

What do patients with heart failure say about their use of medications at home?

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During interactions with patients, clinicians have opportunities to assess, support, and address their reported adherence directly: How often and how do these opportunities emerge? The main objective of this study was twofold: to investigate what kind of information patients with heart failure (HF) tell their doctors about their medication adherence at home, and how often such information is provided in consultations where medication reconciliation is recommended. To meet these objectives, we developed an analysis to recognise, define and count (1) patient utterances including medication adherence disclosures in clinical interactions (MADICI), (2) MADICI including red-flags for non-adherence, and (3) MADICI initiated by patients without prompts from their doctor.

Design: Exploratory interaction-based observational cohort study. Inductive microanalysis of authentic patient-doctor consultations, audio-recorded at three time-points for each patient: (1) first ward visit in hospital, (2) discharge visit from hospital, and (3) follow-up visit with general practitioner (GP).

Participants: 25 patients with HF (+65 years) and their attending doctors (23 hospital doctors, 25 GPs).

Results: We recognised MADICI by two criteria: (1) they are about medication prescribed for use at home, AND (2) they involve patients' action, experience, or stance regarding medications. Using these criteria, we identified 427 MADICIs in 25 patient trajectories: 143 (34%) at first ward visit (min-max = 0 to 35, median=3), 57 (13%) at discharge visit (min-max = 0 to 8, median=2), 227 (53%) at GP-visit (min-max = 2 to 24, median= 7). Of 427 MADICIs, 235 (55%) included red-flags for non-adherence. Bumetanide and atorvastatin were most frequently mentioned as problematic. Patients initiated 146 (34%) of 427 MADICIs. Of 235 "red-flag MADICIs", 101 (43%) were initiated by patients.

Conclusions: Self-managing older patients with HF disclosed information about their use of medications at home, often including red-flags for non-adherence. Patients who disclosed information that signals adherence problems tended to do so unprompted. Such disclosures generate opportunities for doctors to assess and support patients' medication adherence at home.