

Introduction

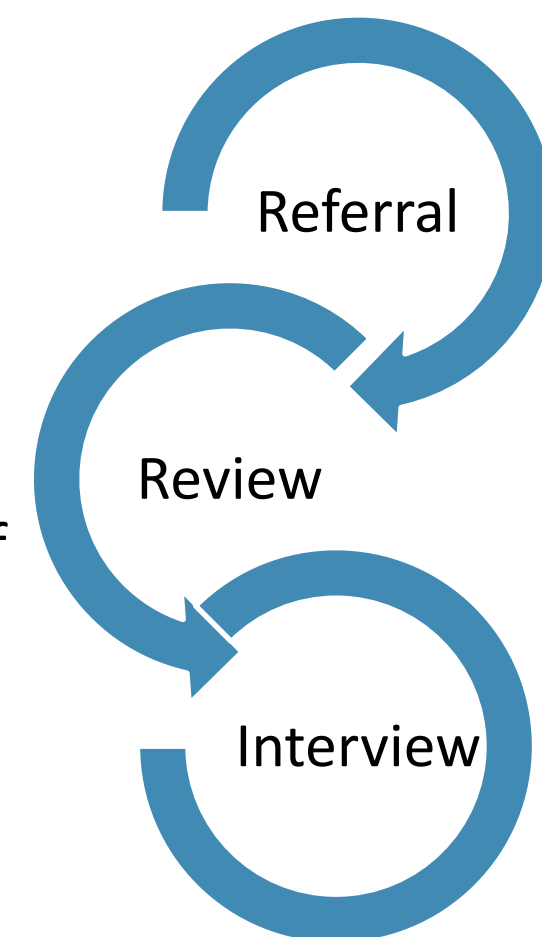
Medication non-adherence is a significant public health issue and a drain on NHS resources. Non-adherence results in poorer health outcomes and increased hospital admissions (1). Multi-compartment compliance aids (MCAs) are being utilised as a 'cure all' for all causes of non-adherence when an evidence base for overall benefit is sparse. Evidence highlights that MCA introduction may only be beneficial in a few select cohorts (2).

Method

Ward-based pharmacists identified new MCA initiations between October 2020 and March 2021 across four hospital sites within NHS Greater Glasgow and Clyde.

UK-based assessment toolkits (NHS Tayside and 'All in Order' criteria by the University of East Anglia) were used to assess the appropriateness of new MCAs

Semi-structured interviews were conducted in a sample of patients prospectively via questionnaire focussing on ability to recall their medication regime and their opinions of MCA initiation into their care.



Results

30 new MCA initiations were identified during the data collection period with 87% (n=26) identified as inappropriate initiations according to UK-based assessment tools

Those with less confidence in their medicines were more in favour of their initiation; however, those more involved and understanding of their medication regime were less accepting of MCA introduction.

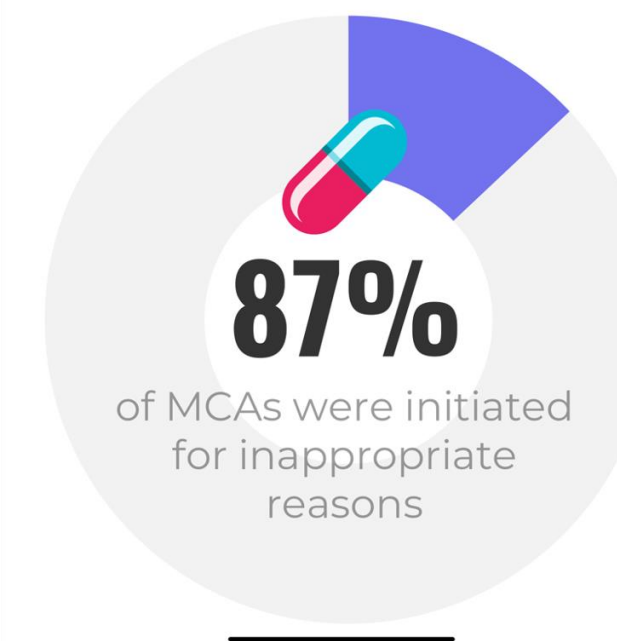


Figure 1: Pie chart of appropriate MCA initiations vs inappropriate according to validated toolkits. N= 30. 26 inappropriate initiations, 4 appropriate initiations.

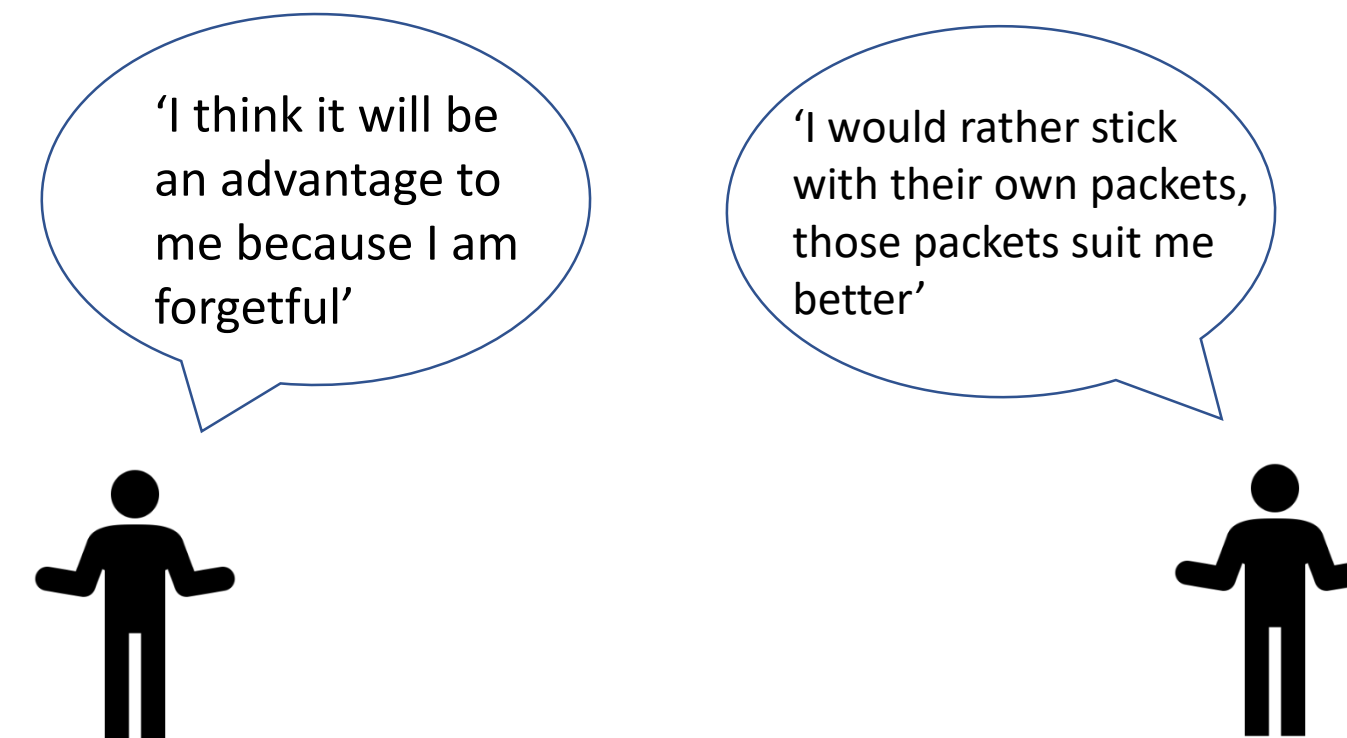


Figure 4: Feedback from interview

Conclusion

A significant number of MCAs are being started for inappropriate reasons according to validated UK toolkits further guidance and training is required for the multidisciplinary team Involving the patient/carer and individual patient centred assessment may help to reduce unwarranted 'over-prescribing' of MCAs to inappropriate patient groups The small sample size of this study limits the ability to draw firm conclusions, especially regarding patient opinions on MCAs.

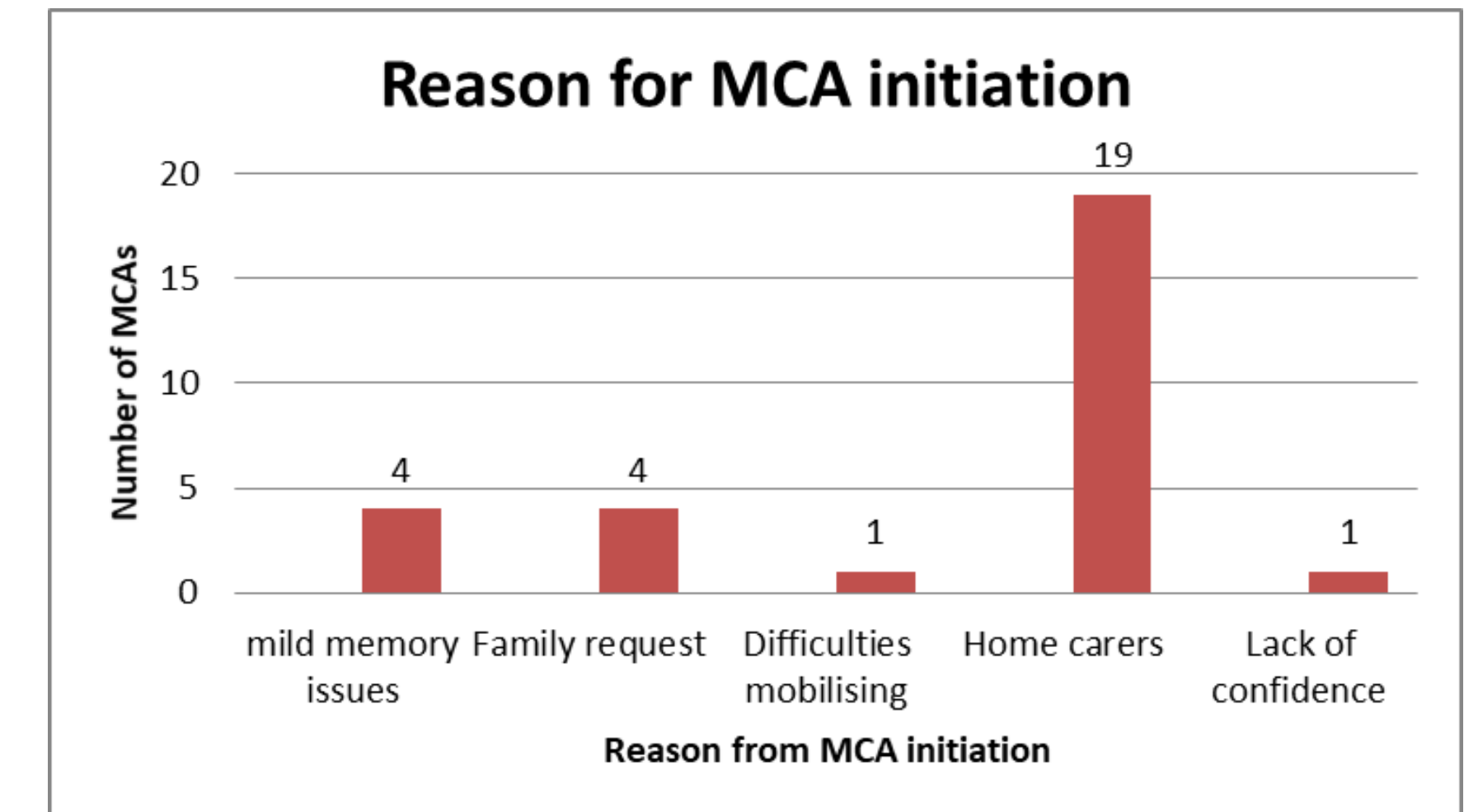


Figure 2: Reasons for MCA initiation. N = 30.

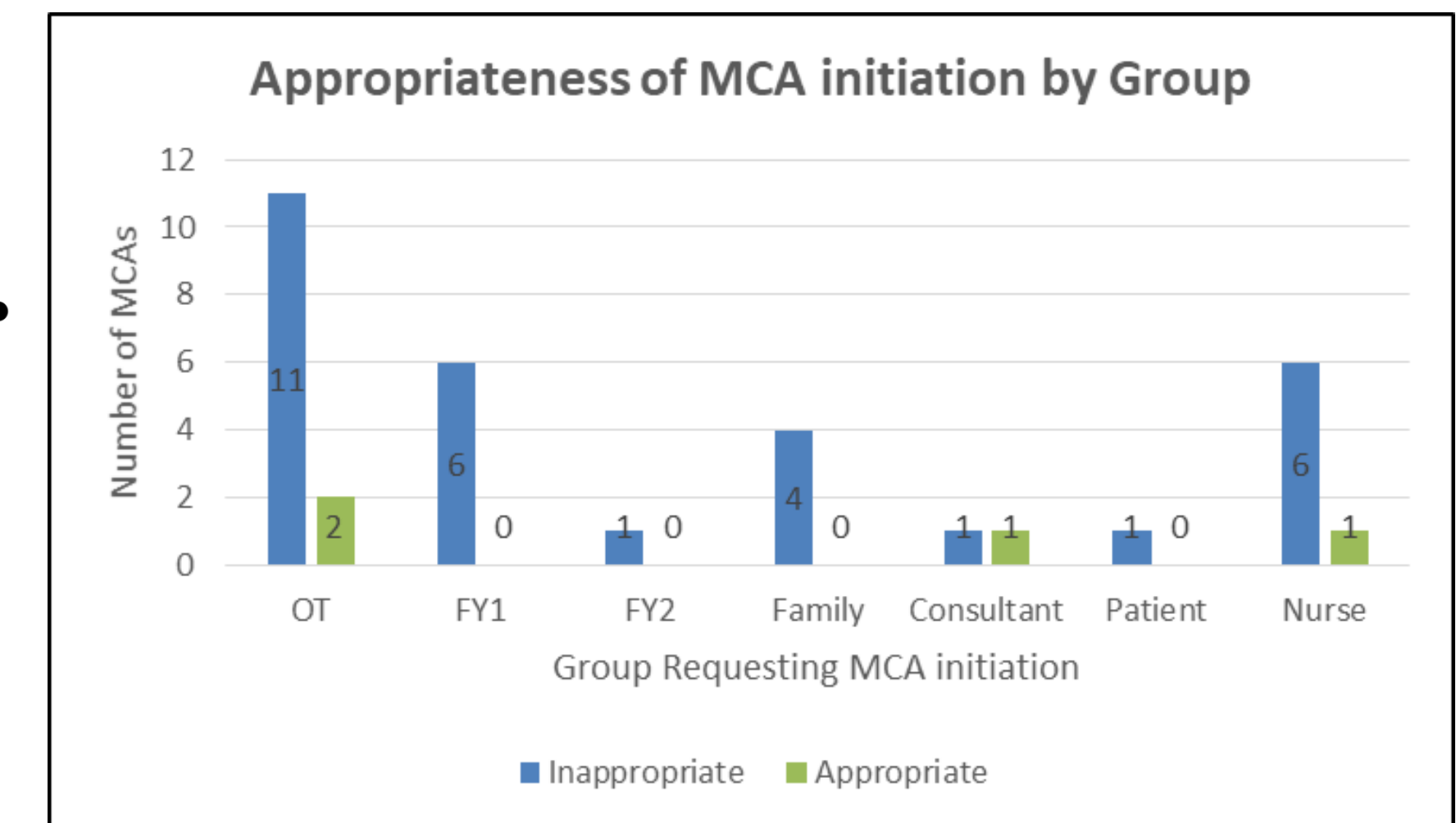


Figure 3: Appropriateness of MCA initiation by group of healthcare professional

References

- 1) Watson SJ, Aldus CF, Bond C, Bhattacharya D. Systematic review of the health and societal effects of medication organisation devices. BMC health services research. 2016 Dec;16(1):1-3.
- (2) Mahtani KR, Heneghan CJ, Glasziou PP, Perera R. Reminder packaging for improving adherence to self-administered long-term medications. Cochrane Database of Systematic Reviews. 2011(9).