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INTRODUCTION

Patients with chronic diseases face multiple barriers to medication adherence, which can lead to worse clinical outcomes. High out-of-pocket costs can create financial toxicity. A key consequence is cost-related nonadherence (CRN), in which patients forgo, delay, or underuse prescribed medicines because of cost. Shared decision-making (SDM) engages patients and clinicians but often overlooks financial burden. Cost-informed SDM (CISDM), such as discussing prices, alternatives, or assistance programs, may address this gap.

OBJECTIVE

This narrative review aims to synthesize evidence on the effect of cost-informed shared decision-making (CISDM) on patient adherence, examining its effectiveness and the challenges to its implementation.

RESULT

Cost-Related Nonadherence (CRN) is a substantial barrier to needed care. A small increase in co-payment can significantly affect adherence among patients with chronic conditions such as diabetes, heart failure, and cancer. In contrast, decreasing patient co-payment can help people adhere to their therapies, but adding cost discussions to Shared Decision Making (CISDM) makes things more complicated.

There is conflicting evidence on the direct effect of CISDM on medication adherence. Some studies show that using an SDM model that takes costs into account can make patients much more likely to follow through with treatment and learn more than they would with standard care. Also, giving patients specific information about their out-of-pocket costs before a consultation seems to make cost-focused conversations happen more often. However, alternative direct analyses of clinical interactions revealed no significant correlation between engaging in a cost discussion and a patient's subsequent adherence to medication.

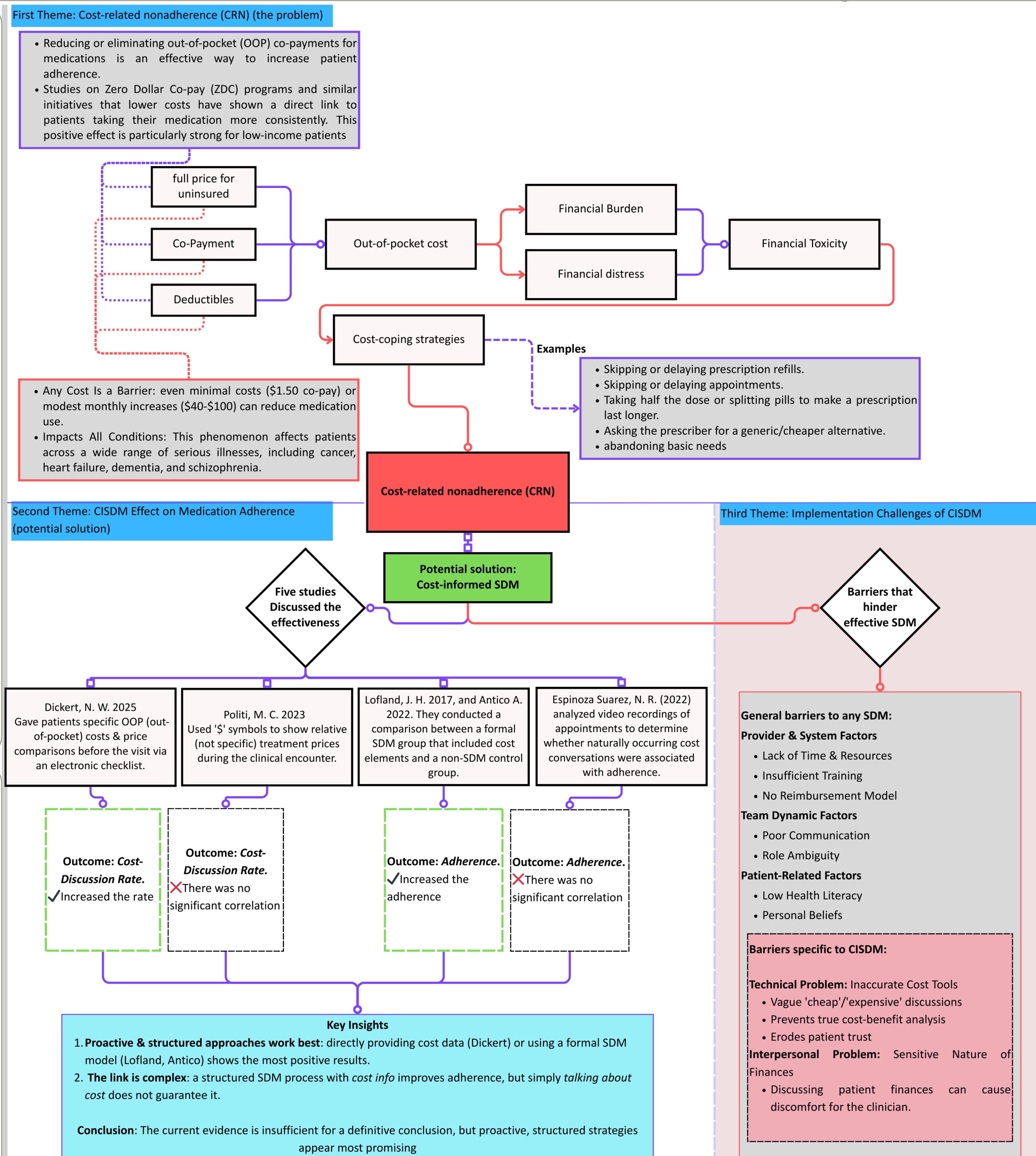
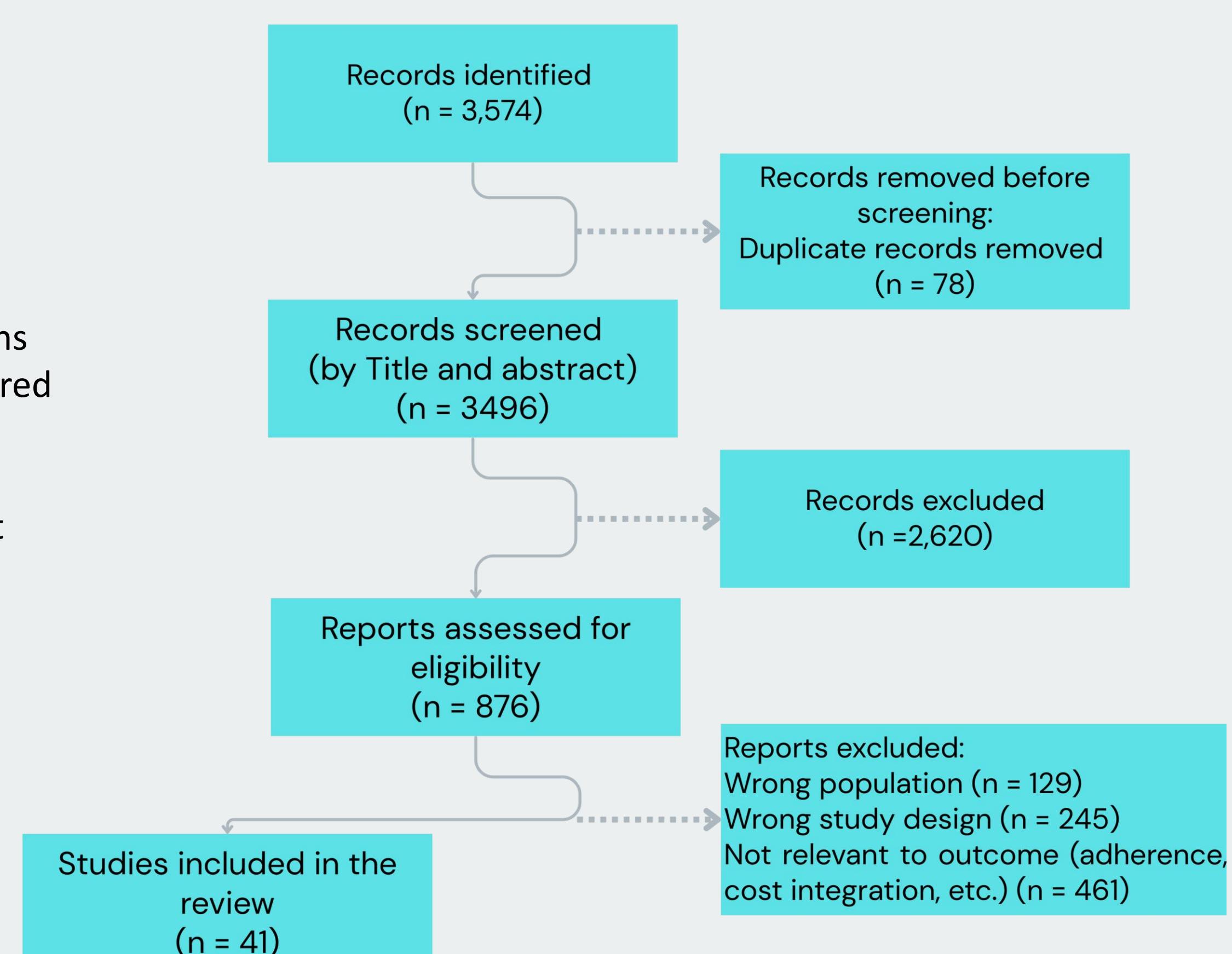
Overall, CISDM is a promising method, there isn't enough research to say for sure what effect it has on adherence. There are still big problems with implementation, such as a lack of time and training for doctors and, most importantly, the lack of accurate, real-time cost-estimation tools, which makes it hard to have meaningful and quantitative price discussions.

CONCLUSION

This review concludes that while Cost-Informed Shared Decision-Making (CISDM) is a promising strategy to address the serious issue of financial toxicity and cost-related nonadherence, it currently lacks sufficient evidence to support its effect on medication adherence for chronic diseases. The success of CISDM is dependent on resolving significant organizational and technological barriers. Only when clinicians and patients have the necessary resources, particularly accurate, real-time cost-estimation tools, can CISDM be truly tested, developed, and realized as a patient-centered standard of care.

METHOD

This narrative review searched PubMed and Google Scholar for English-language studies (August 2015–August 2025) involving adults with chronic conditions that examined medication cost, adherence, and shared decision-making. We excluded reviews and meta-analyses, pediatric populations, non-chronic conditions, and studies focused primarily on patient financial incentives.



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