PHARMACEUTICAL CARE NETWORK EUROPE

Working Conference 2013 – Abstract

Collaborative pharmaceutical care in research and practice

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The above mentioned participant in the PCNE WC 2013 wishes to submit following abstract for a poster or oral communication. If accepted and presented, the abstract will be published in the International Journal of Clinical Pharmacy. Please make sure the abstract is no longer than 350 words, excl. author-details.

Title

Electronic Multidrug Punch Cards for Patients after Hospital Discharge – a Study Design

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Type of abstract

☑ Research ☐ Practice development ☐ Practice implementation

Aim of project/study

Typical adherence rates for oral prescription drugs are approximately 50-76%, with non-adherence being clinically significant in half of patients and enhancing the risk of hospital admission by 2.3. As a consequence, clinical condition and quality of life (QoL) decrease and costs arise. Non-adherence is a complex behaviour that is categorised as intentional and non-intentional. Various authors suggested that drug reminder packaging may represent a simple method to help unintentionally non-adherent patients by facilitating drug management and by posing a visual aid. In Switzerland, multidrug punch cards are frequently used for nursing home residents. We suppose that the potential of multidrug

punch cards is larger and that any outpatient with a complex therapy plan benefits from such a system, independently of condition or age.

Method

We will conduct a prospective randomised controlled trial in community pharmacies with hospital discharged patients over 12 months. Eligible patients from the internal medicine's ward at the University Hospital of Basel will be selected by screening electronic patient records and randomised. Baseline data will be obtained from hospital records, patient interviews, and questionnaires. At hospital discharge, a pharmacist will deliver drug counselling, irrespective of group allocation, to ensure all patients being on the same drug knowledge level. After discharge, patients of the intervention group will get their medication repackaged at the study pharmacy into an electronic multidrug punch card. Patients of the control group will get usual care and their medication in commercially available packaging. Individual profiles of electronic adherence data will be discussed with the patients of the intervention group regularly. Follow-up with all patients will take place at 3, 6, and 12 months at the study pharmacy.

Result(s)

Hypothesis: Patients with electronic multidrug punch cards and feedback on their adherence behaviour will perform significantly better in clinical, adherence, and humanistic outcomes compared to patients with commercially available packaging and usual care.

Endpoints: We defined two primary endpoints: a.) a composite endpoint of time to rehospitalisation and time to major adjustment in therapy plan; b.) medication possession ratio (MPR). Secondary endpoints are adherence data according to electronic adherence data and self-report, QoL, and patient satisfaction.

+++ NB: PhD students still pay the early bird fee for their abstract if their abstract is accepted ++++