

Storied Experiences of Managing Polypharmacy in Primary Care



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Abstract

Polypharmacy is a global epidemic. The World Health Organization (WHO) identifies polypharmacy, the irrational use of medications as a major global problem resulting in wasting of scarce resources and widespread health hazards. A qualitative study used narrative inquiry to explore understanding and meanings of the nurse practitioner's (NPs) professional experience in managing polypharmacy in primary care. In this study, seeking to understand meaning of NPs with a particular issue, temporality was a central feature. Using the three-dimensional narrative inquiry space during data analysis allowed the researcher to view the temporal aspect of the stored experiences as something that has happened over time and to organize the NPs experiences into temporally meaningful episodes. The personal/social interaction was also important as the co-dependency between the two contextualized all aspects of the NP's experience in their practice environments, or place. NP narratives revealed motives, experiences, and actions, and the way they interpret and assign meaning to them in relation to their NP role in managing polypharmacy. Thematic analysis of narratives revealed the complexities of managing polypharmacy and highlighted issues which must be addressed given one in five people will be over age 60 years by 2050, accounting for approximately half of the total growth of the world population.

Background

Increased use of prescription medications has been cited as one of the key changes in the healthcare delivery system in recent years. A definitive definition of polypharmacy has not been agreed upon. The literature refers to polypharmacy as taking five or more medications, overmedication or taking unnecessary medications. Whether referring to the number of medications or taking too much, or unnecessary medications, polypharmacy sets the stage of multiple drug-to-drug interaction.

Approximately 90% of individuals age 65 years and older take one medication, 44% of men and 57% of women age 65 years and older take five or more medications; about 12% of both men and women take 10 or more medications (Woodruff, 2010, NCHS 2015). Between the years of 2010 to 2030 the number of individuals age 65 years and older is expected to increase dramatically as the Baby Boomers age (Hobbs & Damon, 1996; USDHHS, 2011). The percentage of individuals age 65 years and older is expected to increase by 36% to 55 million by 2020 with the old-old population, those 85 years and older expected to increase by 19% to 6.6 million (USDHHS, 2011). By 2020, the population between 65 to 74 years will grow 74%. Past studies suggest that up to 42% of adverse drug events in older adults are preventable with most problems occurring at the ordering and monitoring stages of care. Total healthcare expenditures related to potentially inappropriate medications (PIMS) exceed \$7.2 billion (AGS, 2012; Resnick & Pacala, 2012).

Results

Putting the Puzzle Together

"Polypharmacy always gets sticky. I think mismanagement of pharmaceuticals is the main problems that most of my geriatric patients encounter. I think it takes a very skilled clinician to be able to piece everything together; piece all the specialists' work together; piece all of the transitions of care together"

It Takes A Village

"Then she told me, "I am not going to take her back anymore. Now I understand." And I said, "Yes. If we streamline the care a little bit more and stop involving so many specialists, we really have a higher level of control of what mom's going to be taking and not taking."

Power of Knowledge

"I think my role as a nurse practitioner impacting the identification and management of polypharmacy in—in this—in the geriatric population is really on a community level I think. Empowering the community to understand that geriatrics is a very specialized form of medicine and we have to take a lot of things into account with the aging body. It's not as simple as someone who's younger. I see my role as empowering my patients, empowering the community. I think my impact is really on providing the community and patients and students and learners other disciplines about Beers Criteria, aging, its tolls on the body, education. That's my role as a nurse practitioner. "

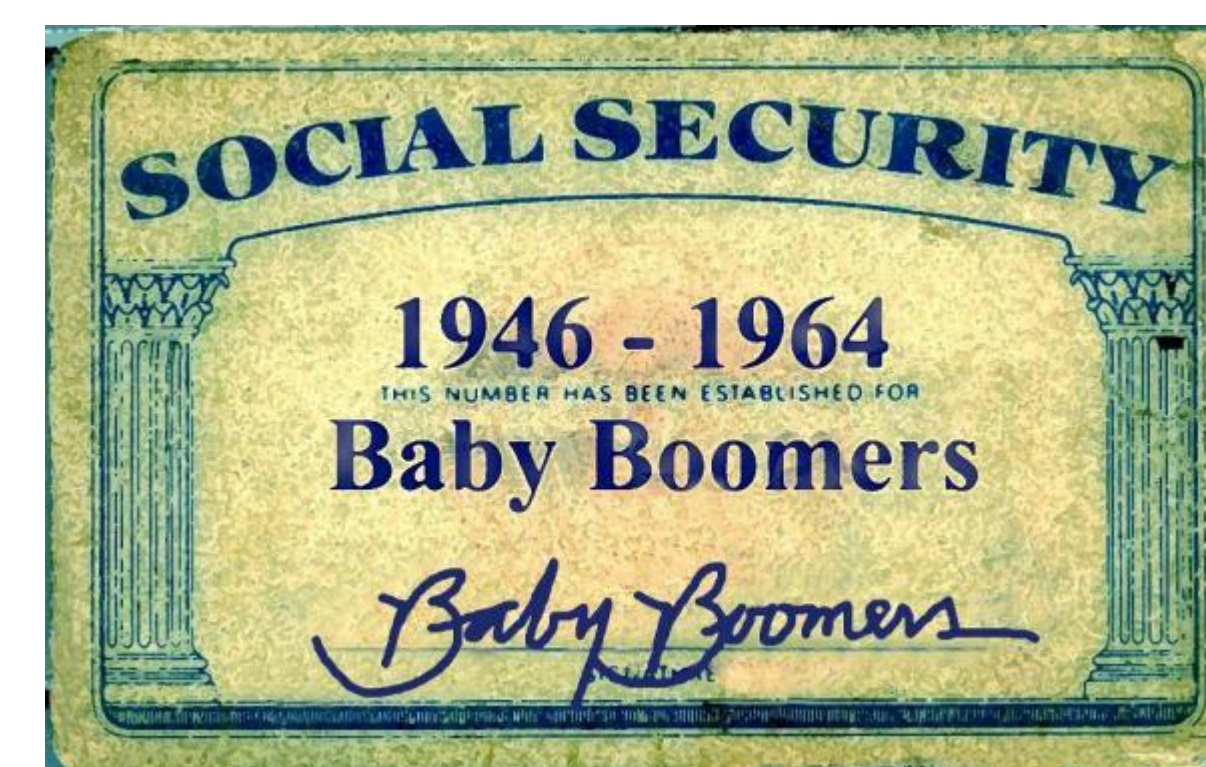


Method

A qualitative narrative inquiry design was used to explore the personalized meanings NP study participants ascribed to the experience of managing polypharmacy in practice. The metaphorical three-dimensional narrative inquiry space provided direction for the researcher to view participants' experiences (Clandinin & Connelly, 2000).

Purposive and network sampling was used to gather a sample of NPs who self-identified as currently practicing in primary care of adults age 55 years or older, having experience providing care managing polypharmacy, and who speak English. Each participant was allowed to tell their story and direct the flow of the interview in order to fully capture the meaning of the individual's experience that was important to them. Interviews lasted between 30 and 60 minutes and field notes were collected during the interview. Field notes were collected during each interview

Fifteen NPs, 2 male and 13 female, aged 26 to 61 years, were interviewed. All participants were nationally certified, master's prepared family or adult NPs practicing from 1 to 15 years working 8 to 40 hours weekly. Practice areas included urban and rural clinics. Patient population included self-insured, self-pay, Medicare, and Medicaid.



Summary

The aging population signals a shift in research priorities for the country. The National Center for Healthcare Statistics (NCHS) note care of the older adult and medication management are key areas which must influence and shape healthcare research (NCHS, 2015). Nurse practitioners' (NP) are and will increasingly be facing the challenges of the aging imperative daily in practice. There are many challenges to geriatric pharmacotherapy: more new drugs are available each year, off-label indications are expanding, increasing popularity of herbals, multiple comorbid states, medication cost, and the effects of aging on pharmacokinetics and pharmacodynamics. This study sought to illuminate the NP experience in caring of the older adult while addressing the complexities of medication management through narrative stories of practice.