

VARIABLES AFFECTING RISK FOR MEDICATION NON-ADHERENCE IN AN ELDERLY, INDIGENT, MINORITY POPULATION

Carolyn L. Cason, RN, PhD, School of Nursing
University of Texas at Arlington, Arlington, Texas 76019-0407
S. Bingham, Pharm.D., J. Stiller, PhD, RN, S. Miller-Jochum, RN, MSN,
T. Morshed, MSW, J. Nutting, RN, MSN, & B. Vicioso, MD
Department of Geriatrics, Parkland Health & Hospital System
Mildred Wyatt and Ivor P. Wold Center for Geriatric Care
University of Texas Southwestern Medical Center at Dallas

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Purpose: Drug non-adherence has been attributed to such factors as inability to pay, difficulty getting the drugs, complexity of dosing, presence of undesirable side effects, and memory-related variables. This descriptive, exploratory study examined these and other variables and their relationship to medication adherence among an elderly, largely minority population receiving care from a geriatric-focused, multidisciplinary team that included a full-time pharmacist in an outpatient clinic in a large, county teaching hospital.

Method: Data were obtained from subjects' clinic records and interviews with subjects and their caregivers. Data collected included subjects' age, education, ethnicity, living arrangements, vision and hearing ability, degree of independence in activities of daily living (ADLs and IADLs), mental status (clock), mood (Geriatric Depression Scale), total number of chronic medications prescribed, total number of providers, and financial classification. If subjects had help with medication management, they indicated the type of help and the age and education level of the helper. Medication adherence was computed, using data from the pharmacy database, by dividing the total number of chronic medications by the quantity of medications that were refilled at the county hospital's pharmacy within one-week of the time prior to the refill due date.

Results. The sample of convenience included 103 subjects. Most were from minority backgrounds (60% African American; 17% Latino), 70% were female, 31% lived along, 61% were cognitively impaired, 38% were depressed. Their average age was 75 (SD = 8) and they had, on average, 9 years of education (SD = 4). Most (92%) had medication drug coverage with no co-payment. Medication adherence ranged from 0 to 100% (M = 52; SD=36). Total number of chronic medications (M = 4; SD = 2) was the only significant predictor of medication adherence with medication adherence being higher among those taking more chronic medications. Subjects from minority backgrounds were significantly less adherent than those from Caucasian backgrounds. Most (93%) reported taking their medications every day; however, their average adherence rate was 52% (SD = 40). For subjects who had help with medication management (54%), adherence rates were lower among those who were functionally independent.

Discussion: Medication adherence rates were low. They were; however, higher than reported in other clinics caring for mostly elderly patients in this setting. Adherence rates improved as the total number of chronic medications increased suggesting better coordination of care by either providers or caregivers. Further scrutiny of the characteristics and functions of the caregiver providing medication management is warranted.