

# Patients? barriers, facilitators and needs on implementing a newly prescribed cardiovascular drug in their daily routine.

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**Background** Up to 28% of the patients stop taking a cardiovascular drug intended for long-term use after a single administration. Insight in which barriers and facilitators patients experience to implement new drugs in their daily routine is crucial to tailor adherence support.

**Purpose** To identify the nature of adherence barriers and the accompanying success factors and needs for adherence counselling in patients who have recently started a cardiovascular drug intended for long-term use.

**Method** A qualitative study was performed within the outpatient pharmacy. Adult patients who were prescribed a new cardiovascular drug either at hospital discharge or after an outpatient clinic visit were eligible to participate. Purposive sampling was applied to achieve a representative distribution in age, multiple vs. single new drug(s) prescribed and experience vs. unfamiliarity with drug use. Included patients were interviewed by telephone and inclusion continued until data saturation was reached. Interviews were recorded and transcribed. Patients? implementation barriers, facilitators and needs were coded using the Greenhalgh framework for implementation research and analyzed quantitatively.

**Findings** Data saturation was reached at 44 patients; 24 patients were discharged and 20 after an outpatient clinic visit. Average age was 43,4 years (n=21, younger group) and 64,7 years (n=23, older group). Multiple new drug users received 3,2 new drugs on average and experienced users already took 3,8 drugs on average. In general, patients (Adopters in Greenhalgh) who visited an outpatient clinic needed less information and were less convinced of the medication?s necessity, as compared to recently discharged patients. Younger patients more often were in need of additional medication information, while older patients often relied on the information provided (Communication and Influence in Greenhalgh). A large part of the patients use a weekly pill organizer as a reminder and scheduling aid to overcome practical barriers (Implementation process in Greenhalgh). They appreciate pharmacists? advice on these aids and would also like the provision of a structured medication overview, including instructions for use. An important perceptual barrier is patients? concerns for side effects, sometimes fuelled by the information leaflet. Finally, many patients indicate that they feel overwhelmed at time of first dispensing and like to be reinforced with important information at a later moment (System readiness in Greenhalgh).

**Conclusion** Individual adherence barriers affect a substantial proportion of new drug users. Elucidating these barriers accompanied by success factors to overcome them, this study provides pharmacists with the opportunity to tailor an adherence support program to patients? needs.