Integrating Food and Medications as a Way of Life

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The subject of medication adherence has been discussed for quite some years, but the research in this area is still emerging. Only recently has the focus shifted from studying adherence of single-condition patients taking one or more medications to that of patients taking multiple medications for coexisting conditions. Improving adherence in the latter group is much more complicated and less well understood.[1] Limited research exists examining the issue of medication adherence for these patients, yet one thing we do know is that as the number of medications increases, adherence to medication regimens decreases.[1,2]

From a patient perspective, having multiple medications and coexisting conditions makes life more complicated. Recently, I was a guest speaker at a cardiac support group for women. My topic was "Key Things Every Woman Should Know About Nutrition." The support group members ranged in age from 35 to 80 years, but their questions were all very similar. One question that had the women most perplexed was, "How do I eat when I have so many medications, and some require fasting, and some do not?"

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This question led to many related questions, such as, "How long do I wait to eat after taking a medication that requires no food when my next pill requires food?" or conversely, "How long do I wait to take a medication that requires no food if I have just eaten because my other medication requires that I take it with food?" The main problem was that most of the women learned about whether to take specific medications with or without food, the drug-nutrient interactions, and when and how often to take their medications, but none had learned how to put it all together within the context of their daily life.

Merely taking medications adds complexity to life, but taking them with or without food at different times of the day also complicates the traditional method of eating based on hunger cues. Instead of eating being a way of life, medications for these women has become the way of life, and eating has become a secondary component. We often tell our patients to eat when they are hungry. We review the physiology of eating, and we talk about the relationship between diabetes medications and eating (when to take the medicines in relation to meals, how to make carbohydrate choices, and so forth). But are we spending enough time talking about all the different medications they take, the patterns of their eating throughout the day, the ways all of their medications affect their eating schedule, and, overall, how these issues can change their life?

Complexity of medication regimen has been identified as inversely related to adherence.[1,2] Studies have shown that patients are less adherent when they feel that their medications are hard to take,[3] but the variables contributing to their feeling that medications are hard to take have not been studied. Most research about food and medications relates to drug-nutrient interactions,[4] and there seems to be a complete lack of information about whether medication adherence is affected by how medications may change eating or vice versa.

So how can we help patients fit medications into their life and usual eating patterns? In her article in recent issue of *Diabetes Spectrum,*[5] Barbara Kocurek, BS, PharmD, BCPS, CDE, provided a table with strategies for improving medication adherence. Her strategies for addressing medication complexity focused on reducing medications, simplifying doses, and discussing side effects. Kocurek and John D. Piette, PhD, in the same issue of *Spectrum,*[6] both mentioned the importance of communication. Collaborative and proactive health communication is important to help patients achieve their goals.[7] Patients prefer collaborative and proactive communication regarding their treatment; they also appreciate it when we discuss abnormal measurements such as blood pressure[7] or blood glucose and how these measurements change medication treatment. If we apply this to our discussions of food and medications, based on my experience with the women's cardiac support group, patients would like help putting their medication schedule within their eating pattern so that they can maintain some of the normalcy they associate with their life before their diagnoses.

So, when you have patients with coexisting conditions and multiple medications, take some time to assess their meal and medication patterns and help them achieve the way of life they desire. Taking medications is like any other behavior, such as eating a nutritious diet, getting adequate physical activity, or refraining from tobacco use. We need to help patients fit their medication-taking into their existing lifestyle rather than making it the focus of their life.

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