

The journey for medicines self management to being managed: a community perspective

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Background

*Consumers should be encouraged to maintain their independence for as long as possible, including managing their medications in a safe and effective way.
(APAC, 2006)*

- Need for a medicines assessment tool
 - consistency of practice
 - strengths based
 - support independence

Study Aim

- Explore the perceptions and experiences of older people, people living with dementia, family carers and health professionals regarding management of medicines in the community.
- The findings will inform development of a tool for community nurses to use in the assessment of clients in their capacity to self medicate.

Method

- Qualitative study
- Ethics approval
- Focus groups and interviews
- Grounded Theory and constant comparative method of thematic analysis
- Tool development through Delphi technique

	Proposed sample size n=70	Sample achieved n=63
<i>General Practitioners (GP)</i>	5	8
<i>Pharmacists (Pharm)</i>	5	4
<i>District Nurses (RN)</i>	20	17
<i>Older people (OP)</i>	10	11
<i>People with dementia (PWD)</i>	10	8
<i>Family members of OP (Carer OP)</i>	10	6
<i>Family members of PWD (Carer PWD)</i>	10	9

The person's journey

- Self management
- Something changes
- Locus of control and the medicines team

Values and beliefs about medications

I hate it but I know I've got to have it (OP 6)

As far as I'm concerned there keeping me alive (OP 9)

Goal

Well you make certain that you're really taking the right tablets and make certain that you take them at their prescribed time that's prescribed by the doctor or chemist (OP 1)

Self management

- Relationships
 - Trust and confidence
 - Showing an interest
 - Continuity over time
- Information
 - GP and Pharmacist as a resource
 - Internet
 - Printed information
- Developing systems
 - Linking medicines to a routine
 - Visual reminders, aids, adaptations and the environment
 - Medicine organisation systems

Something changes

- Cognitive and functional ability
- Transitions between environments
 - Hospitals
 - Respite
- Multiple prescribers
- Medication changes
 - Prescription
 - Names
 - Appearance

Changing ability

- **Forgetfulness**

The reason my sister and I got together about it was because she wasn't taking her medication (Carer OP 6)

- **Behaviour changes**

It was actual changes in her behaviour at different times. Then I realised that I had to know that she was taking them (Carer OP 2)

- **Disorganisation**

They kept disappearing yes. She does tend to do that. She never knows where things are these days (Carer OP 4)

Hospital and respite

The habit of her remembering to take medication every day had been broken and I didn't know how it would start up again (Carer PWD 3)

Changes to medicines

The biggest problem that I've had is recently our chemist was taken over by a chain..... and they changed the name of just about every medicine that we take. So where I could pick up the tablets in the dark and tell what by the feel and the size and the glossiness of it now I'm relearning it all because they've changed the name of just about every medicine. (Carer OP 1)

The emotional experience

He was very defiant about the fact that he had taken his medication and then he was very embarrassed when he found he hadn't and being a very intelligent person he then struggled very hard for a very long time to try and cope. So it was like him swimming in a big sea (Carer PWD 2)

Getting help

Oxycontin had the potential to do a lot of damage if she got it wrong...

I had the fear of God put into me because Oxycontin at the time was all in the [media]...

Her not taking the tablets really...

The pain was making the dementia worse too...

It was that combination of things that made me think, okay maybe it's best if the nurses come in

(Carer PWD 3)

The medicines team

- Medicines team expands
- Medicines team dynamic changes
- Health professionals 'take control'
- Individual and their family carer are no longer central

Locus of control

There's the issue about who controls what drugs they're on and the confusion if you like that's medically systematic within the clinical in terms of the roles adopted and how that single patient's agenda is owned by several people (GP)

Relationships and systems

It is not that you can't cope. It is just that all these things are so difficult and they are so messy and you are limited by pharmaceutical restrictions, doctors' restrictions, pharmacists' restrictions. Your own time restrictions, which were huge for me, because I had to try and pack everything into just this sort of bit of the day. (Carer PWD 2)

Relationships and systems

Unless they tell you that there's a problem- you know dad can't swallow tablets; he spits that out every morning or something like that - it's almost like you don't actively look or I don't as carefully look for problems with the relatives (GP)

I'm kind of waiting for them to tell me there's a problem and that's probably poorer care than maybe that group deserve (GP)

Assessment items

- Premorbid medication beliefs and attitudes
- Continuity of health professional
- Understanding of medicines safety
- Cognitive and functional changes
- Emotional experience
- Build on established routines
- Access to self management options
- Family carers needs

Delphi technique

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