

Feasibility study on prioritization of medicines in the context of polypharmacy

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BACKGROUND

Hospitals often discharge patients with multiple medications. General practitioners (GP) are then faced with the task of prioritizing the patients' drug regimes to reduce the risk of overmedication. The experiential knowledge GPs use in managing this task is not systematically investigated. A previous qualitative study¹ with GPs (vignette-based research using focus groups, n = 42) found that these decisions are based on disease characteristics as well as factors such as health literacy, patient safety, quality of life, patient's will and the home health care situation.

RESEARCH QUESTION

How do GPs prioritize medications for multi-morbid elderly patients at the transition between hospital and outpatient care? A large representative study based on vignettes is scheduled to investigate the decision making process and its underlying factors. In order to optimize the design, this feasibility study² is under way with 1100 GPs in Saxony-Anhalt, Germany.

METHODS

Two typical case vignettes were used, relevant to the everyday care that elderly patients would receive from their GPs with respect to their drug regime. Because the intention of the study is to improve the response rate and design, different approaches to contact the GPs were tested: 1/3 - questionnaire dispatched by mail (+ return envelope), 1/3 - questionnaire dispatched by mail (including link that refers to an online version of the questionnaire) ± return envelope in order to give respondents a choice between E-Mail and regular mail, 1/3 - E-Mail (link to online questionnaire).

RESULTS

The feasibility study had a response rate of 17.73% (195 questionnaires) in three weeks (without sending a reminder). The contact via regular mail with response envelope was more successful (21%) than regular mail with a note to the electronic link to the questionnaire (18%, link was used once) (figure 1). It was obvious that criteria such as patient safety and drug safety (74%), the indication (68%) and the quality of life (63%) had priority. Aspects such as legal basics (3%), economic reasoning/practice budget (4%) play a minor role (figure 2).

CONCLUSION

The link sent by regular mail was only used once, the contact via E-mail with embedded link to the questionnaire was the least successful, both approaches should not be recommended. The case vignettes have to be as short as possible including current lab results, which were missing this time (e.g. blood pressure and blood sugar). It should also be possible for the GP to order alternative medication.

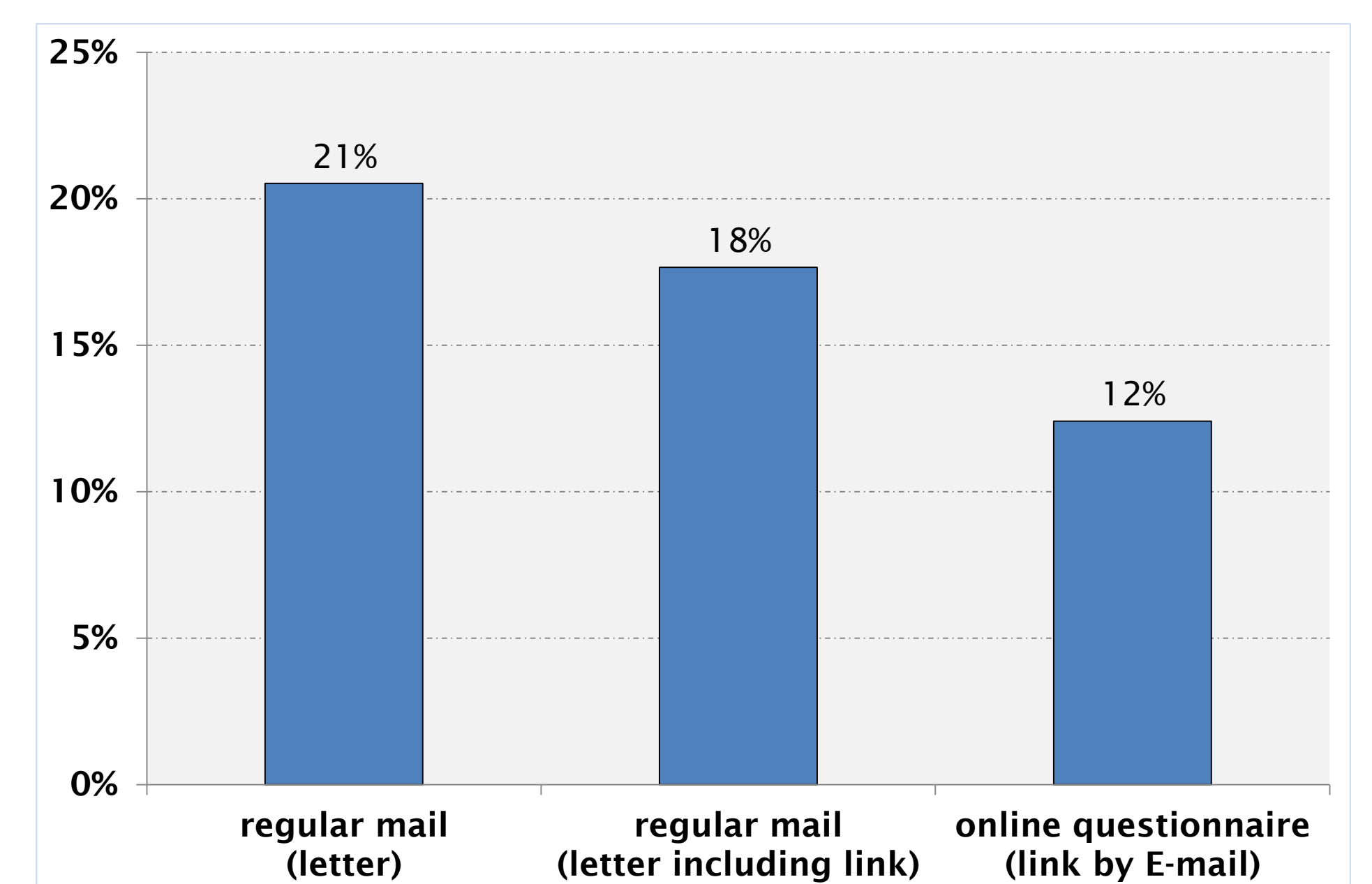


figure 1 Response rate of the different approaches

CASE VIGNETTE 1 (ABBREVIATED)

Mr. P., 69 years old, in slightly reduced general condition, BMI 28, recently discharged from hospital (stayed 8 days) is seeking medical advice, complaining, that he felt weakened and tired since his wife's death 14 weeks ago. Additionally the patient complains of frequent pain in the limbs. Tendency to fall is denied by the patient [...].

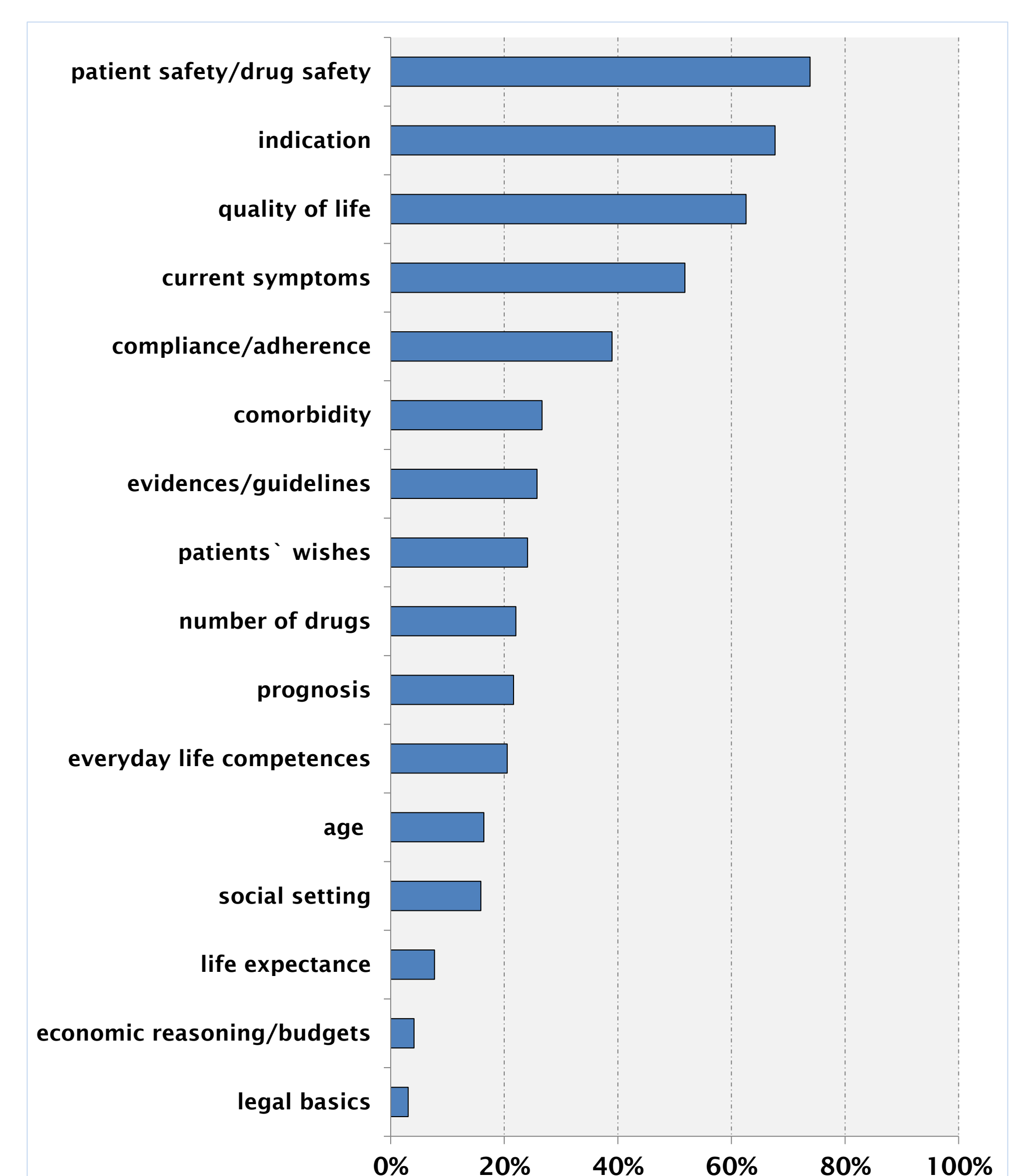


figure 2 Most important criteria in relation to an optimal medication for this patient (n=195)

¹ Herrmann, ML et al. GP medication prioritisation in older patients with multiple comorbidities recently discharged from hospital: a case-based bottom-up approach. In: Gesundheitswesen 2014;77:16-23.

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