MEdication Management in older people with Intellectual Disabilities (MEMID): a scoping review

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BACKGROUND

Globally, around 1 in 100 adults have intellectual disabilities (ID)(1) yet their needs in terms of healthcare in general and medication management in particular, are under-researched.

People with ID have more comorbidities compared with those without ID.

Around one third of older people (≥ 50 years) with ID (OPwID) have two or more chronic conditions, putting them at risk of polypharmacy (use of multiple medicines) (2).

<u>AIM</u>

To undertake a scoping review to gather evidence on the barriers and facilitators in the medication management of OPwID from a multistakeholder (patient, carer and healthcare professional) perspective.

METHODS

A scoping review was undertaken from 2011-2022.

Studies were included if they involved: OPwID without dementia (all types); healthcare professionals or caregivers caring for individuals with ID; problems related to medication use.

RESULTS

Eight studies were included, of which seven used qualitative methods (Fig 1).

The majority of studies were undertaken in Europe ((the Netherlands (2), Norway (1), Belgium (1), UK (3)) and one was conducted in the US.

Several barriers and facilitators were reported by patients/carers and healthcare professionals (Fig 2).

FIGURE 1: PRISMA FLOW CHART

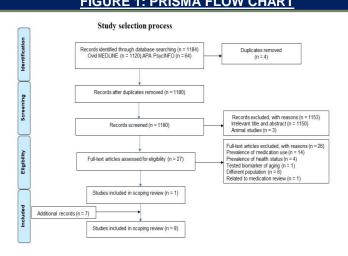


FIGURE 2: BARRIERS AND FACILITATORS OF MEDICATION MANAGEMENT

Lack of information regarding medication

Incapacity to involve in medication decision

Communication problems

training related to medication

Dispensing

version)

Improper

instruction on

medication

container after

therapy changed

Counselling and

Nonadherence to guideline recommendation

Selfmanagement (Support from professionals)

Administration

Difficult to identify adverse drug effects (limited Medication-related knowledge)

Prescribing

Limited knowledge and training

Nonadherence to prescribing guideline

Lack of coordination

Difficult to obtain different drug formulation (generic

Non-medically trained

Nonadherence to guidelines

Individual opinion on monitoring schedule

Monitoring

Missing systemic evaluation and specific feedback

DISCUSSION & CONCLUSION

OPwID are a highly vulnerable population for whom medications have an important role in managing their multiple morbidities. This review highlights an evidence gap regarding the medication management of these individuals.

The results will be used to inform the development of personalised intervention(s) to improve the safe and effective use of medication in this population.

REFERENCES

Patients/Carers

White:

barriers

Orange:

facilitators

Professionals

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- 2) Hermans H, Evenhuis HM. Multimorbidity in older adults with intellectual disabilities. Res Dev Disabil. 2014;35(4):776–83.