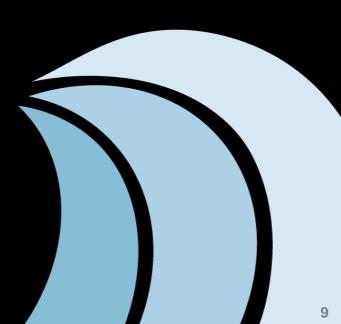


Differential diagnoses and strategies for medication nonadherence in older veterans

Chelsea Hawley, PharmD, MPH
Some material adapted from Julie C. Lauffenburger, PharmD, PhD



By the end of this talk, you should be able to:

- 1. Describe 2 ways to identify medication nonadherence
- 2. Compare differential diagnoses for medication nonadherence in older adults
- 3. Recommend veteran-centered strategies for exploring and addressing medication nonadherence

By the end of this talk, you should be able to:

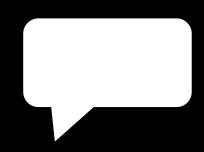
1. Describe 2 ways to identify medication nonadherence





How could I have identified nonadherence?

What is a subjective way to identify medication nonadherence?

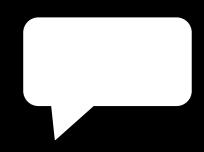


Subjective ways to identify nonadherence are as simple as asking the patient

Subjective ways to identify nonadherence are as simple as asking the patient

"Over the past 2 weeks, were there any days when you did not take your prescribed medicines?" Yes/No (MMAS)

What is an objective way to identify medication nonadherence?



Using subjective and objective ways together is the gold standard



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"I am hearing that you are all out of your metformin. Tell me how you've been taking it."

"Why don't you bring your pillbox to our next visit, so we can get these new meds figured out, together."

Using subjective and objective ways together is the gold standard

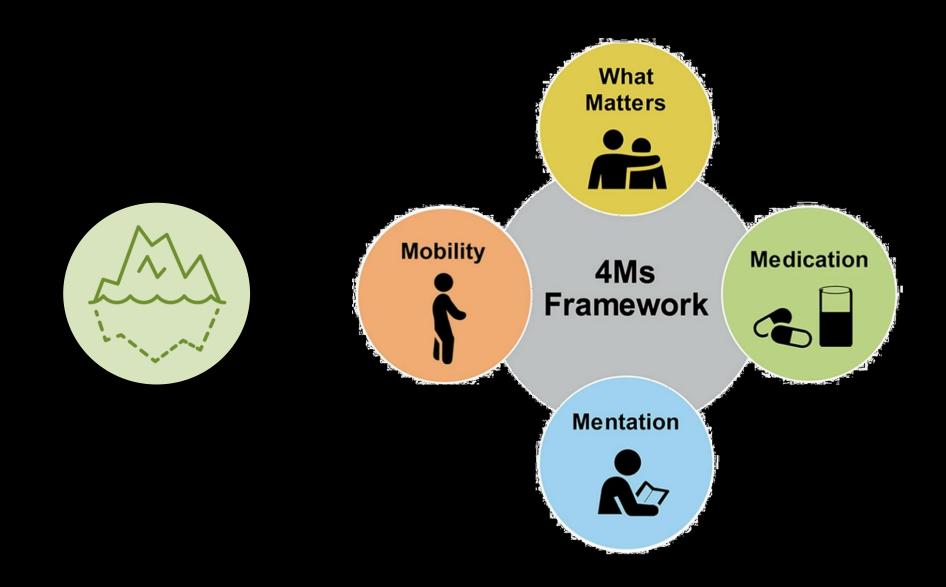


Su	M	Tu	W	Th	F	Sa
_						
Metformin	Metoprolol	Lisinopril	Aspirin	Omeprazole	Atorvastatin	Apixaban

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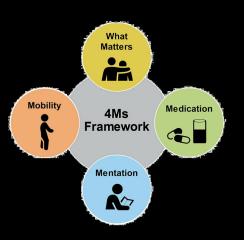




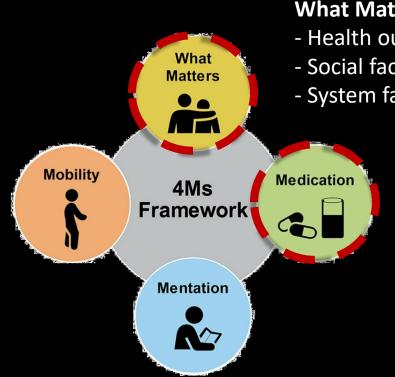
Which 4Ms category might include an underlying factor for Mr. B's nonadherence?

Type "1" for What Matters
Type "2" for Medications
Type "3" for Mentation
Type "4" for Mobility

or, type a combination of numbers



For those who said What Matters or Medication, what are "differential diagnoses" for nonadherence?



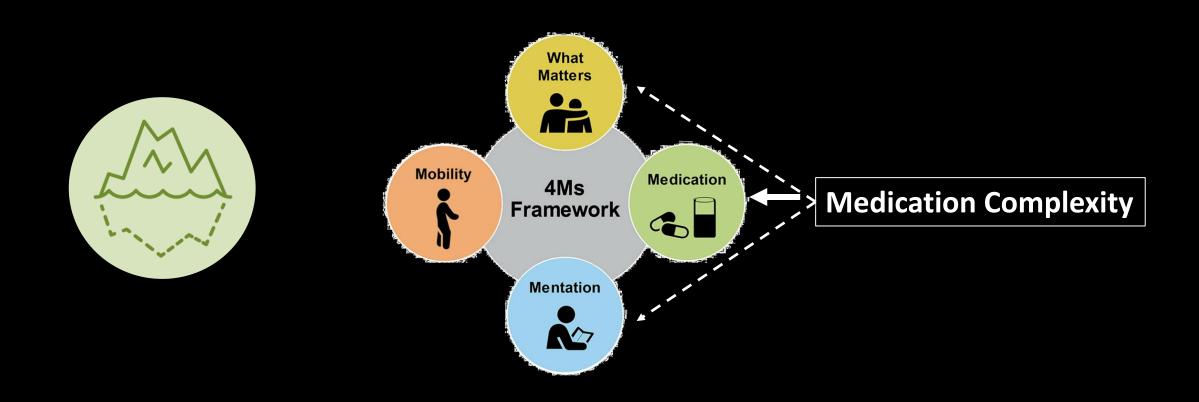
What Matters includes:

- Health outcome goals/preferences
- Social factors
- System factors

Medication includes:

- Optimizing medications
- Reducing medication harm
- Aligning medications with What Matters (starting and stopping)

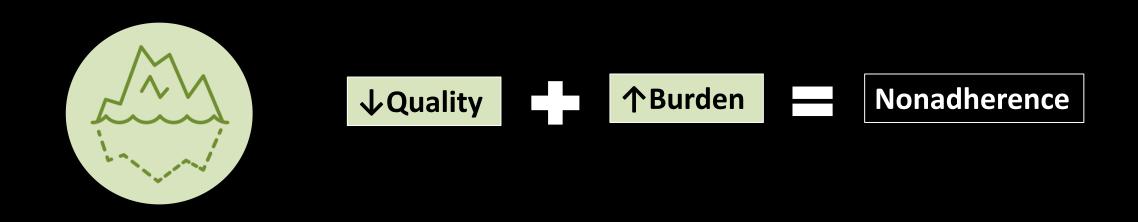
Mr. B was experiencing challenges within and across several 4M domains

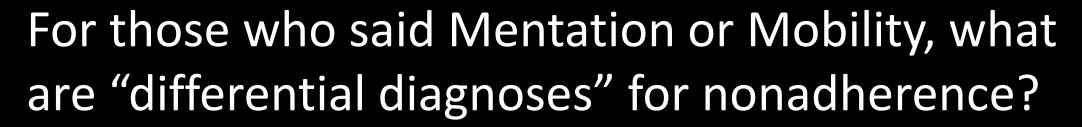


Medication complexity is associated with perceived medication burden and nonadherence



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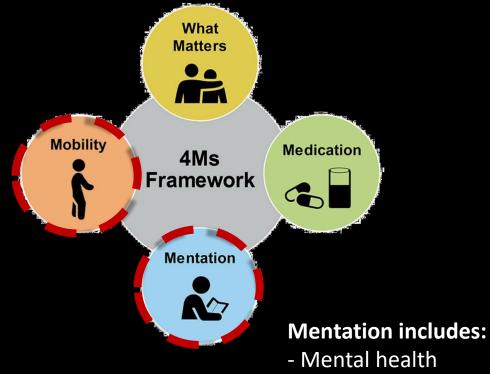






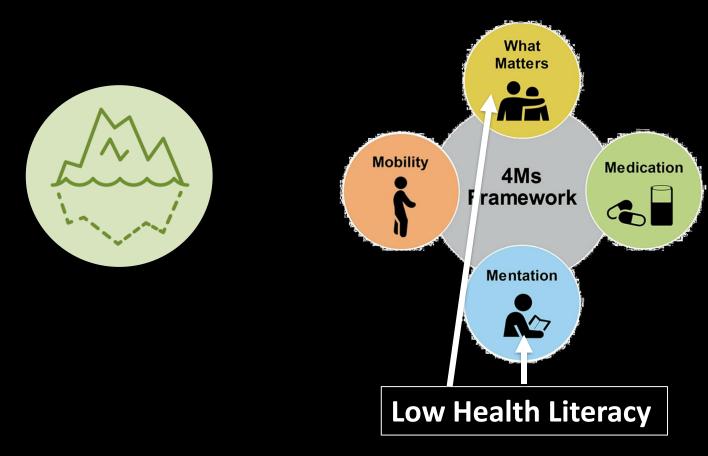


- Moving around
- Daily functioning

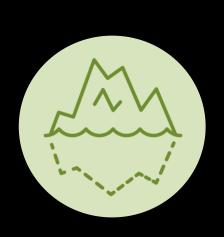


- Cognition

Low health literacy may have been related to Mr. B's nonadherence



Regardless of age, patients with low health literacy may not understand how or why to take medications





Health Literacy

Brown MT et al. Medication adherence: truth and consequences. Am J Med Sci 2016. Sontakke S et al. Evaluation of adherence to therapy. Indian J Pharmacol 2015.

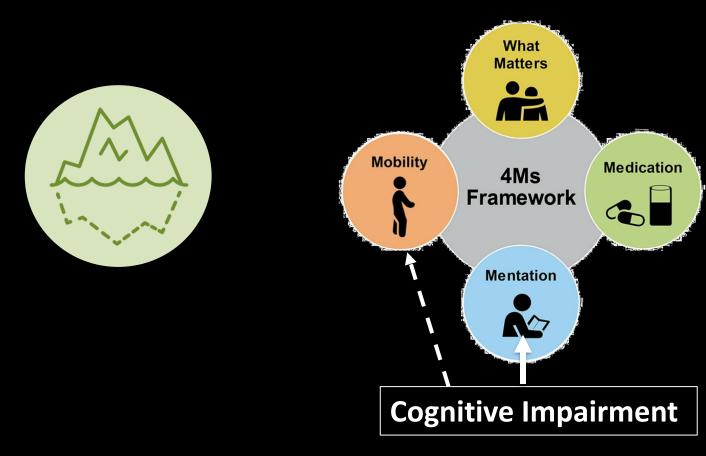
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Health Literacy

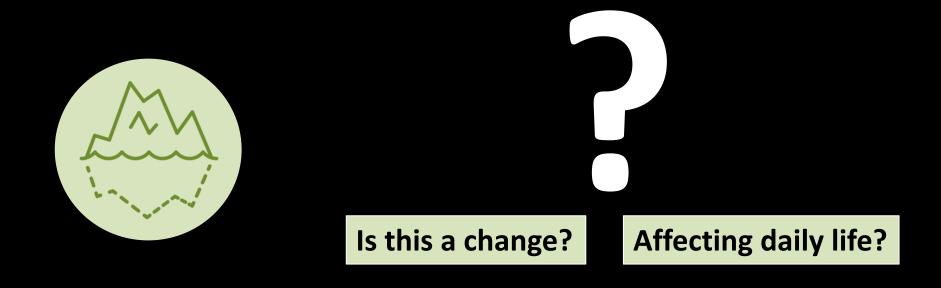
Mr. B may have been experiencing changes in his cognition and his daily functioning



Forgetting to take medications is common but may be a sign of new cognitive changes

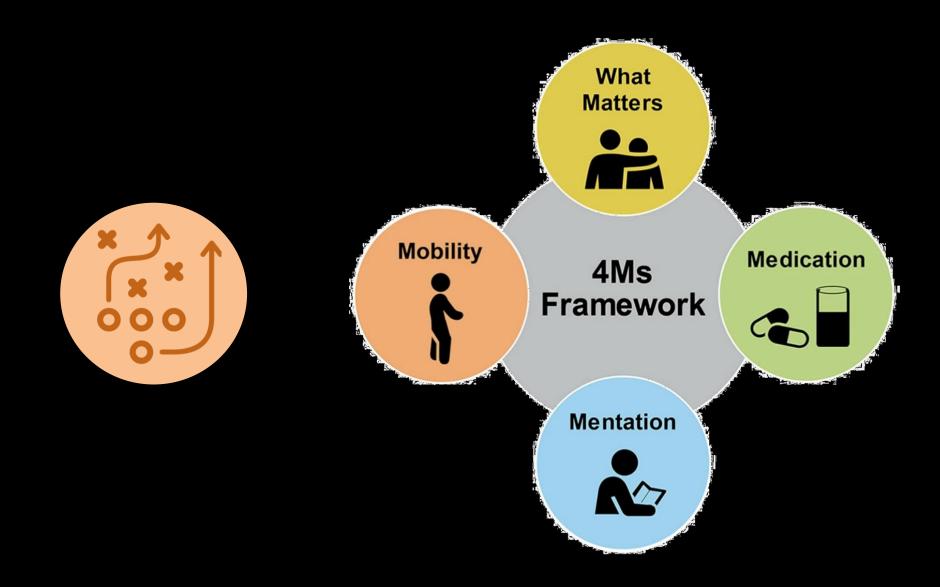


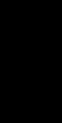
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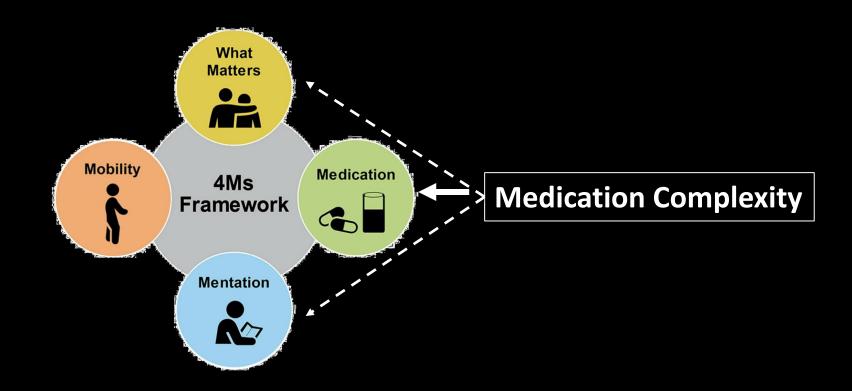
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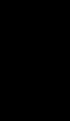
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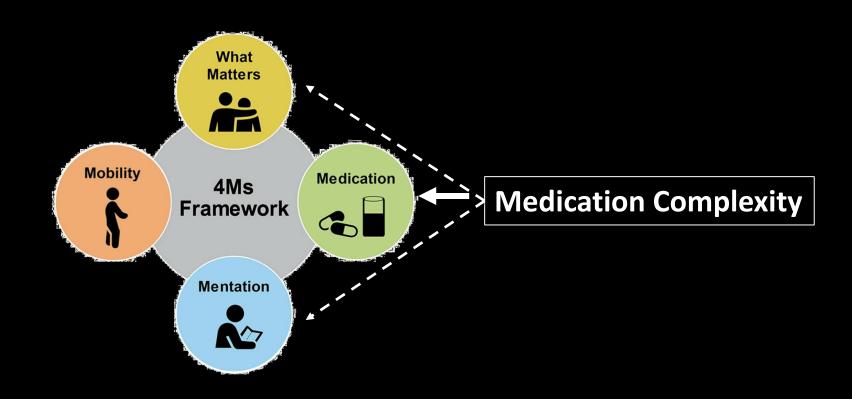


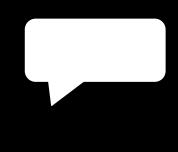
What strategies might we use to reduce medication complexity for Mr. B?





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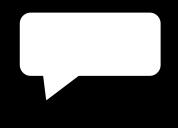


What strategies might we use to communicate better in case patients have low health literacy?

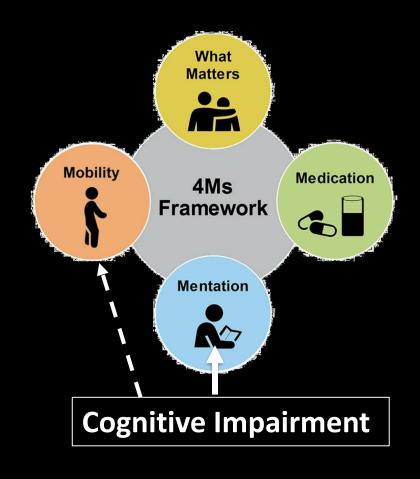


What strategies might we use to communicate better in case patients have low health literacy?





What strategies might we use to support adherence for people with cognitive impairment?



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