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'When you are homeless, you are not thinking about your medication, but your food, shelter or heat for the night': behavioural determinants of homeless patients' adherence to prescribed medicines

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ABSTRACT

Objectives: This study aimed to explore behavioural determinants of homeless patients' adherence to prescribed medicines using Theoretical Domains Framework (TDF).
Study design: A qualitative study using semi-structured, face-to-face interviews.
Methods: Participants were recruited from a homelessness primary healthcare centre in Aberdeen, United Kingdom (UK). Face-to-face interviews were audio-recorded and transcribed verbatim. Thematic analysis of the interview data was conducted using the Framework Approach based on the Theoretical Domains Framework. National Health Service ethical and Research and Development (R&D) approval was obtained.
Results: Twenty-five patients were interviewed, at which point data saturation was achieved. A total of 13 out of 14 Theoretical Domains Framework domains were identified that explained the determinants of adherence or non-adherence to prescribed medicines. These included: 'beliefs about consequences' (e.g. non-adherence leading to poor health); 'goals' of therapy (e.g. being a 'normal' person with particular reference to methadone adherence); and 'environmental context and resources' (e.g. stolen medicines and the lack of secure storage). Obtaining food and shelter was higher priority than access and adherence to prescribed medicines while being homeless.

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Conclusions: Behavioural determinants of non-adherence identified in this study were mostly related to participants' homelessness and associated lifestyle. Results are relevant to developing behaviour change interventions targeting non-adherent homeless patients and to the education of healthcare professionals serving this vulnerable population.

Introduction

Homelessness takes many forms including sleeping rough, living in derelict buildings, residing in temporary shelters offered by local authorities as well as living in squats or sofa surfing.[1] In the United Kingdom (UK), individuals are considered homeless if they no longer have a legal right to occupy their accommodation or if it would no longer be reasonable (e.g. due to safety concerns) to continue to live there.[2] Homelessness is a widespread problem across the globe. In Scotland over 35,000 individuals made applications to Scottish local authorities in 2014–15 requesting accommodation on the basis of homelessness.[3]

Reducing health inequalities remains a key health policy priority in the UK.[4–6] Healthcare policies emphasise that addressing health inequality requires specific focus on disadvantaged populations at highest risks of health problems, at the level of both healthcare services delivery and research.[4] Evidence suggests that the health status of people who are homeless is lower than the rest of the population, with higher mortality rates, mainly arising from opioid overdose, psychoactive substance use and heart failure.[7] Prevalence of tuberculosis, HIV, hepatitis C is also higher[8,9] with street dwellers often vulnerable to injuries, assault, exposure and skin problems.[9] Poor health status is associated with a longer length of time registered as homeless.[10]

Given the higher morbidity and mortality rates amongst the homeless population, adherence to prescribed medicines is imperative in achieving optimum health benefits. Limited evidence suggests that homeless patients are less adherent to their prescribed regimen and demonstrate poorer therapy outcomes than the rest of the population.[11,12] A systematic review of the international literature suggested that socio-economic status of patients may impact patient adherence to their medicines.[13] Further evidence from this specific vulnerable population and clinical groups has been recommended. There is also a dearth of theoretically informed investigation around medicines adherence research with the homeless population. This is despite growing emphasis on the use of theory in research designed to inform behaviour change interventions.[14]

This study aimed to explore behavioural determinants of homeless patients' adherence to prescribed medicines using Theoretical Domains Framework (TDF).

Methods

Semi-structured, face-to-face interviews were conducted with patients registered at Marywell Healthcare Centre for the homeless in Aberdeen, North East of Scotland, UK. This centre provides services to a patient population of approximately 380, of whom approximately 50% are on methadone therapy (source: personal communication with lead clinician).

Patients aged 18 years and over, prescribed at least one medicine; and assessed by their general practitioners (GPs) as having a good relationship with practice staff were included. This was important to ensure that interviews were conducted in a conducive and safe environment for both participants and researchers. Those without the capacity to provide informed consent or unable to communicate in English language were excluded. GPs and practice nurses followed a screening procedure to identify suitable participants during routine clinical consultations. Those patients who expressed an interest were referred to the researchers on site. Further information about the research was provided before informed consent was obtained. Participants were offered soft drinks and biscuits for refreshment. No other incentives were provided.

An interview schedule (Box 1) was developed based on the limited available literature. The interview schedule was reviewed for credibility by an expert panel including a GP, a nurse practitioner (involved in the health care of homeless people), a GP practice support pharmacist, a community pharmacist and three academic health services researchers. The schedule was then piloted amongst four participants who met the inclusion criteria. Based on the pilot results, no changes in the interview schedule were needed hence the pilot transcripts were analysed together with the main study interview transcripts. Interviews were planned to take no more than 30 min, were audio-recorded with participant permission,

Box 1
Semi-structured interview schedule.

- Participants' knowledge about their medicines including perceived reasons for taking them
- Perceived importance of adherence
- Examples of adherent and non-adherent practices
- Impact of homelessness and lifestyle affecting adherence (storage, stolen medicines, buying over the counter)
- Impact of ill health and side effects on adherence to prescribed medicines
- Participant's experience of sharing their medicines
- Participant's experience of sharing of medicines information
- Sources of medicines information