

Patient-to-Physician Communication on Medication Use

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While geriatricians have recommended having patients bring in current medications on physician office visits, little is known about how often physicians make these requests and subsequent patient compliance.^{1,2} This paper reports the results of a study of a number of elderly patients who bring in medicines or drug lists on repeat visits to family physicians. To this author's knowledge, no published studies exist on this subject.

The problem of excessive and improper medication use among the elderly is widely known.³ It is particularly problematic in ambulatory care; one prescriber may be unaware not only of another physician's drug therapy, but also of the patient's history of compliance with drug regimens. Patients often see two or more physicians, and one study of home medicine cabinets found one fourth of elderly patients with two or more prescribers.⁴ Only one third of patients with multiple prescribers tell one physician about the other's prescriptions.³ As a result, many physicians are unaware of which medications their elderly patients take.^{1,2,5-7} Unless physicians receive complete information on drug use, they may prescribe unnecessary or potentially interacting drugs.

Studies are being undertaken to understand and change physicians' drug-monitoring and prescribing behavior. Pharmacist consultation has been shown to be effective in reducing unnecessary use of medications; however, elderly patients are less likely to request help from pharmacists than from primary care physicians.^{2,6} Efforts have also been made to educate patients on the importance of keeping physicians informed of medication use through talks at senior centers and by distributing pamphlets with tear-out drug lists to be shared with the patients' physicians. Little, however, is known about the effectiveness of these efforts.

Submitted, revised, October 14, 1987.

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METHODS

Seven primary care physicians' offices monitored all elderly patient (aged 60 or more years) office visits for three periods of three weeks each to determine whether medicines or drug lists were brought on those visits. The physicians were all primary care physicians with at least ten office visits with elderly patients per week. All physicians practiced in a rural county's principal city of 8,000. Because of communication problems during the second monitoring period, data were gathered for only one week; also, one physician's office failed to collect data for that period and these data are not included in any of the study results. All physicians stated that they verbally requested patients to bring in medicines or lists.

Fewer than 1 percent of patients were from minority groups, a percentage in consonance with the city's demographic composition. Income and education levels should reflect the city's elderly population, as virtually all of its primary care physicians participated in the study. A 1984 needs assessment of the area elderly found 15 percent self-reporting annual income below \$5,000 and 25 percent above \$15,000.⁸

Office staff were paid an honorarium of \$10 per week to ask, then observe, whether an elderly patient brought in medicines or a drug list. New patients were excluded. These data were originally collected to study a health education effort to increase patient communication on medication use. The effort consisted of distributing visual cues (plastic bags) with the message that they be used for bringing along all medications on upcoming physician visits. Bags were distributed to the elderly patients by pharmacists, in physician offices participating in the study, by personnel at senior center health screenings, and in hospitals and home health agencies. The city's physicians had requested this type of effort when asked, by staff of an area agency on aging, what could be done to reduce unnecessary medication use.

Data-collection period A (Table 1) occurred before distribution of bags; periods B and C were at the end of months 1 and 2 during which bags were being distributed.

TABLE 1. FREQUENCY OF ELDERLY PATIENTS BRINGING IN MEDICINES OR DRUG LISTS

Physicians	Pretest (Period A)			Post-test (Period B)			Post-test (Period C)			Change
	Medicines No. (%)	Lists No. (%)	Neither No. (%)	Medicines No. (%)	Lists No. (%)	Neither No. (%)	Medicines No. (%)	Lists No. (%)	Neither No. (%)	
1.	0 (0)	0 (0)	26 (100)	1 (4)	0 (0)	23 (96)	7 (29)	0 (0)	17 (71)	Increase
2.	9* (15)	5* (8)	47 (77)	2 (11)	0 (0)	17 (89)	8 (8)	0 (0)	93 (92)	Decrease
3.	1 (3)	0 (0)	30 (97)	0 (0)	0 (0)	17 (100)	1 (2)	0 (0)	41 (98)	Decrease
4.	1 (2)	0 (0)	43 (98)	2 (13)	0 (0)	16 (87)	1 (3)	1 (3)	33 (94)	Increase
5.	3 (21)	1 (7)	10 (71)**	2 (25)	0 (0)	6 (75)	5 (26)	0 (0)	14 (74)	Decrease
6.	1 (1)	7 (5)	138 (95)**	4* (11)	1* (3)	30 (86)	1 (1)	0 (0)	137 (99)	Unchanged
All	15 (5)	13 (4)	294 (91)	11 (9)	1 (1)	109 (90)	23 (6)	1 (0)	335 (93)	

* One patient brought both medicines and a list
 ** Rounding results in this subtotal not equal to 100%

While the distribution of bags did not succeed in increasing the percentage of patients who bring in medicines or lists, these data do provide a measure of one aspect of patient-to-physician communication on medicine use.

RESULTS

Overall, 6 to 10 percent of the elderly patients brought in drug lists or medicines (Table 1). As data were gathered by office staff who had routinely interviewed these patients before they saw the physician, and because data measures are behavioral and easily observable, there is little likelihood for significant measurement error.

Wide variance among practices was explored in subsequent interviews with physicians and office staff. Two physicians (with the highest rates of patients bringing in medicines or lists) reported that not only did they make these requests from patients, they also had office staff verbally remind patients at the end of the visit. Two other physicians admitted to not always asking patients to bring in medicines or lists, behavior corroborated by office staff and reflected in the data reported in Table 1. The accompanying health education campaign may have stimulated recognition of how strongly physicians requested the target behavior.

COMMENT

This study of primary care practitioners principally included older physicians who were several decades removed from medical school graduation. Their effectiveness in communicating requests for the target behavior may differ from those completing family practice residencies, who may be taught techniques for communicating with elderly patients or for instructing in and monitoring the use of medications. Rural location and lack of minority patients may also affect generalizability. Data, however, recently collected on two urban family practitioners show similar percentages of elderly patients bringing in medications.

Having patients provide drug lists or medicines has been recommended by geriatricians to improve drug monitoring and prescribing.^{1,2} The low rate of this vital patient-to-physician communication indicates efforts are needed for improvement. One intervention that targets this behavior has recently been pilot-tested in two urban family practices in which mailed postcard reminders instruct patients "to bring all medicines for review." Cards are sent several days before the patient's appointment. Data on 91 patients who received these reminders show that 68 percent brought in medicines. Data on 115 elderly patients randomly selected from these practices for a control group indicate that 5 percent remembered their medications.

For both practices, physicians had requested this behavior, and one had a sign in the waiting room highlighting this instruction. If further tests corroborate these findings, this intervention could address this patient-to-physician communication need in a cost-effective manner.

Acknowledgment

The work reported here was supported in part by the Health Concept Foundation of Wichita, Kansas.

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