

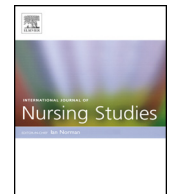


ELSEVIER

Contents lists available at [ScienceDirect](#)

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns



Factors influencing medication adherence in South Asian people with cardiac disorders: An ethnographic study

T.A. Ens^a, C.C. Seneviratne^a, C. Jones^b, K.M. King-Shier^{a,c,*}

^a Faculty of Nursing, University of Calgary, Calgary, Canada

^b Department of Medicine, University of Calgary, Calgary, Canada

^c Department of Community Health Sciences, University of Calgary, Calgary, Canada

ARTICLE INFO

Article history:

Received 16 December 2013

Received in revised form 10 February 2014

Accepted 27 February 2014

Keywords:

Medication adherence

Culture

South Asian

Cardiac

Ethnography

ABSTRACT

Background: South Asians experience higher rates of cardiovascular disease than any other ethnic group. Some evidence suggests that South Asians may be less adherent to cardiac medication regimens than Whites residing in Canada. Identification of the key factors contributing to adherence may assist this growing population to optimize their cardiac health.

Aim: To explore key factors associated with adherence to cardiac medications among South Asian people with cardiac disease.

Methods: Ethnography was used to highlight population specific themes and domains related to medication adherence. Ethnographic observations were undertaken of patients, as well as their family (primary care) physicians and pharmacists (including their staff), while in physician offices and pharmacies. A purposive sample of patients ($n = 8$), as well as physicians ($n = 3$) and pharmacists ($n = 2$) underwent in-depth interviews. Field note and interview data were transcribed verbatim and analyzed using ethnographic domain and thematic analysis.

Results: The patients relied on family members for instrumental support in remaining adherent with their medications. Relationships with healthcare professionals who demonstrated clear communication and cultural awareness was associated with enhanced medication adherence. Memory mechanisms needed to be individualized and were generally 'low technology'. While prepackaging of medications enhanced adherence, patients who used them were less knowledgeable about their medications.

Conclusions: Healthcare providers should understand the importance of including family members in the care of South Asian people with heart disease. They also need to appreciate that the quality of provider–patient relationships are important to South Asian patients and will influence adherence to healthcare regimens. Expanding the role of nurse in the primary healthcare team could provide a cost-effective means of enhancing medication adherence.

© 2014 Elsevier Ltd. All rights reserved.

* Corresponding author at: Faculty of Nursing, University of Calgary, 2500 University Drive NW, Calgary, AB T2N 1N4, Canada. Tel.: +1 403 220 4643; fax: +1 403 210 8601.

E-mail address: kingk@ucalgary.ca (K.M. King-Shier).

<http://dx.doi.org/10.1016/j.ijnurstu.2014.02.015>

0020-7489/© 2014 Elsevier Ltd. All rights reserved.

What is already known about the topic?

- South Asians have higher rates of cardiovascular disease than any other ethnic group.
- South Asian men experience their first myocardial infarction at younger ages than other ethnic groups.
- Evidence suggests that South Asians are less adherent to cardiac medication regimens.

What this paper adds

- South Asian patients rely on family for instrumental support regarding their cardiac medications.
- South Asian patients want to build relationships with healthcare providers that ultimately enhance adherence.
- 'Low technology' devices may improve medication adherence, but can be associated with a reduction in understanding of each medication.

1. Introduction

Cardiovascular disease (CVD), which encompasses coronary artery disease (CAD), myocardial infarction (MI), congestive heart failure (CHF) and cerebrovascular disease, is the leading cause of death globally (WHO, 2014) as well as in Canada (31%; Public Health Agency of Canada, 2009). It is also associated with expanding healthcare expenditures, and having a major negative impact on quality of life (European Heart Network, 2012; Public Health Agency of Canada, 2009; Roger and Turner, 2011). Historically, White men have been considered at greatest risk of developing CVD. Now, CVD risk is acknowledged as more wide spread across the adult spectrum. For example, certain ethnic groups, such as South Asians (those who reside in or whose ancestors are from India, Pakistan, Bangladesh or Sri Lanka), have higher rates of CVD than Whites (Anand et al., 2000). South Asians represent the largest visible minority in Canada and thus the high rate of CVD is a concern (Chui et al., 2008).

Medical management (e.g., prescription of medications) remains the major ongoing treatment for CVD over a patient's lifespan (Smith et al., 2006). Being adherent to a medication regimen is often defined as taking at least 80% of the medication as prescribed (World Health and Organization, 2003). Generally, medication adherence is poor; declining throughout the length of time a patient is prescribed the same medication. For example, Lai et al. (2011) demonstrated that by one year following MI, patients' adherence to taking an angiotensin-converting enzyme inhibitor (ACEI), beta-blocker (BB) or statin medication was 79.7%. Jackevicius et al. (2002) reported only 36% of CAD patients continued to adhere to lipid-lowering medications after two years of treatment.

Medication adherence rates may be lower for South Asian people who have heart disease than other groups. Lai et al. (2011) showed South Asian patients were 22% less likely (95% CI, 0.62–0.99) than White patients to adhere to cardiac medications. In another study, Hempler et al. (2010) found Pakistani immigrants were 48% less likely to initiate BB medications than Danish born residents (95% CI, 0.34–0.80) and of those who initiated treatment, 59%

terminated it (95% CI, 1.21–2.08) without seeking agreement of their physician.

Canadians have 76.9 million cardiac prescriptions dispensed annually (IMS Brogran Disease Dynamics, Feb 2011). The cost of these medications is 3.1 million (\$CAN) per year, which is managed predominantly through insurance plans (either government or private; (IMS Brogran Disease Dynamics, Feb 2011)). Hospitalizations and the associated costs are increased when medications are not taken. For example, Pittman et al. (2011) revealed that patients who did not take their statin medications were 20% more likely to be hospitalized for CVD-related illness (95% CI, 1.11–1.31) than those who were adherent. Further, the non-adherent group had all-cause total healthcare costs of \$11,102 ± \$84.3 over an 18-month period versus \$10,198 ± \$39.4 for the group that took their statin medications ($p < 0.001$). This is a large burden for Canada's publically funded healthcare system.

People of South Asians decent constitute an increasing proportion of the Canadian population (Tran and Allard, 2005). Given that they experience higher rates of CVD relative to Whites suggests a higher proportion of the South Asian population should be prescribed cardiac medications. A systematic review of the literature revealed that studies regarding cardiac medication adherence among South Asians have largely been conducted in their home countries (e.g., India, Pakistan and Sri Lanka) and not in the context of being an immigrant to Canada (Ens et al., 2014). It is important to examine South Asian's cardiac medication adherence in this new context as there are cultural beliefs and behaviours that will affect how South Asians view taking medications prescribed by physicians in Canada, as well as healthcare system (e.g., access, universal healthcare versus pay for service) and payment scheme differences (e.g., insurance plans versus direct payment) between countries that may influence behaviour. Thus, the purpose of this study was to examine the factors that influence South Asian patients' medication adherence in the Canadian context.

2. Methods

Ethnography provides a means to describe cultural nuances in order to uncover individual and group understandings of a phenomenon (Hammersley and Atkinson, 2007). As such, ethnography was used to explore factors mediating medication adherence particular to a group of South Asian people requiring cardiac care.

2.1. Settings and participants

The study took place in multiple settings within a large Canadian city that is home to a sizable South Asian population. The settings for the study observations were family (primary care) physician offices and pharmacies frequented by South Asian people. Most interviews with South Asian people who had CAD, were conducted at their physician or pharmacists' offices. Two interviews were conducted at patients' homes. Interviews with the family physicians and pharmacists were conducted at their offices.

Download English Version:

<https://daneshyari.com/en/article/7515918>

Download Persian Version:

<https://daneshyari.com/article/7515918>

[Daneshyari.com](https://daneshyari.com)