Practical problems with medication use experienced by older people: a qualitative study

Objective

- To identify the practical problems that older people experience with the daily use of their medicines and their strategies to overcome these problems
- To determine the potential clinical relevance of these practical problems

Results

- 56 (95%) participants experienced ≥1 practical problem
- 10 (17%) participants experienced ≥1 practical problem that was considered to potentially cause moderate or severe clinical deterioration
- 11 (5%) problems were considered to potentially cause moderate or severe clinical deterioration

Conclusions

- Older people experience practical problems when using their medicines
- These problems can result into incorrect medication use, which may have clinically relevant consequences
- The findings challenge drug developers, regulators and healthcare professionals to find ways to diminish the practical problems that older people experience

Methods

Study design: a qualitative study by semistructured interviews

Setting: a community pharmacy and a geriatric outpatient ward in Utrecht, the Netherlands

Participants

- 59 community-dwelling people
- Age ≥70 years
- ≥3 different oral prescription medicines daily
- Self-management with respect to medication use

Data collection

- Participants were interviewed at their own home
- Questions concerned their experiences with the sequential steps of the medication use process for each of their oral prescription medicines
- Classification of potential clinical relevance of identified practical problems and management strategies by expert panel

Figure 1: Overview of practical causes of incorrect medication use per sequential step of the medication use process.

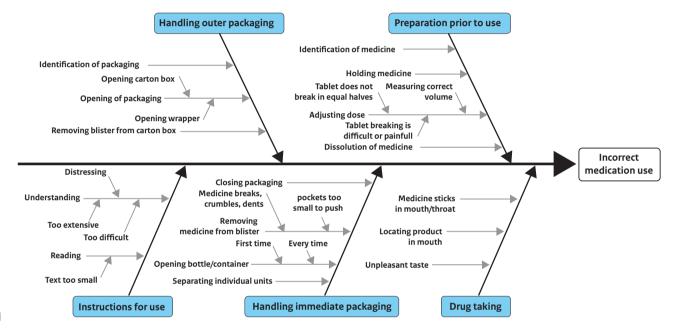


Table 1: Number of reports on practical problems experienced by the 59 participants and the clinical relevance of these problems*

Category	Reports (n)	Unlikely to cause discomfort / clinical deterioration	Potential to cause moderate discomfort / clinical deterioration	Potential to cause severe discomfort / clinical deterioration
Reading / understanding instructions for use	53	52	0	1
Handling outer packaging	19	19	0	0
Handling immediate packaging	73	70	3	0
Preparation prior to use	38	33	3	2
Drug taking	28	26	1	1
Overall	211	200	7	4

^{*} Cornish et al. Arch Intern Med 2005; 165(4):424-9.

"After reading the instruction leaflet, I decided to restrict myself to one tablet every two days. This is because I consider it harmful rubbish. You can expect all kinds of problems and the side effects are gigantic. I wish I hadn't read the instruction leaflet. Yes, I do skip doses. The medicine is not as harmless as one thinks."

"So, if I have this < participant holds up the bottle of levodopa/benserazide>, but then it is bigger than this I believe. I find it difficult to tell. When you put them next to each other it's easier to see. I should have been told this when I was given the instructions. So, at first I was taking them randomly because I couldn't see what I was doing."

"I have to take half a tablet. There is a nice groove. I have good fingernails that fit nicely into the groove. Nine times out of ten I break the tablet in two, and one-half is so big and the other half so big. So, not the same amount every day."



Look-alike tablets levodopa/benserazide 100/25mg and 200/50mg



Damaged tablet after attempt to break it in two equal halves

This study has been accepted for publication (Notenboom et al. JAGS 2014)

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