



Original Research

Dementia, medication and transitions of care

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Abstract

Background: Persons with dementia (PWD) often have complex medication regimens and are at risk of medication problems during the multiple transitions of care experienced as the condition progresses.

Objectives: To explore medication processes in acute care episodes and care transitions for PWD and to make recommendations to improve practice.

Method: Semi-structured interviews were conducted by two pharmacy researchers from a focused purposive sample of fifty-one participants (carers, health professionals, Alzheimer's Australia staff) from urban and rural Australia. After written consent, the interviews were audio-recorded then transcribed verbatim for face-to-face interviews, or notes were taken during the interview if conducted by telephone. The transcripts were checked for accuracy by the pharmacy researchers. Thematic analysis of the data was undertaken independently by the two researchers to reduce bias and any disagreements were resolved by discussion.

Results: Themes identified were: medication reconciliation; no modified planning for care transitions; underutilization of information technology; multiple prescribers; residential aged care facilities; and medication reviews by pharmacists. Sub themes were: access to appropriate staff; identification of dementia; dose administration aids; and staff training.

Conclusions: Medication management is sub-optimal for PWD during care transitions and may compromise safety. Suggested improvements included: increased involvement of pharmacists in care transitions; outreach or transitional health care professionals; modified planning for care transitions for individuals over 80 years; co-ordinated electronic records; structured communication; and staff training.

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Introduction

Persons with dementia (PWD) may be prescribed medication for dementia or for their comorbidities. Problems with activities of daily living, a decreased capacity for decision-making, confusion, disorientation, communication problems and reliance on carers make managing medication challenging for PWD.

PWD in Australia is predicted to increase from 266,574 in 2011 to 942,624 in 2050.¹ PWD are more likely to be admitted to hospital – annually more than 25% of PWD have hospital admissions, compared to 12% without dementia.² The rise in prevalence of dementia, the associated risk of hospital admission and the vulnerability of PWD highlights the importance of understanding hospital admissions and other care transitions for PWD,³ particularly as they relate to medication management.

Care transitions are associated with medication problems. Research suggests that 12.5% of patients have a medication-related adverse event after hospital discharge.⁴ Unintentional medication discrepancies,⁵ preventable adverse drug events,⁴ poor selection of medication, no discharge summary and supply problems⁶ have been identified in care transitions that have not focused on dementia. These problems can be detrimental to patient safety and thus may lead to hospital readmissions.⁴ As PWD are a vulnerable group of the population, specific dementia-friendly strategies for medication management to ensure safe, high quality transfer of care are therefore important. To date there has been limited investigation of this issue, particularly in Australia.

Health care, and the roles of community and hospital pharmacists in Australia have been described previously in this journal.^{7,8} Briefly, Australian citizens can obtain free treatment in public hospitals and free or subsidized general practitioner (GP) appointments via universal health insurance, 'Medicare'.⁷ Community pharmacy in Australia has mainly a supply role with other services negotiated as part of the Community Pharmacy Agreement.⁷ Hospital pharmacists in Australia provide a clinical pharmacy service in addition to their supply role whereas the role of the hospital pharmacy technician is usually limited to supply.⁸

This research aims to explore medication processes that occur during acute care episodes and in care transitions for PWD in Australia and to make recommendations to improve patient care.

Method

In this qualitative study two researchers (LD, GC) conducted in-depth semi-structured interviews on topics concerning medications and care transitions for people with a diagnosis of dementia. A set of seeding questions (see [Appendix 1](#)) was used; however, the conversation was allowed to flow freely so as to explore issues important to participants.

The participants were a focused purposive sample of stakeholders from acute and primary care from four sites, each a region. The fifty-one participants (#1 to #51) comprised carers, hospital doctors, nurses (specialist aged care, transitional, hospital, aged care/respite facilities), pharmacists (hospital, transitional and community), hospital occupational therapist, GPs and Alzheimer's Australia staff (see [Appendix 2](#)). Forty-nine of the interviews were face-to-face and two were by telephone. There was one urban site in the Australian Capital Territory (ACT) (capital city, population served 350,000) that recruited 20 participants, two urban sites in New South Wales (NSW) (major city, populations served 313,000 and 205,000) that recruited 12 and 7 participants and one rural site in NSW (coastal, population served 35,000) that recruited 12 participants.

After written consent, the interviews were audio-recorded then transcribed verbatim for face-to-face interviews, or notes were taken during the interview if conducted by telephone. The transcripts were checked for accuracy by the researchers (LD, GC) who conducted the interviews. LD and GC worked independently on thematic analysis to reduce any bias. The interview text was read several times by the pharmacist researchers (LD, GC). The analysis was an iterative process conducted by reading through the transcripts, adding codes to the data and then linking the codes to identify emerging themes that described the content of the data. Any disagreements were resolved by in-depth discussion and negotiated consensus.

Human Research Ethics Committee approval was obtained from: University of Canberra; ACT Government Health Directorate; and South Eastern Sydney Local Health District – Northern Sector (with three Site Specific Assessments).

Results

Thematic analysis identified six themes and four sub themes (see [Table 1](#)). These are described in the following text with comments italicized.

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