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Abstract for 'Right questions, valid answers'

7th Pharmaceutical Care Network Europe Working Symposium 2020

Polypharmacy and medication safety in vulnerable older immigrants with cognitive disorders – a scoping abstract

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Background

The risk of medication management errors is increased by cultural- and language barriers and with the presence of polypharmacy. For older, cognitive impaired migrants, a group often dependent on their relatives, the risk of medication errors is considerable.

Purpose of Study

Using a qualitative approach, this study seeks to investigate challenges with medicine management for older patients with cognitive impairment in ethnic minorities, focusing on sector transitions between home, hospital, general practitioners, and community pharmacy. Subsequently, the study seeks to develop an intervention to improve medication management.

Study Design and Methods

The initial study will be based on 10-15 patient cases. Patients included must be (I) aged 72 or above, (II) of ethnic minority, (III) using a minimum of five drugs daily, (IV) cognitively impaired (memory loss, PTSD, or dementia), and (V) dependent on relatives in terms of medication management. Patients will be recruited by the Migrant Health Clinic or Geriatric Department at Odense University Hospital in the first half of year 2020.

The project is based on user involvement, including three subprojects: (A) exploring and identifying challenges by medication management for patients and relative, (B) developing of intervention, (C) feasibility study of the intervention.

Findings of Study

We expect this study to contribute with new knowledge at different levels about medication management. The subproject (I) will by individual interviews covering mentally vulnerable older patients with cognitive illness from ethnic minorities in Denmark and their relatives perspective on challenges associated with medication management (pickup at the pharmacy, prescription renewal, substitution, borrow from others). Focus groups and observations in subproject (I) will cover barriers and challenges experienced by health care professionals (HCPs); primary care physician, homecare, pharmacy in the contact with the patient and/or relatives by medication management. Subproject (II) will provide suggestions for solutions to help patients and their relatives overcome the discovered challenges. The solutions will be developed in close cooperation with all participants. Subproject (III) will create knowledge about the effect of the intervention by a feasibility study. Focus will be on patient/relative satisfaction, medication safety, self-assessed trading competence of the relatives, compliance, and HCPs' competencies for care and treatment of this patient group.

Conclusions and implications

With this study, we hope to improve the medication safety and overall patient safety for mentally vulnerable older migrants with cognitive disorders. The developed intervention will, pending feasibility evaluation, have to be tested in a larger study setup to provide evidence on eventual efficacy.