

**POPCLINIC: ID# 94539**

**Title:**

Overcoming Medication Non-Adherence in Community Dwelling Geriatrics

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**ACCEPTED**

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**Session Title:**

Clinical Poster Session 2 (Monday/Tuesday, 18 & 19 November)

**Slot:**

CLIN PST2: Monday, 18 November 2019: 8:00 AM-8:45 AM

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**Abstract Describes:**

Ongoing Work/Project

**Applicable Category:**

Clinical, Academic, Students

**Keywords:**

community-based, geriatric and medication management

**References:**

Agency for Healthcare Research and Quality (2017). *Medication management strategy: intervention*. Retrieved from: <https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/interventions/medmanage.html>

Centers for Disease Control and Prevention (2016). *Adults and Older Adults Adverse Events*. Retrieved from: [https://www.cdc.gov/medicationsafety/adult\\_adversedrugsafety.html](https://www.cdc.gov/medicationsafety/adult_adversedrugsafety.html)

Nazarko, L. (2017). Medicines management in community settings: The role of the nurse. *British Journal Of Community Nursing*, 22(12), 611-614. doi:10.12968/bjcn.2017.22.12.611

Park, H. Y., Seo, S. A, Yoo, H., & Lee, K. (2018). Medication adherence and beliefs about medication in elderly patients living alone with chronic diseases. *Patient Preference & Adherence*, 12175. doi:10.2147/PPA.S151263

Vukov, K., Davis, J., & Quinlan, P. (2017). A nurse-driven community education program for older adults. *American Nurse Today*, 12(1), 48-50.

**Abstract Summary:**

Utilization of a nurse-led medication management program to influence positive changes in community-dwelling-geriatric behaviors and beliefs to improve medication adherence measured with the Adherence Starts with Knowledge- 20 survey.

**Content Outline:****Practice Problem:**

Nearly half of all geriatric patients are non-adherent to their medications

Non-adherence to medications is often related to patient beliefs and behaviors

**Clinical Question:**

For non-compliant community-dwelling geriatric patients, 60 years or older, will a medication management program increase self-reported medication adherence in 8 weeks

**Project Description:**

- Pretest
- Intervention (Brown Bag Medication Review)
- Posttest

**Project Evaluation:**

- Assessment Tool (Adherence Starts with Knowledge 20)
- Data Type
  - Descriptive
  - Demographic
  - Anecdotal
- Statistical Analysis

**Nursing and Healthcare Implication:**

- Nurses in the community
- Practice within scope of practice
- Patient-centered care

**Conclusion:**

- Clarify misconceptions about medication
- Nurse act as bridge between the patient and the provider in the community

**Topic Selection:**

Clinical Poster Session 2 (Monday/Tuesday, 18 & 19 November) (26148)

**Abstract Text:**

Medication non-adherence is a global problem that increases in occurrence as individuals develop chronic illnesses. The act of developing non-adherence behaviors increases an individual's risk of developing adverse events. The geriatric population is at highest risk of developing adverse events as they live to develop multiple chronic illnesses are treated with numerous medications. As the geriatric population grows due to longer lifespans, the healthcare professional must deal with the growing problem of medication non-compliance among the fragile and vulnerable population. Medication non-adherence is a public safety concern within this group, and it is imperative to address the cause of non-adherence in this group. This project utilized a convenience sample of six seniors from a community senior center in Queens, New York. The project consisted of a pretest/ post-test interventional design to assess changes in behaviors and beliefs toward medication adherence. The tool utilized in the study was a twenty question five-item Likert scale that produced three types of scores. The scores identified help to identify the number of the present barriers and the severity of the barrier. The intervention provided to the senior consisted of a Brown Bag Medication Review in the community setting of the adult day care center. Analysis of the collected data showed either no significant change or significant change. It is assumed a more robust sample size would produce more promising results. As the project is non-invasive and led to no harm, continued implementation and testing are strongly encouraged.

**Purpose:** The purpose of this project was aimed at modifying the behaviors and beliefs of a geriatric population to improve their adherence to their medication regimen.

**Background and Significance:** Literature indicates nearly 50% of seniors are non-adherent to their medication. Non-adherence to medication within this population is often related to adopted behaviors and beliefs. The practicum site for this project identified that these inhibiting behaviors and belief were observed and overheard among the members of the senior center.

**Methods:** With a convenience sample of six participants, the project adopted an interventional pretest/ post-test design with a Brown Bag Medication Review as the intervention. The Adherence Starts with Knowledge-20 questionnaire was used as an assessment tool, administered before the intervention and seven days after the intervention as a post-test. A paired t-test was conducted to analyze change between the pre and post-test.

**Findings:** The results showed no significant change on the barriers and beliefs to medication adherence but a positive and statistical impact occurred on the severity of non-adherence.

**Conclusion:** The significance of the health care problem and its impact on the health care system, as well as the promising findings of this project warrants further testing of this intervention with this tool in this patient population.