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ScienceDirect
Research in Social and Administrative Pharmacy 10 (2014) 791–800
RESEARCH IN SOCIAL & ADMINISTRATIVE PHARMACY

Original Research

Older people's experiences of medicine changes on leaving hospital

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Abstract

Background: Few qualitative studies have explored older patients' perspectives on medicine changes that resulted from a stay in hospital.
Objective: To explore how older people aged ≥75 years, who had recently been discharged from hospital to their own home, understood and managed any changes to their medicines.
Methods: Forty people aged ≥75 years were recruited from two internal medicine wards. Participants were included if they took four or more prescription medicines at admission, experienced a medicine change and were discharged to their own home. Participants were interviewed in person at home. Interviews were semi-structured and were recorded, transcribed verbatim, coded using NVivo, and analyzed thematically.
Results: Participants experienced a median of four medicine changes per person and sixteen participants were unaware of the exact changes and the reasons for them. Some participants had concerns about their medicine changes. Twenty-nine participants could not recall anyone talking about their medicine changes just prior to them being discharged. The majority of participants trusted the decisions the hospital doctors made regarding their medicines and many participants spoke as if it was not their place to question doctors about their medicines.
Conclusion: Clear and understandable explanations of medicine changes are needed for older people on discharge from hospital. Health professionals should also be aware that older patients might not think it is acceptable for them to ask direct questions of staff members.

Keywords: Qualitative interviews; Older people; Hospital discharge; Medicine changes

Introduction

Achieving a successful transition for patients between secondary care (provided in hospital) and primary care (provided in the community) is an important focus for health service providers in many countries. It is a time when many problems regarding medicine changes can occur. People who experience medicine changes in hospital are at greater risk of adverse medicine events after discharge.[1–3] Older people are more susceptible to these problems because they are more likely to have multiple illnesses and take a relatively higher number of prescription medicines.[3] Older people

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http://dx.doi.org/10.1016/j.sapharm.2013.10.005

admitted to hospital for an acute condition often experience changes to their medicines.[4,5]

Studies indicate that an accurate record of people's medicines is not always recorded at admission to hospital.[6–8] Elliot, in a review of the Australian literature on people aged 65 and over, found that much of the potential for prescribing errors when older people are admitted and discharged from hospital is due to prescribers' lack of awareness of what medicines patients are taking.[5]

Internationally, studies have commonly found that communication with older people regarding medicine changes at discharge can be inadequate.[4,9–12] For example, Knight et al, in a qualitative study of nineteen older people (aged 75 and over; taking four or more prescription medicines) following hospital discharge, found that participants experienced inadequate explanations about medicines which led to confusion and anxiety.[12] Patients' misunderstanding of health professionals' instructions can lead to mistakes in medicine-taking once patients are at home and possible under-treatment, or over-treatment, of their conditions or adverse drug effects.[12,13] Inadequate explanation about medicines is an issue which can affect all people discharged from hospital. Again, older people are more likely to experience problems understanding their medicine changes because they are hospitalized more often and have multiple illnesses and medicines.

Over the last twenty years the New Zealand health system has been restructured multiple times but the problem of integration between secondary and primary care has persisted.[14,15] This is despite the fact that problems regarding medicines at discharge have been recognized in New Zealand for a long time.[16,17] New Zealand Ministry of Health reports emphasize the need for good communication between the hospital and older patients and between secondary and primary care.[18,19]

Public hospitals in New Zealand are funded from general taxation and provide inpatient and outpatient services free of charge to all permanent residents of New Zealand. Doctors working in primary care are known as general practitioners (GPs). Their medical practices are privately owned but consultations with patients are subsidized by the New Zealand government. Most prescription medicines are also subsidized by the government and at the time of the present study patients paid only NZ$3 (US$2.34) per item; some medicines incur an additional part-charge and some are unsubsidized (the patient must pay the full cost).

Although many studies have examined medicine-taking in older people there are few qualitative studies of older people's perspectives on their medicine changes following hospital discharge or of older people's interactions with the health professionals involved. There is also little information on the extent and type of medicine changes older people have experienced in this setting.

The aim of this study was to explore how older people, aged 75 and over, who had recently been discharged from hospital to their own home, managed any changes which were made to their medicines during their stay in hospital.

Methods

Recruitment

Participants were recruited from two internal medicine wards at Dunedin Hospital, New Zealand, which specialize in the non-surgical treatment of diseases in adults. The Lower South Regional Ethics Committee and the Health Research Office, Otago District Health Board, gave ethical approval for the study. The interviews were conducted between March and August 2010 (Appendix 1).

Participants were included in the study if they were aged 75 years or over, taking four or more prescription medicines at admission, experienced a change to their medicines during their stay in hospital, and were discharged to their own home. A minimum of four prescription medicines at admission was chosen as a criterion because these people would be accustomed to taking several medicines regularly and this would allow the interviewer (MB) to ascertain how they coped with changes. People taking four or more medicines are also considered at greater risk of experiencing the consequences of polypharmacy: an adverse drug reaction or drug interaction.[20] Other possible consequences of polypharmacy are non-adherence, administration errors and drug–food interactions. People aged 75 and over were chosen because they are more likely to have multiple chronic medical conditions and take more prescription medicines than people aged 65–74 years.[21]

With the help of the charge nurses on the two wards, suitable patients were identified. An interview time was arranged with participants and they were telephoned post-discharge to confirm their participation.