

Pharmaceutical care for older people with mental health problems: what are the effects on adherence and health?

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Focal points

- A randomised, controlled study was conducted where community pharmacists made joint domiciliary visits, with key workers, to provide pharmaceutical care for older people with mental health problems living in the community
- A total of 100 interventions was made for 26 patients in the active group (30 of these involved the prescriber and 90 per cent were accepted) and eight of these were of major clinical significance
- There were no statistically significant changes in abbreviated mental test (test of cognitive function) or Health of the Nation outcome scales (an assessment including mental health and physical problems) mean scores for both groups of patients
- At the end of the study period, the key workers considered that more patients in the control group were worse at living independently and had deterioration in their mental illness; they also judged that there was improved medication knowledge and adherence in the active group
- Small patient numbers limit this study; the key workers were not blind to the randomisation status of the patients and valued highly the support by the pharmacists.

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Introduction

More mentally ill patients are being cared for in their own homes, with great potential for mismanagement of medication. Adherence with medication prevents relapse and the revolving door of care.¹ Carers often lack support and information. Joint working by health professionals is recommended.²

Method

Twenty-four pharmacists received two-and-a-half days of specialised training. A randomised, controlled study (stratified according to three illnesses and six team areas) started in March 1998. Separate randomisation lists using the block randomisation method were used for each stratum.³ The key workers from the community mental health teams (CMHTs) identified eligible patients and obtained consent before referral into the study. Patient interviews, an abbreviated mental test (AMT) and a HONOS (health of the nation outcome scales) were completed by the key worker at the start and end (four months after the pharmacist's visit) of the study. Patients were randomised into either an active group receiving one or more domiciliary visits from a pharmacist or a control group receiving no additional input but just the care normally received from the CMHT.

The pharmacists made joint domiciliary visits with the key workers. They reviewed medication, assessed patients' needs and discussed medicines based on concordance. Pharmaceutical care plans were developed, clinical interventions suggested and support, including compliance aids, was provided, if needed.

Results

Fifty-two patients, with mainly dementia or depression, were entered into the study. The mean age was 75 years and the mean number of oral medicines was 5 (range 2–11). Forty-eight per cent lived alone and 48 per cent were confused. Seventy-five per cent had no contact with a pharmacist or pharmacy. Seventy-seven per cent were reported to be complying poorly with medication. Twenty-nine patients were randomised into the active group and 26 received at least one visit from a pharmacist. A total of 100 interventions was made for 26 patients (30 of these involved the prescriber and 90 per cent were accepted) and the visiting pharmacists classed eight of these as of major clinical significance.

The AMT mean scores for patients in both groups at the beginning and end of the study were similar, ranging from 7.6 to 7.9 (scored out of 10 and indicates a low side of normal for cognitive function).

The HONOS total mean score for both groups of patients showed a slight improvement at the end of the study; the active group score

decreased from 11.0 to 9.4, and the control group from 8.8 to 7.7 (HONOS consists of 12 scales including agitation, depression, cognitive and physical problems, scored out of a total of 48). However, four months after the pharmacist's visit, the key workers judged the following.

- 13 (56.5 per cent) patients or carers from the active group "knew what the medicines were for, better than before", compared with 5 (26.3 per cent) from the control group (Chi-square significance 0.049, DF.1).
- 10 (43.5 per cent) patients or carers in the active group remembered to take their medicines "better than before" compared with 2 (10.5 per cent) from the control group (Chi-square significance 0.019, DF.1).
- 7 (36.8 per cent) patients in the control group were considered to be "worse than before" with their ability to live independently, compared with 1 (4.3 per cent) in the active group (Fisher's exact test, P=0.015).
- 7 (33.3 per cent) patients in the control group were considered to have had deterioration in their mental illness, compared with 1 (4.3 per cent) in the active group (Fisher's exact test, P=0.019).

The key workers visited all patients regularly under the care programme approach regulations⁴ and assessed whether the patients were "better than before", "same", "worse" or "don't know" as compared with the start of the study. This was done for many patient outcomes including "remembering to take medicines".

Discussion

Neither group of patients showed statistically significant changes in AMT or HONOS mean scores. However, at the end of the study period, the key workers considered that more patients in the control group were worse at living independently and had deterioration in their mental illness. They also judged that the active group had improved medication knowledge and adherence. Small patient numbers limit this study. The key workers were not blind to the randomisation status of the patients and valued highly the support by the pharmacists. We acknowledge that the ability to live independently and that deterioration in mental illness may be due to factors other than the lack of input by pharmacists. A larger, definitive study is needed.

References

- 1 Freeman H. Drug compliance and community care. *J Drug Development* 1994;6: 151–2.
- 2 Audit Commission. *Forget me not: mental health services for older people*. London: Audit Commission; 2000.
- 3 Altman DG. *Practical statistics for medical research*. London: Chapman & Hall; 1991.
- 4 Department of Health. *The care programme approach*. Health circular HC(90)23/LASSL(90)11. London: Department of Health; 1990.