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Understanding medicines use in people 65 years and over

A project funded by the Sharing Health Care Initiative
Department of Health and Ageing



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Aim of session

To bring forward for debate potential strategic directions and health reform initiatives that possibly can contribute to improving medication safety for older people wherever they receive healthcare.



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Research team

- **Dr Kay Price - University of South Australia: School of Nursing & Midwifery;**
- **A/Professor Anne Taylor – PROS SA Health, and**
- **Professor Debbie Kralik – RDNS SA Inc., Strategy & Research Unit.**
- **Heather Eaton – University of South Australia: School of Nursing & Midwifery;**
- **Rhiannon Pilkington – PROS SA Health and**
- **Dr Antonia van Loon, Senior Research Fellow (RDNS Strategy & Research Unit)**



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Royal District Nursing Service of SA Inc.



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SA Health





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Sharing Health Care Initiative

- **increase the understanding an individual with a chronic disease has of their condition and their ability to manage it**
- **improve the health related quality of life for people with chronic diseases**
- **encourage people to use the health care system more effectively**
- **enhance collaboration between individuals, their families, carers and health care professionals in the management of chronic disease**

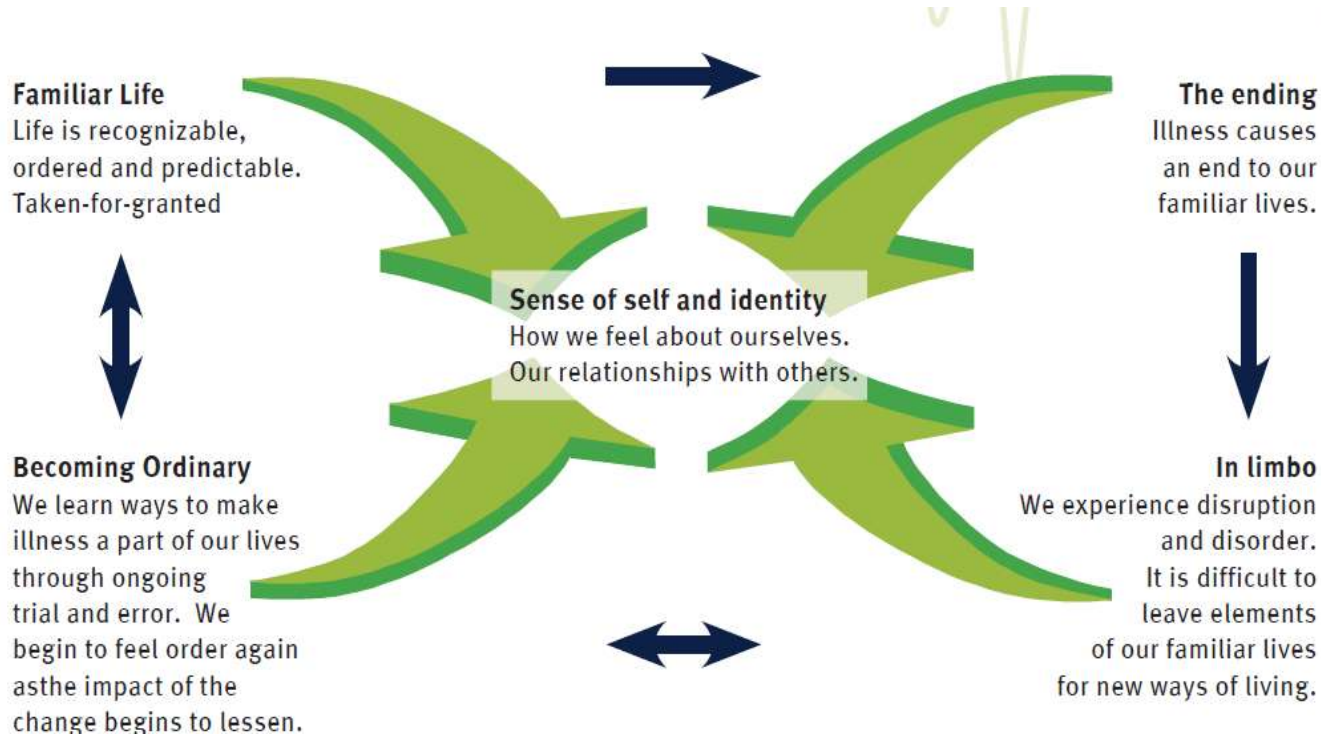


Our research hypothesis

- **Trial and error as a personal self-care strategy has the potential to influence social, health and functional outcomes for people with chronic conditions including their health care usage and health care costs.**



Transition thesis



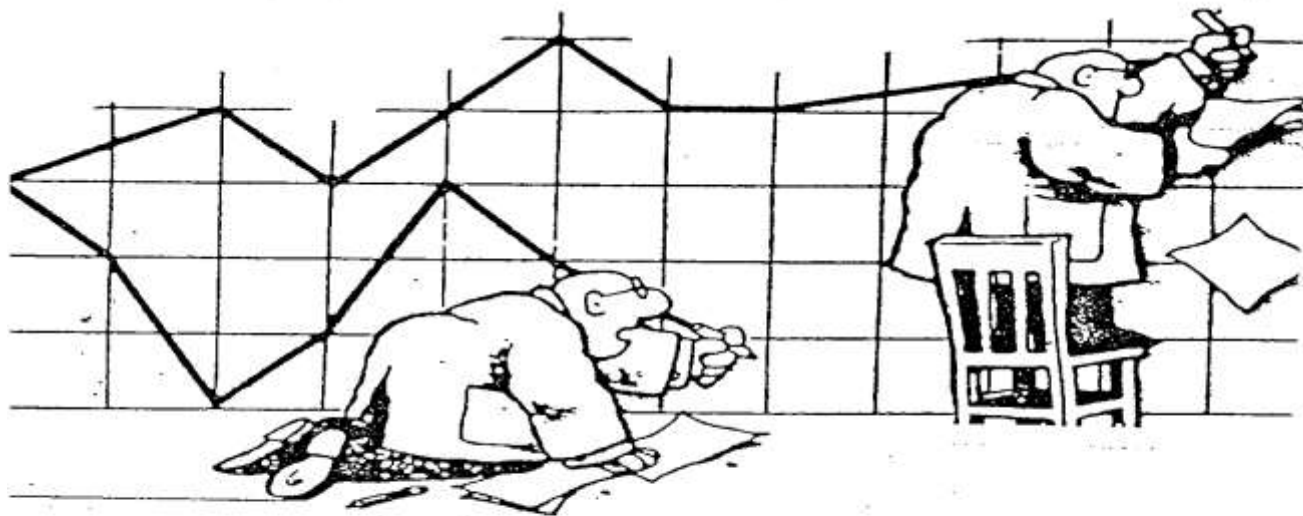


Underpinning premises

- **People with chronic conditions want to live as well as possible and be in control of their lives. They take risks and learn from their mistakes and make different and varied decisions everyday which impact on their health outcomes.**



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HEY I THOUGHT WE WERE WORKING ON THE SAME DATA



This Study – Stage 1

- We developed profiles of targeted groups utilising the population datasets available from the North West Adelaide Health Study, a major biomedical cohort study operating since 2000.
- We were asked by the Department of Health and Ageing to profile six different groups namely: **greater than 65 years; less than 30 years; lowest SEIFA quintile; NESB; Carers and Veterans.**
- We have produced de-identified datasets to display service use and health outcomes status, PBS medication dispensing data, and MBS and state-based hospital health service administrative data for these six targeted groups.



NWAHS dataset

- **NWAHS dataset was used as a sampling frame to profile specific groups of targeted groups**
- **Profiles provide unique and valuable data not currently available to Australian policy makers, stakeholders, researchers or the public.**
- **http://www.unisa.edu.au/nur/research/project/s/chronic_disease/default.asp**



Profile of persons over 65 years

- **Those aged less than 30 or 65 and over with chronic conditions are more likely to use/spend maximum on MBS and PBS.**
- **Those aged 65 and over with chronic conditions are using more services.**
- **Lack of demographic differences for age 65+ group. This is not surprising - typical Australian snapshot of this age group.**



Mean and median number of MBS services used per year for participants with and without chronic condition/s

Without chronic condition/s

	Min	Max	Median	Mean / SD
2004	0	164	18	24.54 / 24.63
2005	0	795	20	31.46 / 59.08
2006	0	165	24	30.94 / 28.28
2007	0	285	24	27.43 / 28.19

With chronic condition/s

	Min	Max	Median	Mean / SD
2004	0	393	31	37.92 / 36.23
2005	0	289	33	40.08 / 33.80
2006	0	414	33	43.63 / 42.20
2007	0	510	35	43.10 / 43.87



Mean and median number of PBS items processed for participants with and without chronic condition/s

Without chronic condition/s

	Min	Max	Median	Mean / SD
2004	0	122	12	19.35 / 21.84
2005	0	131	14	21.23 / 24.23
2006	0	134	15	21.22 / 22.80
2007	0	126	13	20.21 / 21.48

With chronic condition/s

	Min	Max	Median	Mean / SD
2004	0	162	35	40.34 / 31.07
2005	0	153	38	41.86 / 32.56
2006	0	165	35	40.68 / 32.65
2007	0	179	38	40.91 / 33.36



Stage 2

- **We conducted semi-structured interviews with participants from the targeted groups interviewing 10 from each.**



Daily health care decisions

- **Those over 65 years commonly gauge their health by mobility, absence of pain, how they feel, QoL**
- **Main decisions are related to pacing activity, diet, personal attitude toward facing the day e.g. need to 'push' themselves**
- **GP focused partnership and confidence in GP**



Attitudes re self-care

- **Those over 65 years put an emphasis on managing symptoms**
- **Attitude affected by pain, mobility, energy and fatigue**
- **Use evidence from GP, efficacy and internet**



Influences to give things a go

Those over 65 years are influenced by:

- **GP suggestions**
- **Trusted peers, family or friends**
- **Desperation**
- **Face to face testimony**
- **Permission e.g. insurance, guidelines**



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Knowledge translation





Stage 3

- **We conducted a national epidemiological population-based survey of 3,000 people informed by Stage 1 & 2.**
- **Analyses compare a wide range of descriptive variables. We compare people with and without a chronic condition (as determined by self report). We also compare people, who self-report their use of trial and error with their health and those who do not, with selected variables of interest.**
- **Analyses use chi-square to determine whether there is a statistically significant difference between the observed and expected frequencies in categories, with $p < 0.05$ the appointed level of significance.**



For community dwelling older persons 65 years and over living with chronic disease.

- **They have a high level of psychological distress and are angry about their health when compared to persons 65 years and over who do not live with chronic disease.**



Those 65 years and over with chronic conditions

- **They have a poor quality of life and within this group, they acknowledge that they fail to fill prescriptions, reduce or increase doses of prescribed medicines, skip and even stop doses of medicines before their medical officer tells them.**



Persons 65 years and over living with chronic conditions

- 1. At the population level they have a better relationship with their General Practitioner.**
- 2. Potential exists that some issues confronting the older person is as a consequence of their 'trial and error' practices when younger**



Carers living with chronic conditions

- **Carers living with chronic conditions when making decisions about their health, make these decisions in the context of their caring responsibilities.**
- **Carers make decisions for the cared-for-person and these decisions may relate to medicines and information.**



CATI question

- **Have you ever used trial and error with your health?** Interviewer note: If respondent does not know what 'trial and error' is do not offer any explanation, 'don't know' is an acceptable response.

(Single Response)

- Yes
- No
- Sometimes
- Don't know
- Refused



Main findings

**For those persons who said they used
'trial and error', Medicines and
Information were the key areas in which
different profile groups did things
differently**



A sense of control

- **Trial and error practices have the potential to provide a greater sense of control about what happens in their everyday situations compared to being told what to do by health professionals. These practices take account of what is happening in their lives - they have relevance.**



- **Home Medicines Review**
- **It is all about the relationship**
- **Different ways of approaching people living in their domestic dwelling**



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Please let us know...

Thank you for your involvement today.

**Please send on any thoughts,
questions or concerns to:**

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