Rational drug treatment in the elderly
"To treat or not to treat"

av

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Akademisk avhandling

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Abstract

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The general aim of this thesis was to examine the effect of interventions on the usage of inappropriate and hazardous multi-medication in the elderly ≥75 years with ≥5 drugs.

Methods: Paper I describes a cluster randomization of nursing homes, the outcomes were; number of drugs, health status and evaluations. A randomized controlled trial concerning elderly in ordinary homes was performed in paper II and the outcomes were; EQ-5D index, EQ VAS and prescription quality. In paper III a cohort study was carried out and the outcomes were; medication appropriateness index, EQ-5D index and EQ VAS. In paper IV, registered nurses from the nursing homes study were interviewed in a descriptive study with a qualitative approach.

Results: There was a significant reduction of number of drugs used per patient at the intervention nursing homes (p<0.05). Monitoring and evaluation of medications were significantly more frequent at the intervention homes (p<0.01). The registered nurses at the nursing homes described a self-made role in their profession and the leadership was not at sight. Drug treatment seems to be a passive process without own reflection. Extreme polypharmacy was persistent in all three groups of elderly living in ordinary homes and there was an unchanged frequency of drug-risk indicators. In the cohort study a lower medication quality was shown to be associated with a lower quality of life. EQ-5D index was statistically significantly different among the groups as was EQ VAS.

Conclusion: The nursing home study showed an extreme shortage of monitoring of health status and surveillance of the effects of drugs in the elderly. More attention must be focused on the complexity of the nursing process; medication management must be promoted in teamwork with the physician. The resistance to change prescriptions in accordance with the intervention underlines the need of new strategies for improving prescription quality. Since medication quality is related to the patients’ quality of life, there is immense reason to continuously evaluate every prescription and treatment in shared decision with the patient.

Keywords: elderly, polypharmacy, drug evaluation, nursing process, monitoring, inappropriate prescribing, quality of life, patient participation.

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