**Customized Adherence Enhancement Intervention Improves Adherence Rates in Bipolar Disorder**

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Customized adherence enhancement may be most effective if implemented in individuals early in the course of bipolar disorder.

Customized adherence enhancement (CAE) in [bipolar disorder](https://www.psychiatryadvisor.com/home/topics/mood-disorders/bipolar-disorder/predictors-of-suicide-risk-in-bipolar-disorder-vary-by-sex/) (BD), a brief, BD-specific approach that targets individual adherence barriers, is more effective in supporting treatment adherence, functioning, and use of mental health resources than a BD-specific educational program (EDU), according to research published in the *Journal of Clinical Psychiatry.* Because nonadherence in BD ranges from 20% to 60%, targeting individual adherence barriers is essential.

A 6-month randomized controlled trial enrolled 184 participants with BD. CAE was prescribed for 92 participants and 92 were prescribed EDU. Researchers sought to compare the effect of each approach on adherence, symptoms, and functional outcomes among poorly adherent individuals. Adherence change was measured using the Tablets Routine Questionnaire and symptoms were measured by the Brief Psychiatric Rating Scale. Assessments were made at baseline, at 10 weeks, at 14 weeks, and at 6 months.

The study was limited by its single-site setting, short duration, and subjective adherence evaluation. Additionally, participants in this study may not represent all people with BD, especially considering the study’s attrition rate of <20%.

At baseline, participants had missed a mean of 55.15% of prescribed BD drugs within the previous week and 48.01% in the previous month. At 6 months, participants in CAE had significantly improved past-week and past-month scores compared with those in the EDU group. This score improvement remained significant after adjustment for multiple comparisons. Both groups used more mental health services at 6 months than at baseline, although the increase for CAE participants was less than that for EDU participants. CAE had additional positive effects on adherence, functioning, and mental health resource use overall.

Researchers urge that “there is a need to support patients who are at high risk for future nonadherence and may not have access to (or interest in) high-intensity, specialized care,” and they stated that approaches to treatment should be individualized. They suggest that CAE may be most effective if implemented in individuals early in the course of their illness and they recommend further studies investigating ways in which CAE implementation could be increased.

**Reference**

Sajatovic M, Tatsuoka C, Cassidy KA, et al. [A 6-month, prospective, randomized controlled trial of customized adherence enhancement versus bipolar-specific educational control in poorly adherent individuals with bipolar disorder](https://www.psychiatrist.com/JCP/article/Pages/2018/v79/17m12036.aspx). *J Clin Psychiatry*. 2018;79(6):17m12036.