

Mind the gap: how compliance aids increase the distance between patients and their medicines

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Introduction Multicompartment compliance aids (MCA) are used across primary care for patients in their own homes who are seen as having problems with their medicines. This includes both conventional aids (eg, Dosett) and monitored dosage systems (eg, Nomad). There is little evidence to support their effectiveness,¹ but much anecdotal support from health professionals, notably in terms of adherence. There has been little discussion of possible negative effects resulting from MCA use, such as removing patients' ability to identify their individual medicines. In addition, pharmacists' ability to monitor the patient's needs and progress depends on a regular opportunity to talk to the patient or carer. The supply mechanism for MCAs may reduce such opportunities. These aspects are explored here and result from a wider study of compliance aid use.²

Method Interviews were conducted using a structured questionnaire with 10 randomly selected pharmacists, and with all patients of these pharmacists whose medicines were being supplied with a compliance aid (and living at home).

Relevant questions to both pharmacists and patients related to who orders the repeat prescriptions from the GP and who delivers the aid. The patients were also asked who collected the aid and were assessed for their knowledge of the name of their medicines.

Results Of the 169 eligible patients, we received 61 (36 per cent) signed consent forms and interviews with 56 (33 per cent) of these patients were completed. Most patients (38; 68 per cent) did not know the names of any of the medicines in the device. Four (7 per cent) knew some of the names and 14 (25 per cent) knew all of the names.

Forty-eight patients (86 per cent) said the pharmacy delivered the compliance aid. The results of the pharmacist's interviews show that in three

FOCAL POINTS

- Compliance aids are widely used despite little evidence for their effectiveness
- As well as the benefits not being proven, there may be negative effects
- Pharmacists supplying compliance aids and their patients were interviewed about how repeat prescriptions were ordered and compliance aids collected; patients were also asked if they could name each of the medicines in the device
- In almost half of cases, delivery was by an unqualified person
- Nearly two-thirds of patients did not know the names of any of their medicines
- Compliance aid use may contribute to increasing patients' remoteness from their medicines and delivery methods may mean that pharmacists are unable to monitor changes in the needs of this particularly vulnerable group of patients

pharmacies a driver made the delivery, in two it was either a driver or the pharmacist, in two others it was the pharmacist, a relative or a pharmacy assistant, and in one it was a pharmacy assistant.

Again, 48 patients (86 per cent) said the pharmacy ordered the repeat prescription. Six of the pharmacists said they order the repeat prescriptions themselves; the other four said it depended on the circumstances.

Discussion It could be argued that making the change from individually identified medicine bottles to a compliance aid takes away a key link between a patient and their medicines; the medicines in individually labelled bottles become an anonymous collection of tablets. This is borne out here, as only a quarter of patients knew the names of all their medicines. Two patients stated that they had previously known the names of their medicines when in bottles.

The second issue relates to pharmacists' ability to monitor patients' progress. The pharmacy ordered the repeat prescriptions for most patients and delivery was by an unqualified person in almost half the cases. This

means that many patients are distanced not only from their medication but also from their doctor and pharmacist. Thus, there is no ongoing opportunity for health professionals to assess patients' changing needs with respect to their medicines. This relates to their ability to access their medicines, any problems they may be having taking it, impact of side effects and motivation/compliance.

Two factors contributing to the low consent rate appeared to be patients living alone who were reluctant to have a stranger visit them at home and patients too confused to be able to give informed consent. These are some of the patients most in need of pharmacist monitoring and support.

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References

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