

Publication

How do elderly outpatients manage polypharmacy including DOAC - A qualitative analysis highlighting a need for counselling.

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Author(s) Albert, Valerie; Baumgartner, Pascal C; Hersberger, Kurt E; Arnet, Isabelle

Author(s) at UniBasel [Arnet, Isabelle](#) ; [Albert, Valerie](#) ; [Baumgartner, Pascal](#) ; [Hersberger, Kurt](#) ;

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Patients with polypharmacy are challenged with the management of their daily medication. Medication management strategies for direct oral anticoagulants (DOAC) are especially important to guarantee medication adherence and to prevent thromboembolic events. Patients are often left alone with finding an appropriate strategy.; To explore medication management strategies, to measure adherence to DOAC with the aim of deducing recommendations for practice.; Face-to-face semi-structured interviews were conducted at the home of outpatients who were taking ≥ 4 medications daily including a DOAC, and self-managing their medication. A small electronic device (Time4Med™) was given to record medication intake during the four following weeks. During a second home visit, participants saw a graph of their medication intake as dot chart, and obtained a feedback. Interviews were transcribed verbatim and thematically analysed. Medication adherence was calculated with electronic data.; Eighteen individuals (61.1% female; median age 77.5 years) were interviewed and reported 30 different medication management strategies, together with triggers, advantages and limitations. They combined at least five strategies, composed of internal (memory-based) and external (packaging-based or intake-based) strategies. The number of strategies was neither associated with the number of medications nor with medication adherence. Taking adherence was $<100\%$ for eight patients (44.4%). The inability of any medication management strategy to adapt to ageing and cognitive decline emerged as its most dramatic limitation, especially because individuals would fail to notice when their strategy became unsuited.; Elderly patients develop manifold medication management strategies, which can inspire future medication users. Limitations are present such as forgetting medication intake in spite of a management strategy. The moment to adapt the strategy to ageing or cognitive decline is crucial and often goes unnoticed. It is therefore decisive that healthcare professionals regularly re-evaluate the appropriateness of the medication management strategies during counselling or ideally during home visits.

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