

# Patients' experiences of a medicines-related hospital admission and accessing medicines information: a qualitative study of hospital in-patients

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## 1. Purpose

This research aimed to find out about patients' experiences of a medicines-related hospital admission, their views towards who they seek medicines information from and their opinions about medicines-use reviews, specifically those that happen after a hospital discharge.

## 2. Problem

Research has shown that:

- Up to **6.5%** of emergency hospital in-patient admissions are due to medicines-related problems.<sup>1</sup>
- **30-70%** of patients experience an error or unintentional change in their medicines when their care is transferred.<sup>2</sup>
- **30-50%** of prescribed medicines are not taken as intended.<sup>3</sup>

Many studies have focussed on the medicines responsible and consequences of these medicines-related hospital admissions, but little is known about patients' experiences.

Medicines-use reviews have the potential to reduce post-discharge medicines-related problems. They are consultations, conducted in community pharmacies, by trained pharmacists with the aim of improving patients' understanding of their medicines, helping patients to manage side effects, improve adherence and reduce medicines waste.

## 3. Methods

Patients who had been admitted to in-patient wards at Gloucestershire Royal Hospital with a medicines-related problem were identified by hospital staff. They were given information about the study and invited to be interviewed about their experiences. Semi-structured interviews were audio-recorded and transcribed word-for-word. They were analysed using interpretative phenomenological analysis, an in-depth technique that aims to find out about a person's lived experience and how they interpret it. This involves interviewing a relatively small number of participants in detail about their experiences.

## 4. Results

**Seven** patients were interviewed; three men and four women between the ages of 67 and 89 years of age.

The reasons for admission were:

- **dizziness/nausea** due to buprenorphine patch.
- **diarrhoea** due to ticagrelor.
- **hyperkalaemia (high potassium)** due to angiotensin converting enzyme inhibitor (heart medication) (2 patients).
- **hypotension (low blood pressure)** due to bisoprolol.
- **headache** due to rivaroxaban.
- **rash** due to furosemide.

## 4. Results continued

The analysis of the patient interviews found that patients described their medicines-related admission negatively using very emotive language:

I couldn't stand the pain anymore. It was horrific...it was constant...it was really bad.  
Patient Six

I've been in hell with pain  
Patient Five

It was terrible...it was a really rotten thing  
Patient One

There were differences in opinion about who participants would ask about their medicines and this depended on two factors; accessibility and trust. Those patients who had a good long-term relationship with their community pharmacist suggested they would get medicines-related information from them.

The pharmacist...they're pretty good. They're usually pretty good aren't they? They know straight away or they'll look it up for you.  
Patient Six

My doctor...well if he don't know what's going on, who do? [sic]  
Patient Four

My partner because she knows quite a lot about medicines. I mean she's on medicines herself...  
Patient Three

Some patients lacked confidence in their ability to understand and retain medicines-related information and therefore did not want any information about their medicines. Even though some patients thought that community pharmacists would provide the best medicines information, they would not personally use them.

Only one patient who was interviewed had participated in a medicines-use review and they were prepared to do so again in future. The other patients were asked why they would not participate in a post-discharge medicines-use review and this depended on their relationship with their GP and their confidence in their ability to understand information.

Probably be whatsit... double Dutch to me.  
Patient Seven

With me, it just passes over me head [sic].  
Patient Four

I just take what's given to me. As long as it does me good...they (the GP) know what they're doing.  
Patient Three

## 5. Conclusions

Patients are adversely affected by a medicines-related hospital admission and vary in who they seek medicines-related information from. Challenges exist in encouraging patients to better engage with community pharmacists, particularly after hospital discharge.

## References

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