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Nagging texts help teens remember to take meds

By Lauran Neergaard, Associated Press

WASHINGTON — 4gt yr meds? Getting kids to remember their medicine may be a text message away.

Cincinnati doctors are experimenting with texting to tackle a big problem: Tweens and teens too often do a lousy job of controlling chronic illnesses like asthma, diabetes or kidney disease.

It's a problem long recognized in adults, particularly for illnesses that can simmer without obvious symptoms until it's too late. But only now are doctors realizing how tricky a time adolescence is for skipping meds, too.

Of necessity, parents start turning over more health responsibilities to their children at this age. It's also an age of angst, sometimes rebellion, and when youths may most hate feeling different from their friends because of medication, special diets or other therapy.

"It's a time of so much change in these kids' lives," says Dr. Marva Moxey-Mims, a specialist in pediatric kidney disease at the National Institutes of Health. "It's very difficult when you've got a life-threatening illness to say, 'Let them make their mistakes.'"

There are few good statistics on how many chronically ill kids don't adhere to therapy. But what little data exists is alarming enough that the NIH's National Institute of Diabetes and Digestive and Kidney Diseases will bring specialists together in September to debate next steps:

- Some studies suggest only half of adolescents, on average, properly follow treatment steps, says Dr. Dennis Drotar of Cincinnati Children's Hospital. The more medications required or the more troublesome the side effects — even, for appearance-conscious teens, such things as weight gain from steroid medications — the worse kids adhere.
- Asthma's record is particularly bad, with research suggesting as few as 30% of teenagers correctly take medication to prevent asthma attacks.
- Among kidney transplant recipients, adolescents have the worst long-term outcomes of any age group, says Moxey-Mims.

Even when parents try to keep close tabs, "kids are cunning," Drotar notes. "Parents are in a bind because there's pushback."

Drotar once used a monitor to detect whether cystic fibrosis patients performed a chest-thumping therapy to clear their lungs. One teen's monitor showed weird readings: He'd strapped it onto his dog.

Kabrina Moton, 16, of Cincinnati knows she'll start wheezing and need her inhaler when she plays basketball if she hasn't taken her daily asthma pill.

Still, "one time I went a whole month without taking it," she confesses. "It's just work and school and being in and out of the house all the time. ... When I would think about it, I wasn't around it or I was out and I wouldn't remember later on."

Enter text messages.

Dr. Maria Britto, an asthma specialist at Cincinnati Children's, noticed that even when she's talking to adolescent patients perched on the clinic exam table, they'll keep texting on their cellphones.

"You have to get in their face a little," she says with a laugh.

But it sparked the idea for a study to see if a daily medication reminder via text message would improve kids' asthma control — preventing full-blown attacks, improving school attendance and decreasing doctor and emergency-room visits. After all, Britto says kids as young as 12 carry the phones into her clinic, poor and middle class alike.

Pilot testing recently began, with a full study set for later this year. Participants say what time they want the reminder, and a clinic volunteer types out the messages — words spelled out, no mimicking of kids' text lingo.

Moton says she texts a lot, so it's easy to spot her reminder at 7 each evening — and so far, she hasn't missed a dose.

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"It always says, 'Have a nice day,'" she says. "It makes me feel good about it."

If the simple reminders work for asthma, they may for other diseases, too.

"We have the science" backing treatments, Britto notes. "We just can't figure out how to get the right drugs into the right kids' bodies."

But remembering medication doses is only one part of a very complex problem. First, families must understand the importance of following treatment even when children feel fine. Then, parent-adolescent relationships play a huge role.

"Kids are thinking short-term and not long-term complications. If they're feeling better for the moment, there's a tendency to keep testing the limit," says Drotar.

He tracked teens whose leukemia was in remission, and found a shocking 30% had no evidence in their blood of the follow-up medicines designed to help keep them in remission.

Now Drotar's team is testing problem-solving techniques with those leukemia survivors, bringing in parents and teens to discuss treatment barriers and brainstorm solutions without nagging or teen-parent head-butting.

Peer pressure is another approach, talks from older teens who can empathize with the rigors of dialysis, for example, or who tell how they got sick from skipping treatment.

And in an NIH-funded study, researchers in Cincinnati, the University of Miami and the Nemours Clinic in Wilmington, Del., are tracking 9- to 11-year-olds and their families for three years, to pinpoint what predicts a drop-off in control of Type 1 diabetes during adolescence.

Not surprisingly, Drotar says, kids with stable families and positive parent relationships fare better.

Lauran Neergaard covers health and medical issues for The Associated Press in Washington.

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