

Adherence problems identified by motivational interviewing and medication review in stroke patients

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Objective

To examine adherence-related issues in stroke/TIA patients identified by use of a complex pharmacist intervention including medication review and motivational interviewing.

Introduction

Poor adherence to secondary prevention medications occurs frequently in patients suffering a stroke or Transient Ischemic Attack (TIA). To improve adherence of these patients, a complex individualised pharmacist intervention was designed and is used in an ongoing randomised controlled study investigating the effect on medication adherence and new stroke events. The present work is a sub-analysis of this study.

Method

The study was performed at the Neurology Ward and the Emergency Ward, Odense University Hospital, where patients treated for TIA or acute ischemic stroke were randomised to a complex individualised pharmacist intervention or a control group. The pharmacist intervention consisted of 3 components:

- A medication review focused on thromboprophylactic agents (antiplatelets, anticoagulants, antihypertensives and statins) and potential adherence-related problems. The review was followed by recommendations to the physicians at the wards.
- A motivational interviewing consultation where the content was based on issues raised by the patient
- A follow-up telephone call one week after discharge with standardised adherence questions to uncover potential non-adherence.

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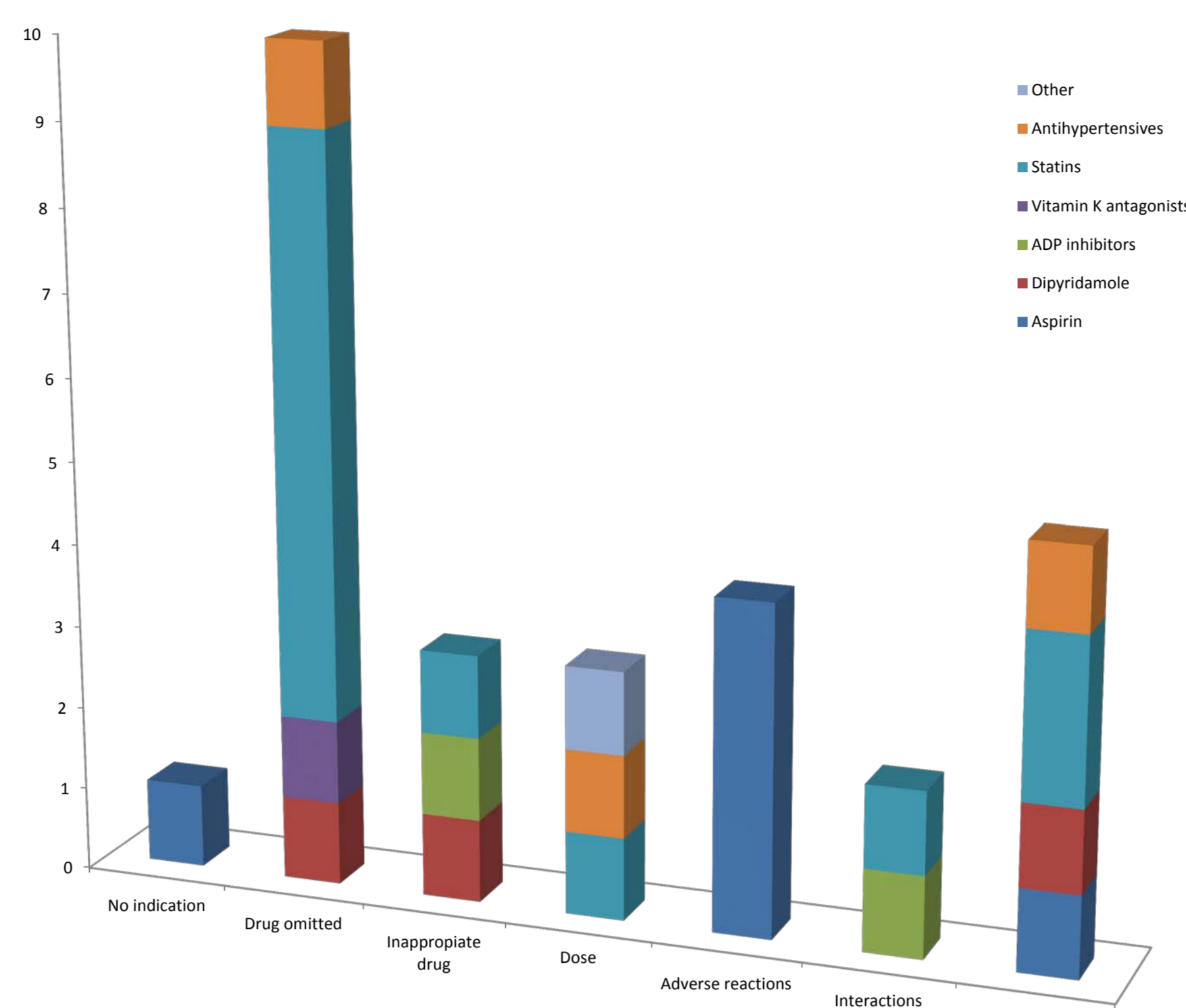


Figure 1
Types of adherence-related problems identified by focused medication reviews

Results

Eighty-five patients, 56 men and 29 women, received the pharmacist intervention. Among these, 46 were treated for ischemic stroke and 39 for TIA. The average male age was 63.8 years (SD 9.5) and the average age of the females was 62.6 (SD 14.0) years. The patients were in average treated with 5.4 drugs (SD 2.5), including in average 3.6 thromboprophylactic drugs (SD 1.3)

The focused medication review revealed 28 potential adherence-related problems i.e. a problem was identified in about one third of the patients (figure 1). The most common drug-related problem identified was lack of prescribing a drug despite an indication (N=10). The drugs most commonly involved in the identified drug-related problems were statins followed by aspirin (figure 2).

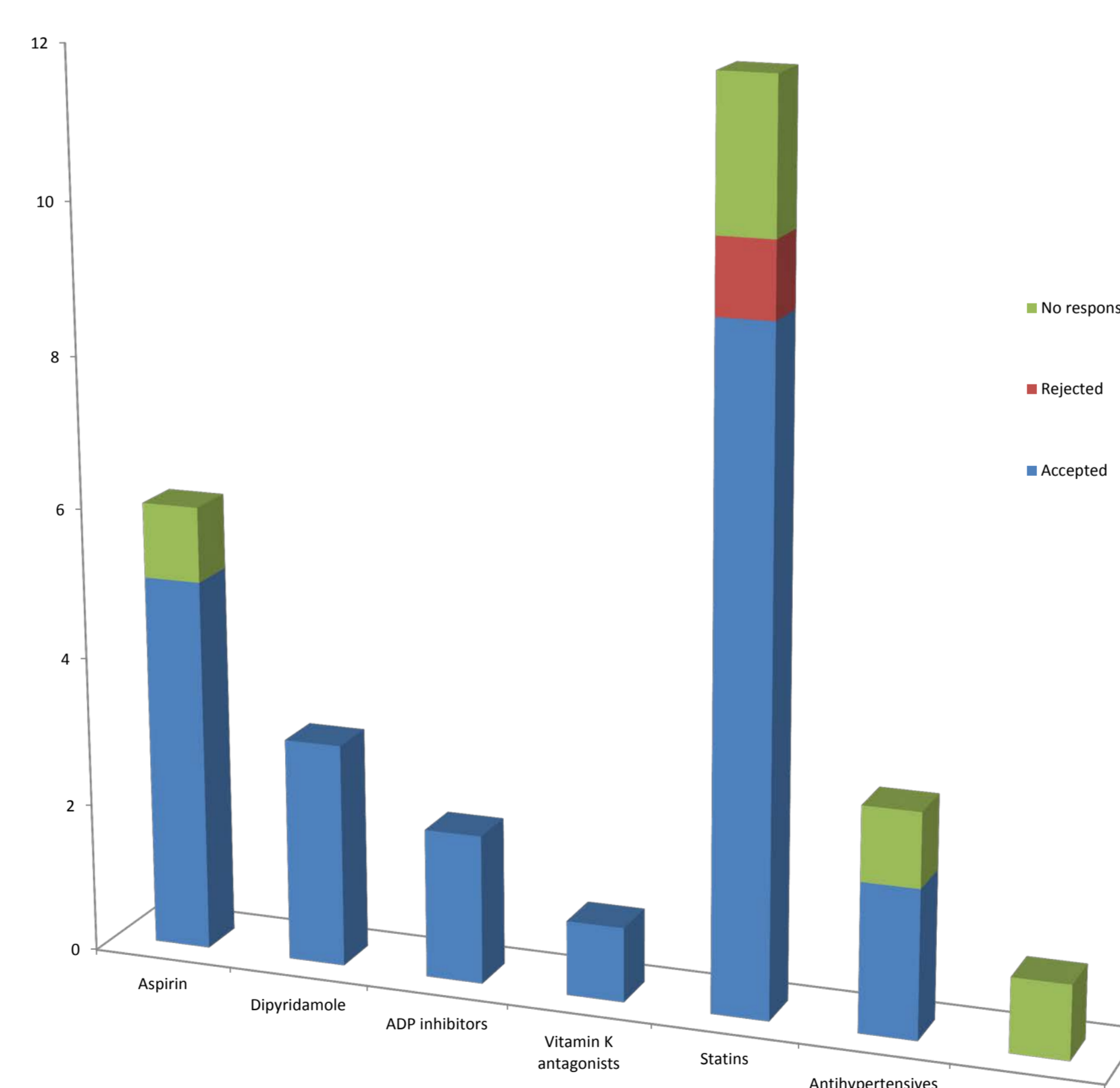


Figure 2
Number of adherence-related problems per drug. Accept of recommendations.

Seventy percent of the statin recommendations were related to lack of prescription of statin therapy despite a clear indication. The aspirin recommendations (N=4) dealt with increased risk of bleeding followed for example with a recommendation of supplementary treatment with a proton pump inhibitor.

Twenty-two (79%) of the recommendations were accepted by the physicians, one (4%) was refused and 5 (18%) had no response (figure 2).

A range of different issues was addressed during the motivational interviewing consultation (figure 3). The most commonly issues dealt with were change of life style (84%), medication management (79%) and adverse reactions (67%). Other issues the patients found important were medication effectiveness, adherence aids, written information and disease information.

At the one week follow-up phone call 7 (8%) had medication adherence problems according to the standardised adherence questions. Subsequently, these patients received a targeted effort to improve their adherence.

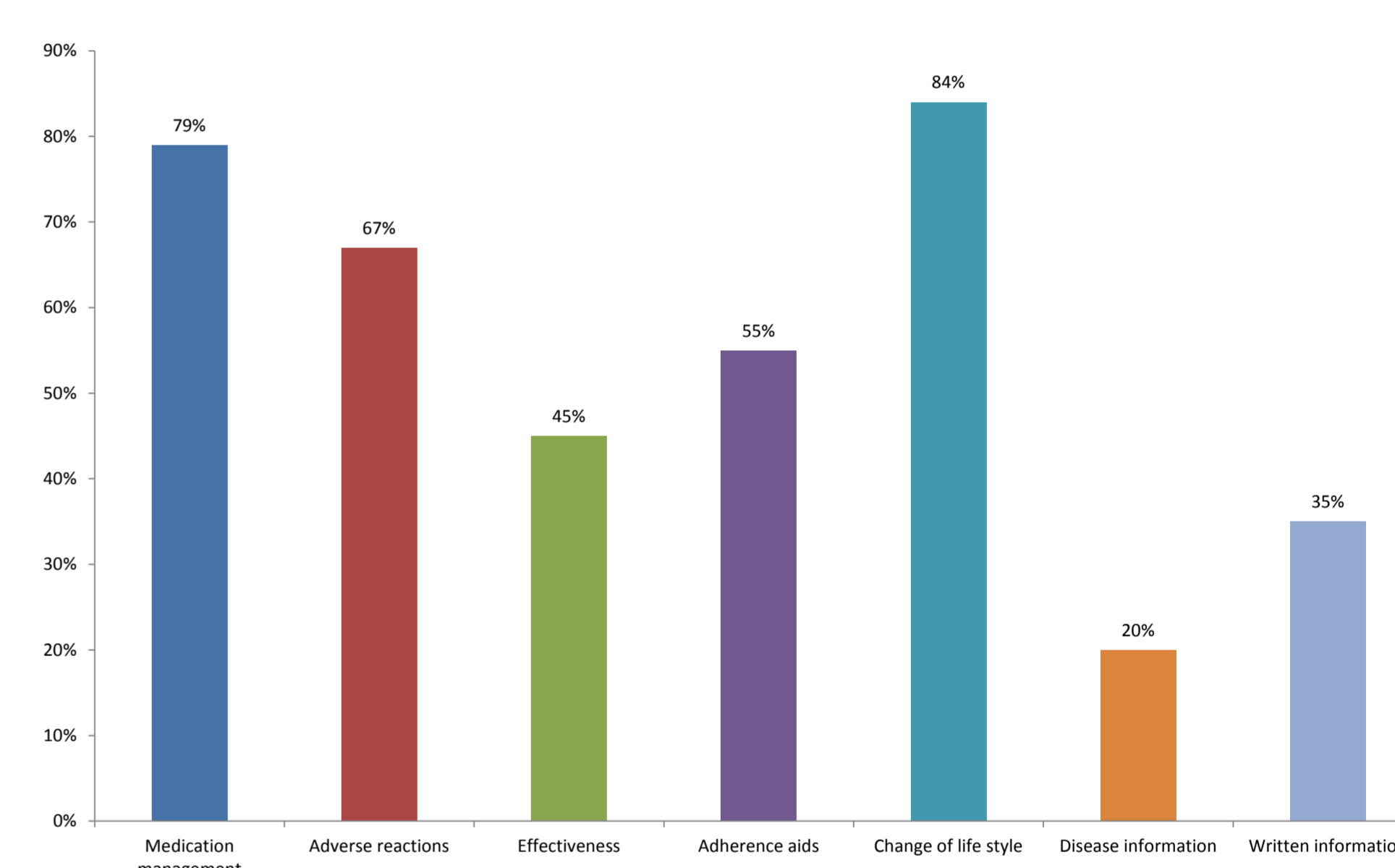


Figure 3
Issues patients addressed at the motivational interviewing consultation (N=85).

Conclusion

A complex pharmacist intervention, consisting of medication review, motivational interviewing consultation and telephone follow-up, can be used to identify potential adherence-related problems in stroke and TIA patients. Change of life style, medication management and adverse reactions are the issues most often dealt with during motivational interviewing consultation.

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