

Sustainability of Medication Changes Made at a Specialty Seniors Clinic

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Background

- Seniors care is complicated by complex conditions, geriatric syndromes, and polypharmacy
- In 2017, Interior Health opened its first Seniors Health and Wellness Centre (SHWC) in Kelowna
- The clinic's goal is to improve seniors care through timely access to specialized teams of healthcare practitioners
- No standard of practice on how medication adjustments are made in clinic (suggested versus changed)

Objectives

- To determine the percentage of medication changes implemented in clinic that persisted at 6 weeks after clinic visit
- To determine the percentage of medication therapy suggestions made in clinic that resulted in the suggested change at 6 weeks after clinic visit
- To describe the current prescribing practices in the clinic with respect to medication changes/suggestions and positive and/or negative correlations of both practices
- To identify barriers and enablers to implementation and continuation of medication changes within 6 weeks after clinic visit

Methods

Design

- Prospective study conducted through telephone interviews

Setting

- Central Okanagan SHWC between Dec 2018 and June 2019

Inclusion criteria

- First clinic appointment between Dec 14 2018 – Feb 1 2019

Exclusion criteria

- Lack of telephone access
- Non-English speaking with absence of a capable translator
- Incapable of giving informed consent
- No medication changes or suggestions made in clinic



Results

Table 1 – Baseline Demographics

Characteristic	Result (n = 12)
Age – mean (SD)	81.8 (7.5)
Male	5 (42%)
Polypharmacy	5 (42%)
Frailty score – mean (SD)	4.4 (0.9)
Past medical history - n (%)	
Neurological disease	10 (83)
Cardiovascular disease	7 (58)
Respiratory disease	4 (33)
Gastrointestinal disease	5 (42)
Genitourinary disease	4 (33)
MSK/Dermatological disease	4 (33)
Endocrine disease	8 (67)
Changes or suggestions per client – mean (SD)	2.2 (1.3)

Clients with medication changes or suggestions made after initial consent

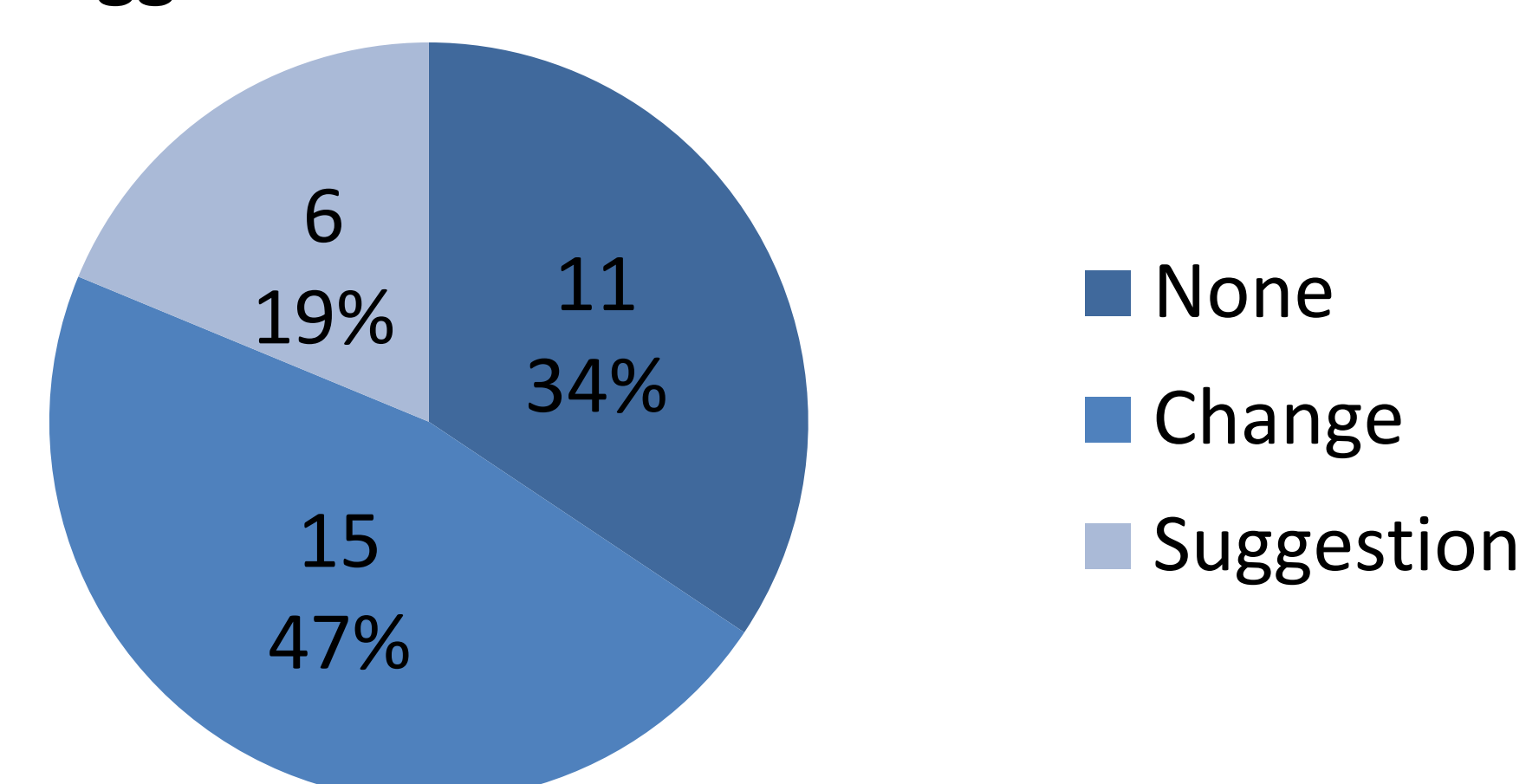


Figure 1

Sustainability of medication changes or suggestions at 6 weeks, by intervention type

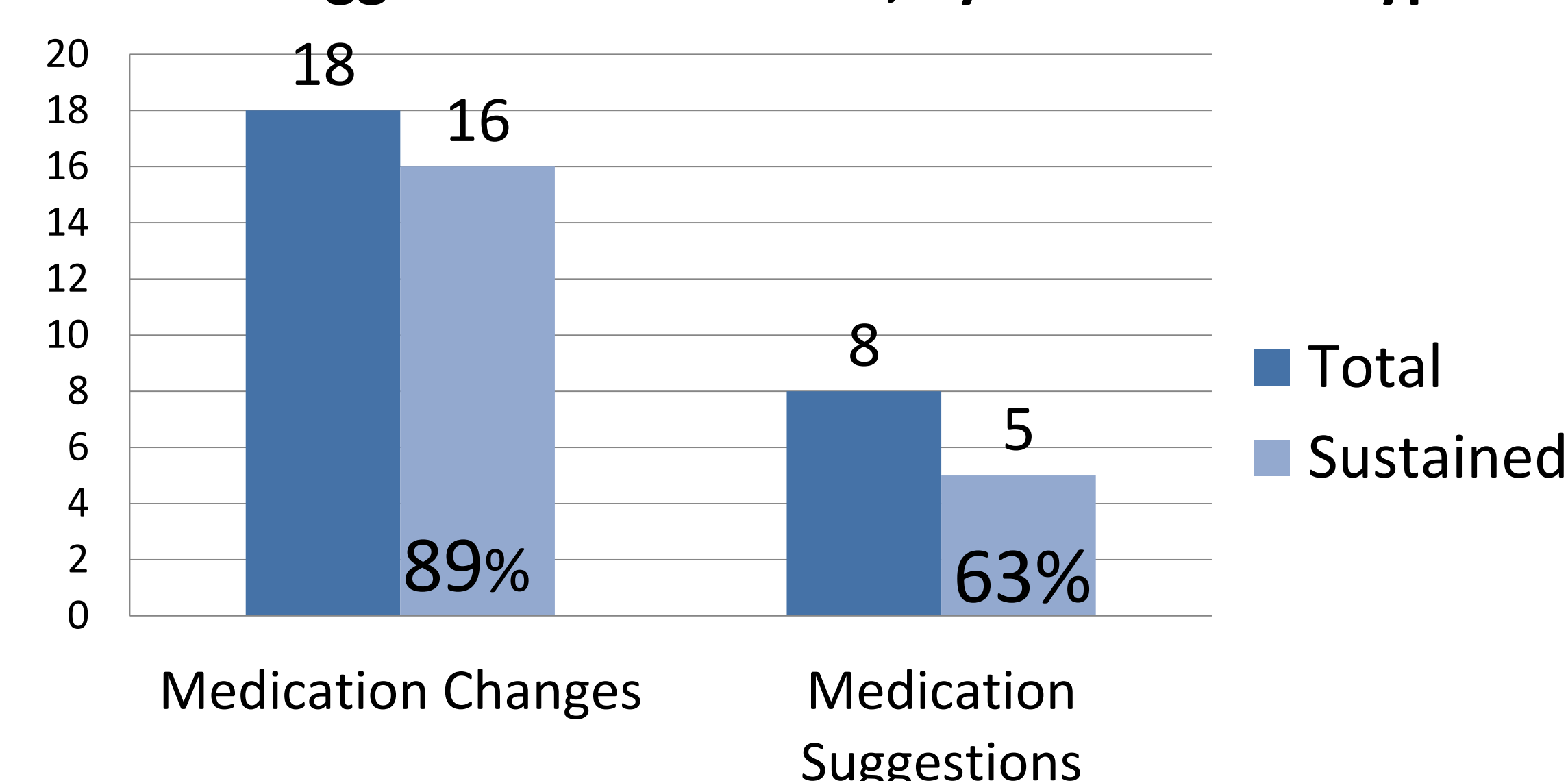


Figure 2

Table 2 – Barriers and Enablers

Barriers (n=12)	Total	Enablers (n=12)	Total
Inappropriate beliefs about medications	3	Client agreed with appropriateness of medication change or suggestion	6
Lack of physician support	1	Physician support	8
Lack of knowledge on how to change regimen	2		
Prior bad experiences changing medications	3	Allied health support	8
Influence of friends and family	1	Influence from friends/family	4
Fear of withdrawal or worsening medical conditions	4	Disliked taking medications	2
		Felt in control of own health	3

Table 3 – Prescribing Practices Related to Reason for Referral

Factor	Change (%)	Suggestion (%)	Total
Related to reason for referral	10 (67)	5 (33)	15
Not related to reason for referral	8 (73)	3 (27)	11
Total	18 (70)	8 (30)	

Table 4 – Prescribing Practices Related to Body System

Body System	Change	Suggestion	Total (%)
Central nervous system	10	2	12 (46)
Head, ears, eyes, nose, throat	0	0	0
Respiratory	1	0	1 (4)
Cardiovascular	4	3	2 (37)
Gastrointestinal	1	2	11 (27)
Genitourinary	1	1	2 (8)
Musculoskeletal/Dermatological	1	0	1 (4)
Endocrine	0	0	0

Conclusions

- 2/3rds of clients have medication changes or suggestions made
- Medication changes are more likely to be sustained at 6 weeks than medication suggestions
- Prescribers are more likely to make medication changes or suggestion related to the client's reason for referral
- Prescribers are more likely to make medication changes or suggestion related to central nervous and cardiovascular systems
- Physician and allied health support were identified as enablers to change