply with their ACEI or ARB therapy?

Cost

Many patients pay out-of-pocket for their medications or have insurance that will pay for generic medications, but not brand name medications. If patients cannot afford their medications, they will not fill the prescription provided by the physician.

Ask your patients about their insurance coverage for medications if you are not sure. Generic formulations of ACEIs such as lisinopril and enalapril are less costly than brand name alternatives. If the patient cannot take an ACEI, then an ARB can be a good choice for the initial pharmacological management of the CKD patient.

Side effects

Inform patients of common side effects of ACEIs such as cough, headache, rash, and angioedema. The cough is a dry non-productive cough that may take up to a month to subside and is a class effect, so if one ACEI causes the patient to cough, then changing to a different ACEI is unlikely to prove beneficial.

Make sure the cough is not due to other medical conditions like asthma, gastro-esophageal reflux disease, chronic obstructive pulmonary disease, allergies or infections. Patients can also have an increase in serum potassium levels and will need to have their potassium levels monitored.

Many times CKD patients need multiple medications to manage their hypertension. If their creatinine clearance is 30 ml/min or higher, the addition of hydrochlorothiazide is a good second option, especially in CKD patients with rising potassium levels.

Side effects of ARBs include coughing, although less often than with ACEIs, a rise in potassium, leg cramps, dizziness, nausea and vomiting.

Angioedema also occurs with ARBs, and if a patient develops angioedema while taking an ACEI, caution should be taken when the patient is switched to an ARB.

Dosing

Avoid using a medication that needs to be taken more than once a day, such as captopril which may lower compliance rates in CKD patients. Also, start with a low dose of whatever drug is initiated and slowly titrate upwards as clinically indicated.

Patient Education

If patients do not understand the function or importance of their medications, they are less likely to take them as prescribed. Discuss and document expected side effects as well as the benefits of ACEIs and ARBs when talking to patients.

Compliance is getting a patient to take the right drug at the right time in the right dose. Barriers to good compliance include cost, side effects and proper dosing.

Talk to the patient about who pays for their medications to help determine a good drug regimen. Talk to the patient about expected side effects. Stress the importance of taking their medications on schedule. If the patient understands the benefits of being compliant, they are more likely to continue their therapy.



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