

INTRODUCTION

Psychiatric patients are amongst the most challenging to manage.¹ In Malta, at Mount Carmel Hospital (MCH), patients are sent home on an 'on leave' practice when their health condition would have improved. The term 'on leave' is given to those individuals who are sent home for a few days or weeks until their next appointment visit at MCH.

AIMS

- to assess medication adherence in a group of 'on leave' psychiatric patients at MCH
- to introduce and evaluate a pharmacist intervention which included the explanation and distribution of medication charts in the same group of psychiatric patients and another group consisting of family members in charge of their ill psychiatric relatives.

METHOD

- A questionnaire entitled 'Medication Adherence Questionnaire' and an evaluation form were created and validated.
- The medication chart template to be used as the main intervention tool included the picture of the medicine, name of drug and dose, dosage regimen, medicine type or indication and other information such as cautionary and advisory labels.
- 20 'on leave' psychiatric patients who self-administer their medication and family members of another 20 patients formed the two groups of participants.
- The participants (n = 40) were interviewed before the pharmacist intervention using the 'Medication Adherence Questionnaire'. All participants (n = 40) were re-interviewed using one particular question from the same questionnaire and the evaluation form 2-4 weeks after the intervention.
- The data gathered from patient medical files, the questionnaire and the evaluation form was analysed using IBM® SPSS version 22.

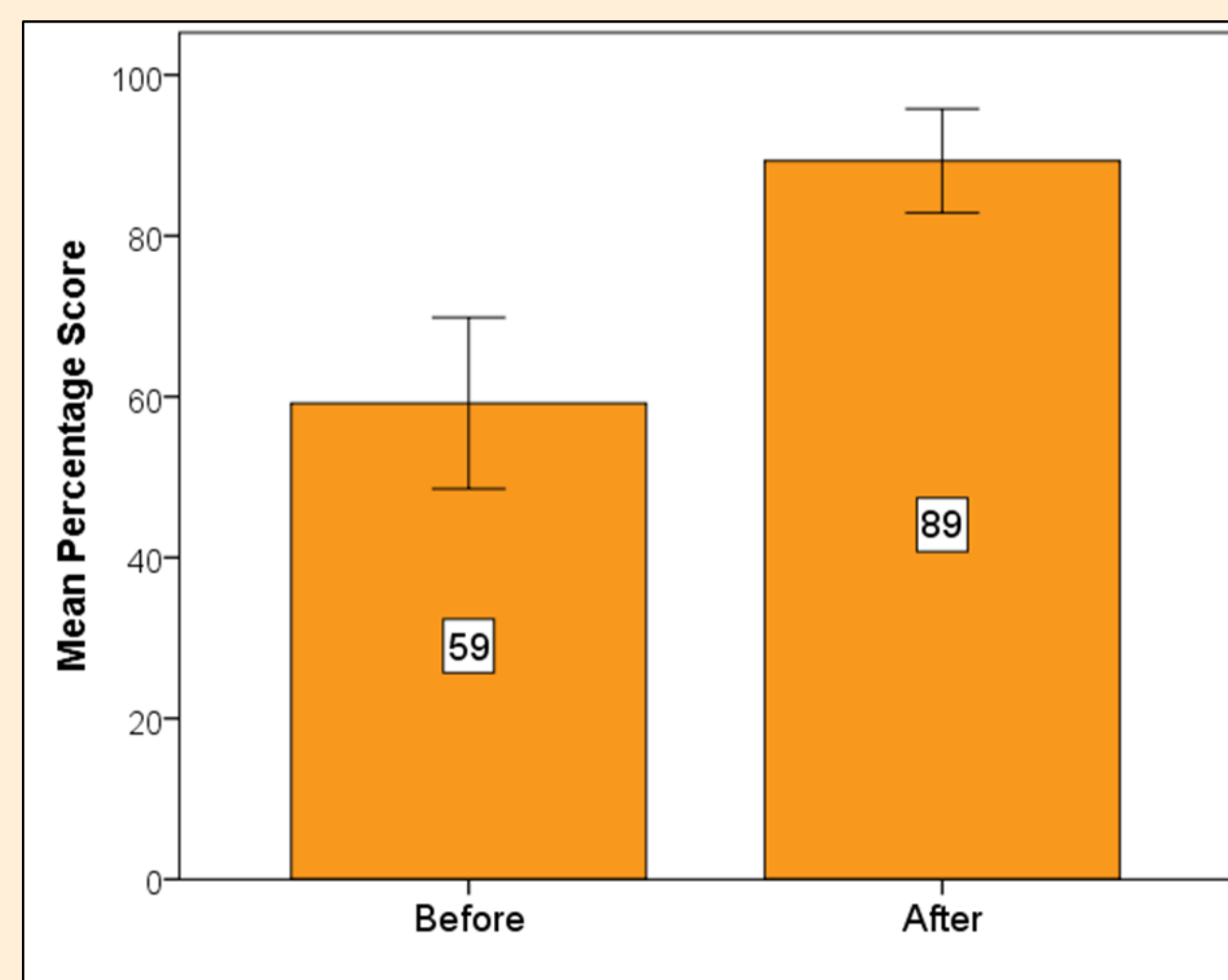
RESULTS

Apart from forgetfulness, 13 out of the 20 patients revealed that their lack of adherence was due to the occurrence of side effects (mentioned 4 times), the annoyance of having to take medication (mentioned twice), feeling that there was no more need to take certain medications (mentioned twice), feeling better (mentioned twice), certain misconceptions about the medication (mentioned twice), out of stock medications (mentioned twice), negligence (mentioned once), not seeing beneficial outcomes (mentioned once) and when planning to have an alcoholic drink (mentioned once).

On asking the participants whether they found the 'picture of medicine' in the chart provided to be useful, 29 out of 40 participants chose the 'yes very much' response, 5 chose the 'quite' response while only 6 chose the 'not that much' response. Three participants commented that the 'picture of medicine' is especially useful for the illiterate.

For both patients and family members, the mean % score for knowledge of the dosage regimen after the intervention (98.0%) exceeded the score before the intervention (89.0%) (p-value = 0.001). The mean % score for knowledge of medicine type/indication after the intervention (89.3%) exceeded the score before the intervention (59.2%) (p-value ~ 0.000) (Figure 1).

Figure 1 Knowledge of the medicine type/indication before and after the intervention (n=40)



CONCLUSION

This study highlights the importance of the pharmacist's intervention. The explanation and distribution of the medication chart was found to act as an empowerment tool to improve medication awareness and knowledge which are known to be important factors needed to increase medication adherence.

Reference

1. Bell S, McLachlan AJ, Aslani P, Whitehead P, Chen TF. Community pharmacy services to optimize the use of medications for mental illness: a systematic review. Australia and New Zealand Health Policy. 2005; 2:2 [about 11 p.].