



Medication Adherence in Elderly: A Review Article

Authors

Dr Angel George¹, Dr Neelima.K.Rajan², Dr Jinumol.Joy³,
Lincy George⁴, Maria George⁵

^{1,2,3}Pharm D Intern, St. James Hospital, India

⁴Assistant Professor, St. James College, India

⁵Assistant Professor, St. James College, India

Abstract

Medication adherence has always been a problem among elderly patients. As the elderly have multiple comorbidities, use polypharmacy, they present with higher risk of non adherence to medications compared to the younger population. Factors such as age, gender, socioeconomic status and level of disease severity, complexity of prescribed medications, social acceptance, poor patient related relationships, cost, forgetfulness and presence of psychological problems have all been shown to affect the adherence in various populations. Improving on the areas of patient education and medication counselling, simplifying prescriptions could help in improving adherence.

What is Medication Adherence?

Medication adherence is defined as the extent to which a person's medication taking behavior coincides with the agreed medication regimen from a health care provider. An elderly person is defined as a person who is aged ≥ 65 years. Adherence to medications has always been a problem among patients. As the elderly are prone to multiple comorbidities, they are at higher risk of polypharmacy, and therefore may present with higher risk of non adherence to medications compared to the younger population. This results in decreased therapeutic benefits for the patient, frequent hospital and physician visits due to the deterioration of their medical condition, increased health care expenditure, and even overtreatment of a condition.⁽¹⁾ Older patients often find medication adherence difficult, as the use of multiple

medications creates and contributes to adherence challenges in the aging population.⁽²⁾

Types of Non-Adherence in Elderly

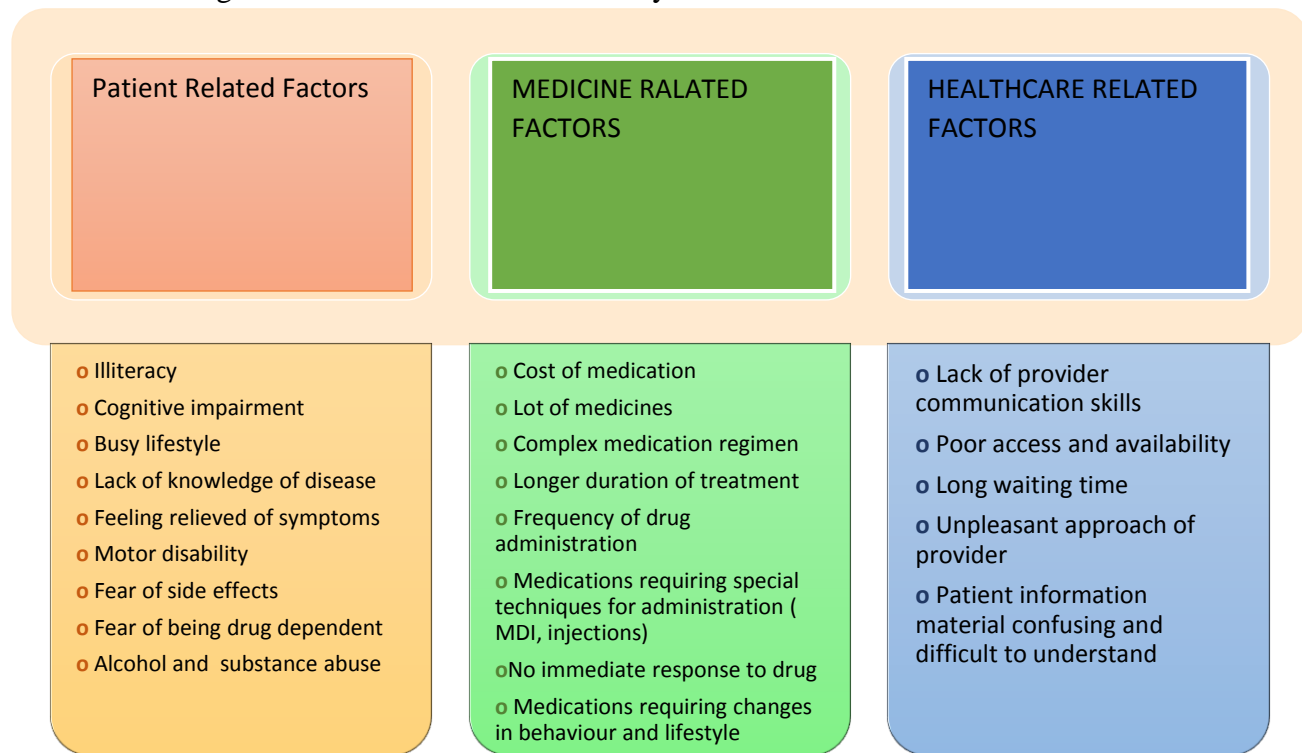
- 1. Hesitation to start therapy:** Elderly may hang back to visit a physician or to start prescribed medication.
- 2. Skipping Doses:** Elderly either forgets to take or knowingly skip doses due to inconveniences.
- 3. Discontinue Medication:** When elderly feels that the symptoms reduced or the medication is not working properly. They discontinue the therapy.
- 4. Self adjustment of dose:** Elderly adjusts the dose of the medication as per their believes and convenience.
- 5. Over Adherence:** Even if the physician stops the medication the patient is still doubtful about

his disease and continue the medication without doctors' advice

6. Wrong Drug Administration: This happens when the patient doesn't follow the instruction for

the appropriate drug administration. E.g.: Instilling eye drops in to right eye instead of left eye.^(2,3)

Factors Affecting Medication Adherence in Elderly^(2,4,5)



Solutions for Non-Adherence

Healthcare providers can give numerous methods to improve medication adherence in elderly patients. By simplifying patients drug list as much as possible we can increase patient adherence. Prescribing cost-effective medicines will reduce the economic burden of the patients and thereby increasing compliance. Use of combination drugs instead of too many individual drugs is also

beneficial. Above all providing proper education to patient and awareness to the patient about the importance of adherence to medication is also of prime importance. If side effects of the drug is a hindrance to adherence altering that drug with another drug in the same class or different class having a better side effect profile can be selected.⁽⁶⁻⁸⁾

- Solutions For Non-Adherence**
- Patient counselling
 - Communicating with patient (through mails, telephones, letters)
 - Seek help from family members or care givers.
 - Use of fixed dose combinations
 - Once a day dosing
 - Providing written information in simple and understandable language

Conclusion

It is the patient who ultimately decide when and how they take their medications. The Health care providers can only assist in removing some of the barriers to adherence through education, appropriate medicine and medication regimen, cost reduction when possible, and above all open conversations that allow patients to express their concerns.

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