

Compliance, concordance and the revolving door of care: caring for elderly people with mental health problems

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Introduction With “care in the community”, more mentally ill patients are being cared for in their own homes. Polypharmacy abounds and there is great potential for mismanagement of medication. Compliance with medication is known to prevent relapse and the revolving door of care.¹ The Audit Commission recently found mental health services for older people to be patchy and inconsistent. Carers often lack support and information. Joint working by health professionals was recommended.²

This project involved community pharmacists receiving specialised training, becoming integrated into the community mental health teams (CMHTs) and providing pharmaceutical care when making joint domiciliary visits with the key workers. The pharmacists reviewed medication regimes, counselled on the use of medicines, side effects and the importance of adherence. A pharmaceutical care plan was developed and many interventions were made, including the provision of compliance aids and collection and delivery services, where necessary.

Method At the end of the project, three separate focus groups were held with the professionals involved. Group one consisted of 10 pharmacists; group two was a representative sample of nine key workers (eight community psychiatric nurses and one occupational therapist) from four CMHTs. All four psychogeriatricians were invited to attend the final group and three attended. A researcher, who had not been involved with the project, moderated the groups. They were tape recorded, transcribed and analysed using grounded theory.³

Results The professional groups all wanted the project to develop into a service and had similar views on the general benefits.

The key workers appreciated the pharmacists rationalising the medication regime and organising the safe disposal of unwanted hoarded medication. They also liked the increased contact with the pharmacists (previously there was little/no contact) and the pharmacists liked feeling part of a team. The advantages for the patient

FOCAL POINTS

- The project involved community pharmacists receiving specialised training, becoming integrated into the community mental health teams and providing pharmaceutical care when making joint domiciliary visits with the key workers.
- Community pharmacists, psychiatrists and key workers all wanted the project to develop into a service and had similar views about the general benefits of the study. However, they had contrasting expectations of the project, based on their own perspectives on compliance, concordance and models of care
- The key workers valued the provision of monitored dosage systems for patients with confusion or memory problems. But the pharmacists felt that they were being expected to organise compliance aids; they recognised that it was their role to assess compliance and that other measures could be taken before organising an MDS
- The psychiatrists stated that involuntary non-compliance with medication, arising from confusion, memory and physical problems, was a major issue and the project had made improvements in this area; they wanted to keep patients in the community and particularly valued reductions in morbidity, relapses and the “revolving door of care”

or carer were that there was time to discuss medication problems on a one-to-one basis in the privacy of their own home and that it eased worries of elderly carers. However, the three groups had slightly differing views concerning some of the advantages and their expectations of the project, based on their perspectives on compliance and concordance.

The key workers wanted to improve safety and compliance and valued the provision of monitored dosage systems (MDS) for patients with confusion or memory problems, particularly if prompting was required by home helps. The pharmacists felt that they were supporting the relatives and carers by discussing medication issues with them, based more on a concordance model rather than a compliance one. However, they felt that the CMHTs expected them to organise compliance aids. They recognised that it was their role to assess this and that there were other measures that could be taken before organising an MDS.

The psychiatrists stated that involuntary non-compliance with medication, due to confusion, memory and physical problems, was a major issue

and the project had made improvements in this area. They wanted to keep patients in the community and valued particularly, reductions in morbidity, relapses and the “revolving door of care”.

Discussion All three groups of professionals supported the project and wanted it to be developed into a service. However, they had contrasting views around compliance, concordance and models of care. Increased communication is needed to discuss these views, particularly around the provision of MDS. The key workers feel that MDS are a real solution to many medication problems. However, pharmacists feel that they should assess the need for MDS, based on the patient's own individual circumstances, as they recognise that they are not ideal for all patients and that simplification of the regime or other measures should be taken before organising an MDS. Each group needs to understand each others views and discussions are needed with social services, before negotiations can take place to agree a way forward for a future integrated service.

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