

PRADE (Promoting Adherence to medications in Elderly) Project

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Introduction

Adherence to medications has always been a problem among patients and is a significant cause of therapeutic failure and a major worldwide public health problem.

Several studies have shown that worldwide between 25% and 50% of patients do not adhere to treatment as recommended.

There are several factors that influence adherence to treatments: social and economic, health system and care team related, pathology related, therapy related and patients related. Among the latter the most important are advanced age, female sex, cognitive deficits, and depression.

The consequences of non-adherence are greater in older people because they often require multiple medicines for chronic conditions with comorbidities, and they often have greater difficulty managing their medications because of declining cognitive function, memory, mobility and manual dexterity.

This results in decreased therapeutic benefits for the patient, frequent hospital and physician visits due to the deterioration of their medical condition, increased health care expenditure, even overtreatment of a condition and increased social health care costs.

The increasing numbers of older people compounds the problem of non-adherence at the population level and creates a pressing need for effective strategies to promote adherence.

In Italy is estimated that in 2020 the share of over-65s will amount to 35,9% of the total population, with an average life expectancy of 82.5 years (79,5 for men and 85.6 for women). Life expectancy between men and women is 5 years longer for women, however healthy life expectancy between the two genders is identical, so the extra life expectancy for the women translates into 5 years of life with disabilities and diseases. The same pattern can be found worldwide, with an average life expectancy of 69 years for males and 71.1 years for women. The World Bank data shows that there has been a sharp increase in population over 65 years of age worldwide, with a clear unbalance between female and male population over 70-74 years of age, as women live on average more than men.

In a social situation characterized by an ageing population, by a significant prevalence of women in the most advanced age group and different living conditions between genders (older women are much more exposed to the risk of poverty than men and more than 80% of widowers over 60 are women) the PRADE project is aimed at older women with chronic conditions.

Pharmacy has an essential role in promoting and monitoring adherence. Pharmacists' contributions encompass education and counseling of patients and their carers, providing dose administration aids, dispensing medicines, generating reminders to take medicines and to refill prescriptions, and following patients to identify and resolve difficulties with medicines use.

However, pharmacy is somewhat isolated from the other health professions involved in the management of patients. This isolation limits the scope of interventions that could improve adherence if the health professionals involved were able to work together in a more integrated way.

Aim

As other researches have contributed to literature worldwide, the aim of this specific project is to improve the level of medication compliance in elderly women patients with chronic illnesses. The data collected could identify a pattern to be abstracted to a wider range of patients.

Methods

The PRADE Project focuses on women resident in Valcamonica with chronic disease by local community pharmacy and “ Valcamonica Hospital” from November 2019 to May 2020.

The project comprised three stages:

- 1. Education and training of health professionals, particularly those with responsibility for prescribing medicine, dispensing medicines and following up patients with ongoing needs for medicines.**
- 2. Optimization of treatment**
 - ✓ The prevalence of polypharmacy, defined as the co-prescription of five or more drugs, is extremely high in older adults. In addition, drug-drug interactions are common in older individuals, and prevalence increases with the number of drugs and co-existing diseases or impaired organ function. Optimized treatment should be reached through clinical judgment, implementation of international criteria for appropriate prescription.
- 3. Effective communication with the patient and carer by all members of healthcare team.**

Effective communication includes:

- ✓ Engaging elderly patients with chronic disease (and carer, where applicable). Patients are referred to the project from a variety of sources ranging from self-referral to health care practitioner recommendation. Most often, these referrals are precipitated by an adverse medication event or hospitalization.
- ✓ Establishing and sustain links between members of the health care team, especially doctors, nurses and pharmacists, so that pharmacists have access to all relevant clinical information.
- ✓ Enabling pharmacy to fulfill its pivotal role in patient education and counseling on medicines and adherence, both to enhance understanding of the therapeutic plan and dispel any ill-founded concepts that might lead to intentional non adherence
- ✓ Making use of contemporary technology, notably mobile phones, for follow up contacts with patients or carers to determine whether patients are taking their medicines correctly and whether there are any difficulties in taking them or with side effects.

Conclusion

The PRADE Project is focused primary at women because they live longer than men, but their extra life expectancy is with disabilities, they are more often alone and much more exposed to the risk of poverty

than men. This is true for all women worldwide, but the sample of this research will be taken from the region of Valcamonica.

The project is intended to be implemented in a population of around 100.000 inhabitants in order to be applied on much larger populations, to become a new valid method to improve adherence to pharmacological therapy in elderly people, preventing the exacerbation of the disease linked to the incorrect assumption of the drug in terms of dosage or modality of administration, thus reducing hospital admissions in the elderly following the exacerbation of chronic disease and consequently health care costs.