

# OLDER PEOPLE'S ATTITUDES AND PERCEPTIONS OF MEDICATION ADHERENCE AND SELF-MANAGEMENT AFTER DISCHARGE FROM HOSPITAL

An interview study

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## Objective

To develop an in-depth understanding of older people's attitudes and perceptions of medication adherence and self-management after discharge from hospital to ordinary housing

## Methods

Face-to-face semi-structured interviews were performed with people  $\geq 75$  years, discharged from hospital within the last 6-12 months, living at home, to focus on their implementation phase of medication adherence.

Exclusion criteria were home healthcare, cognitive impairment or other conditions making interviews difficult.

The interview guide contained 24 questions and follow-up questions. The respondents were also given the opportunity to express own thoughts and reflections at the end of the interview.

Examples of interview questions were:

- Y Do you sometimes forget to take your medications?
- Y Do you feel that you have been allowed to participate in the decisions about which medicines you have?
- Y How easy do you feel it is to get in touch with healthcare if you have questions/problems with your medications?
- Y Who do you most turn to if you have questions about your medications?

Interviews were analyzed with thematic analysis (Braun & Clarke, 2006).

## Results

Fifteen interviews are presented. Four main themes were identified in the analysis: *Medication adherence*, *Personal responsibility*, *Participation*, and *Accessibility*. An overview of the results is shown in Figure 1.



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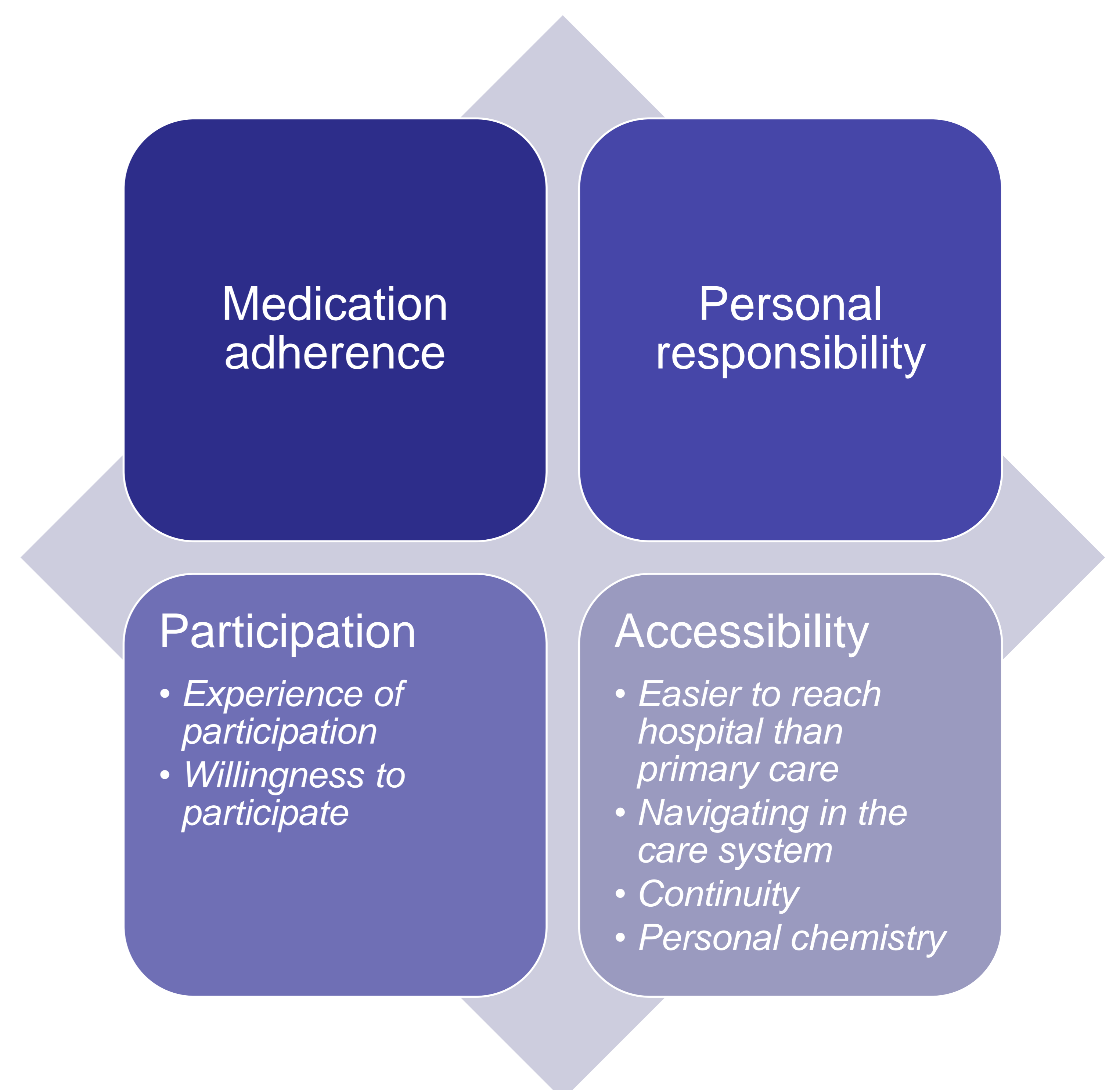


Figure 1. Overview of themes and sub-themes.

## Discussion

The respondents expressed an overall high medication adherence. Respondents showed strong personal responsibility and were satisfied with the participation level they had, regardless if it was high or low.

The main barriers were seen in accessibility. The respondents reported that the hospital is more accessible than the primary care center. Continuity is also seen to be another barrier, i.e. the possibility to have the same physician over time as well as noting the importance of personal chemistry.

## Conclusions

Both good medication adherence and large personal responsibility during implementation were expressed among included older individuals, living at home and managing their own medications. The most prominent barriers was difficulty to reach primary care on their own initiative and continuity with the same physician.