

Obtaining and communicating information about medicines

Sarah Ross

Abstract

This article describes the skills required to obtain and communicate information during discussions with patients about medications. It includes medication history-taking, shared decision-making, giving information about a new medicine, helping patients move between primary and secondary care settings and supporting adherence with medications. All these processes require good communication skills integrated with an understanding of the relevant clinical pharmacology.

Keywords Adherence; adverse effects; compliance; concordance; medication history; medicines reconciliation; prescribing; prescription; shared decision-making

Medication history-taking

An accurate and comprehensive medication history is essential for safe and rational prescribing. A good medication history includes more than just a list of medicines (Table 1). It should identify current and relevant previous usages of medicines. Information about current and previous adverse effects and allergies should also be gathered. Particular attention should be paid to asking about drugs that the patient may not think to mention, such as contraceptives, hormone replacement therapy, over-the-counter preparations, as-required medicines or alternative remedies (herbals, vitamins, etc.). Adherence with current medication should be established as discussed below. Some clinicians also suggest asking about illicit drug use at this point in the medical history.

Omissions and inaccuracies in the initial medication history have been shown to lead to medication errors in as many as two-thirds of patients admitted to hospital. Multiple reasons for error have been identified, including poor patient recall, time constraints and out-of-date medication lists. Prescribers should be aware that a single source of information (e.g. as recalled by the patient) is likely to be insufficient. It is important to triangulate

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Key points

- Medication errors at change of care setting (e.g. primary to secondary care) are common and are reduced by effective medication reconciliation
- A comprehensive medication history is essential and should include details of current and recent medicines, adverse drug reactions, allergies, combined oral contraceptive pill or hormone replacement therapy, over-the-counter medicines and complementary and alternative medicines
- Shared decision-making, although difficult, is important for patient satisfaction and understanding, as well as adherence to treatment
- Communicating risk is challenging but can be improved using careful strategies and good quality decision aids
- Select oral information about the practicalities of taking medicines should be given with written patient information leaflets to provide more comprehensive coverage
- Patient adherence can be poor, and prescribers should attempt to understand beliefs and concerns about medicines, as well as practical difficulties in order to improve this

different sources of information about a patient's medication. Indeed, this now forms the basis of the medicines reconciliation process,¹ which is designed to produce the most accurate medication list possible when a patient changes from one healthcare setting to another.

A range of sources of information may be available to the prescriber, including verbal reports from the patient or carer, printed lists from general practitioner records, repeat prescription slips, electronically available emergency care summaries, previous hospital records, administration records from other care settings, and the patient's actual medication. It is generally recommended that the person taking the medication history uses at least two of these sources to ensure that an accurate list is made. Medicines reconciliation formalizes this process, documenting information sources as well as any decisions made at this time about stopping or withholding medicines. Although the benefits of this process are obvious, its successful implementation requires local resource backed up by regional or national policy.

The communication skills needed to obtain an appropriate medication history are also important in imparting information about medicines to patients.

Shared decision-making

Shared decision-making between patients and doctors, sometimes termed 'concordance', aims to increase patient adherence with medications by ensuring that patients are partners in decisions about treatment. This approach has much to recommend it, and it has been shown to increase patient satisfaction with the consultation. Not all patients or treatment decisions are,

Components of a complete medication history

- Current medicines prescribed
- Any adverse effects with current medicines
- Medicines recently stopped and why
- Previous adverse drug reactions
- Previous allergies with details of reaction
- Contraceptive pill or hormone replacement therapy use
- Over-the-counter medicine use
- Complementary and alternative medicine use, vitamins and mineral supplements
- Illicit drug (where relevant)

Table 1

however, suitable for this process, and there can be a tension between patients' autonomy and what the clinician perceives to be in their best interest. Patients may not wish to be involved in decisions, preferring a more traditional model of consultation, or they may not be able to participate because of cultural, educational or cognitive factors. Table 2 lists the steps required in the process of shared decision-making.²

A crucial part of facilitating shared decisions is conveying appropriate information about the risks and benefits of treatment. Not only is it a challenge to communicate these issues in an objective and unbiased way, but it can also be difficult to find good quality evidence relevant to the decision being taken. Doctors' own estimations of risk and benefit are prone to bias, and the way in which risk is discussed can have a substantial influence on patient's beliefs. There are some simple ways in which the presentation of risk can be improved:³

- Avoid using descriptive terms alone – terms such as 'uncommon' can be interpreted in a variety of ways. If necessary, quantify what is meant.
- State the probability of possible outcomes with the same denominator – for example, 1 in 100 and 5 in 100 rather than 1 in 100 and 1 in 20. If different denominators are used, patients may be confused.

Steps that might contribute to shared decision-making²

- Develop a partnership with the patient
- Establish or review the patient's preference for information – for example, amount and format
- Establish or review the patient's preferences for their role in decision-making
- Ascertain and respond to the patient's ideas, concerns and expectations
- Identify choices and evaluate the evidence from research in relation to the individual patient
- Present (or direct the patient to) evidence, taking into account the above steps, and help the patient reflect on and assess the impact of alternative decisions with regard to his or her values and lifestyle
- Make or negotiate a decision in partnership, and manage conflict
- Agree on an action plan and complete arrangements for follow-up

Table 2

- Offer both positive and negative outcomes – this avoids the 'framing effect', in which presenting the negative outcome can carry more weight in the same situation than giving the positive outcome, for example 'one in five patients experience an adverse effect' versus 'four out of five patients have no adverse effects'.
- Give frequencies rather than percentages as these are easier to understand.
- Avoid using the number-needed-to-treat as patients can have difficulty understanding this concept.
- Use absolute numbers – the relative risk often involves larger numbers and can be more persuasive than the absolute risk (e.g. a 25% relative risk reduction can equate to an absolute risk reduction of 1% from 4% to 3%).
- Use visual aids such as pictograms and graphs.

Remember that some patients lack basic literacy or numeracy skills, and take this into account when tailoring information to individuals. Patients with lower numeracy skills are likely to systematically overestimate both risks and benefits. They are also more prone to overestimate short-term costs and underestimate long-term benefits, especially if there is any uncertainty about that benefit.

Patients vary in the amount of information they want about a medicine, and prescribers should try to tailor their explanations to the patient's needs. This can mean specifically asking patients what they want to know. Studies have suggested that patients want more information about possible adverse effects than doctors give.⁴ However, more complete information does not necessarily lead to better decisions and can actually reduce understanding as patients can struggle to differentiate between relevant and irrelevant information.

Decision aids can be useful and can now be found online or as mobile apps in addition to paper formats. The Ottawa Hospital Research Institute (<https://decisionaid.orhi.ca>) is one website that lists and rates available aids.

Information about new medicines

Once a treatment plan has been agreed, the patient requires information about the nature of the new medicine and what it is for, adverse effects to be aware of and when the treatment will be reviewed. In addition, patients should be given an idea of how soon the medicine will start working and how they should judge whether it is effective. They also need practical information on how and when to take the medication and about any common interactions (e.g. alcohol) or activities to avoid (e.g. driving). This should be given in appropriately sized chunks, after which the prescriber should check the patient's level of understanding. Some degree of repetition may be needed to ensure important information is retained.

It is usually wise to describe common adverse effects and what (if anything) to do about them. It is also important to warn patients about any serious adverse effects (even if these are rare) and any circumstances in which they should contact the prescriber. Care must be taken not to overload the patient with verbal information that they might not remember. It is useful to tell the patient that more information will be available on the patient leaflet that accompanies the medicine. This can allow prescribers to mention only the most important information

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