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Medication: Take it, leave it or sometimes forget

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Patients on medication for long-term conditions can often face difficulties with taking their medication as directed by their doctor. In addition to the potentially detrimental effect on their health, the cost to the NHS of people not taking their medicines properly is estimated at more than £500 million per year.

A pioneering study, believed to be the first large-scale research project on medication adherence of its kind in the UK, has recently been completed by a research team led by pharmacists from Aston Pharmacy School. There is a paucity of research examining medication adherence in large populations in the UK and the Aston Medication Adherence Study (AMAS) was designed to help fill this knowledge gap.

The study employed a mixed methodology to examine the extent of non-adherence and the factors associated with lower levels of adherence within three specific patient groups (patients diagnosed with dyslipidaemia, type diabetes or hypothyroidism) living in the Heart of Birmingham.

Results from the analysis of the prescribing data showed that overall, around one-quarter to one-third of patients were non-adherent to their medication. Further analysis of the factors associated with non-adherence, enabled profiling of patients most likely to benefit from targeted support to help them take their medications as prescribed; these included patients:

- younger than 60 years of age
- of Islamic faith
- of Asian, Caribbean, African or 'Other Black' origin
- whose primary language is Urdu or Bengali
- living in the most socioeconomically deprived areas

Results from the exploratory focus groups revealed an array of issues and barriers faced by patients on long-term medication. For example, patients expressed their fears about side effects of medication and the need for better communication and information about medicines. The presence or absence of symptoms played a role in patients' medication taking behaviour and constant changes in generic forms of a medication decreased the levels of trust that patients had in pharmacists.

Professor Chris Langley, Principal Investigator for the AMAS said; "What is important about the AMAS is that it identifies adherence patterns within an ethnically diverse inner city area with high levels of deprivation; this is currently unchartered territory. The development of an innovative software tool 8 was pivotal to the study and facilitated

analysis of a vast volume of prescribing data. The results from this study have provided an intriguing insight into adherence behaviour within an inner-city population, whilst the focus group data provided context and understanding of the barriers to adherence from the patients' perspective."

Dr Joe Bush, Investigator for the AMAS added; "We identified numerous groups in which adherence levels were lower than in the general population, but it is not possible at this time to identify why adherence is lower in these groups. Whilst the focus groups suggested possible reasons for non-adherence, we hope to explore these issues further and identify the primary reasons for non-adherence in these patient groups in future research."

This study makes a number of recommendations including the targeting of any interventions designed to support adherence at those patient groups who are most likely to experience difficulties with taking medicines.

More information: For more information, please visit the webpages.

Provided by Aston University

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