

An assessment of preference of visual and manual compliance aids

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Introduction

The ability of elderly hospital patients to self-administer medication is an important factor in determining appropriate discharge from hospital to an unsupervised setting. They may have visual and/or manual impairment that could hinder their ability to take medications.

Many medication packages make it difficult for elderly patients to access their medication and there are numerous reports of unsafe practices, such as leaving the tops of medication containers and combining medication in a single container¹.

Aim & Objectives

Aim

- An assessment of options to allow those with impaired visual and manual dexterity to independently manage their medication

Objectives

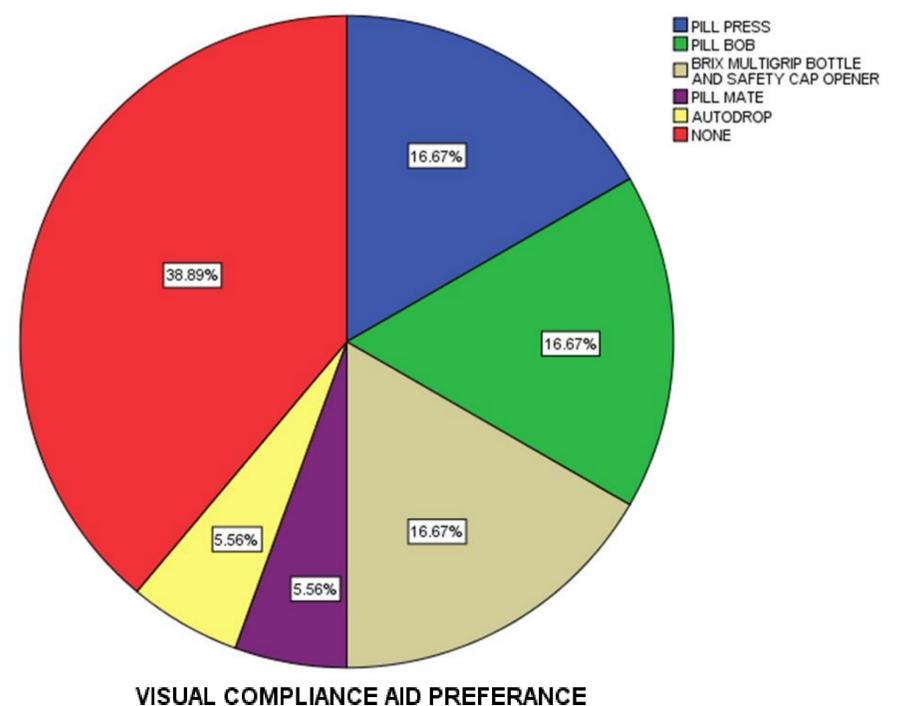
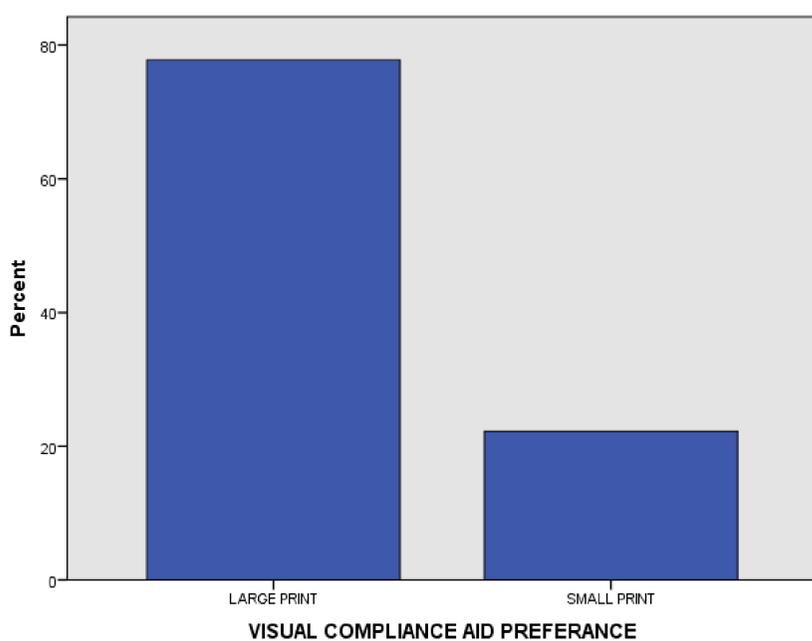
- To develop a screening tool to investigate impaired vision and manual dexterity in the elderly hospital inpatient population
- To identify the prevalence of impaired vision and manual dexterity in an elderly hospital inpatient population
- **To determine patient perspectives of compliance aids to support manual and vision impaired patients.**

Method

- Prospective, nonrandomised survey conducted on 4 wards in the Whittington Hospital NHS Trust
- Inclusion criteria - patients >65 yrs. with manual or visual impairment, that manage their own medication
- Semi-structured interviews were conducted using a questionnaire with a provided set of suitable compliance aids
- Small print, that is the standard for prescription labelling in the Whittington hospital in-patient pharmacy, and large print were used as visual compliance aids
- 7 different manual compliance aids were used – 2 for eye drops, 1 for inhalers and 4 for tablets/pills
- Data analysis was done using IBM SPSS Statistics version 22
- Descriptive statistics of percentages of the suitable compliance aids was done

Results

A total of 18 patients, mean age: **82 (±7) yrs.**, from which 15 were female and 3 male patients, reported their preference of a compliance aid suitable for their impairment, either visual, manual or both.



Discussion

- Age is not a predictor of non-adherence, however elderly patients are more likely to have difficulty taking medication correctly². Although there is no gold-standard screening tool to assess patient's functional ability, pharmacists are able to identify functional limitations and provide suitable aids.
- Special attention should be given to those elderly who do not have access to assistance by adding manual compliance aids on discharge to their medication or adapting labelling should facilitate patient medication use.

Conclusion

Comprehensive structured pharmacy services can lead to improved self-management of patients after discharge. Provision of compliance aids to patients, after needs assessment, can lead to the reduction of potential barriers in non-adherence.

References

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