Medication Adherence – What does this mean for Aboriginal people?

Pascale Dettwiller

1. Flinders University Katherine, NT, & Wurli Wurljang Health Service, Katherine, NT.

INTRODUCTION

The World Health Organization (WHO) defines adherence as ‘the extent to which a person’s behaviour-taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider’. 1 The topic is complex and multidimensional. Adherence to medication taking has been recognized as a key health issue in outcomes. Poor adherence practices reduce the efficacy of treatment, which can lead to complications, deterioration in health, and ultimately death. This represents a significant burden not just for patients and their carers but also for the healthcare team, healthcare system, and society. Medication adherence ranges from 26% to 60% in persons aged 60 years or older. 2 In developed countries almost 50% to 60% of patients leave their General Practitioners (GPs) forgetting what they have been told to do or having misunderstood the directions given by the prescriber. Patients who report poor adherence are generally accurate, whereas those who deny poor adherence may be objective; real-world patient’s medication adherence is lower than that of clinical trial patients. 2

Underuse of medications includes primary non-adherence, unintentional non-adherence, skipping doses, splitting pills, and ceasing to use a medication sooner than instructed by healthcare providers. 3

In Australia, patients’ non-adherence contributes up to 50% of medication-related hospital admissions and in most cases these were considered preventable. The problem of adherence is particularly significant in Australia’s Indigenous population. The issue of medication adherence in Australian remote Indigenous communities is however poorly documented. 4 Medication adherence is affected by belief systems and these influence attitudes to medication-taking behaviour.

To begin addressing this dearth of evidence, this research aims to better understand factors affecting medication-taking behaviours in rural and remote Aboriginal communities. It should be noted that delivering medication packaged in dose administration aids e.g. Webster Pak® does not warrant that the patient will take their medications as recommended. 5

METHOD

The study was undertaken with clients from Wurli Wurljang Health Service in Katherine (NT) who were visiting Gudjbinji Health Clinic. A semi-structured questionnaire was designed based on validated adherence rating scales such as MARx® and BMQ®*, with the assistance of a local advisory group. A pilot trial with five clients was undertaken to test for cultural appropriateness and relevance. The tool includes Likert scaling to 5 (ordinal variables analysed with descriptive statistics using a statistical package such as SPSS 22.0) and open-ended questions (analysed and presented thematically - trends and themes), to expand responses if respondents so wished.

The final tool (Q=18) was administered to a sample of 30 clients, and carers where appropriate, visiting the clinic over a period of ten different sessions, and who had consented to the interview under the tree. The instrument included demographic information (e.g. age bracket, postcode), and medication-taking behaviour questions.

Ethics approval #3 6333 by Social and Behavioural Research Ethics Committee (SBREC) Flinders University Adelaide.

RESULTS

Thirty clients (n=30) were recruited and agreed to participate. The demographic characteristics (gender and age bracket) of the sample of respondents are below:

- There were 27 respondents (n=30) who declared having taken their medications the morning of the day of interview; two declared running out of tablets for the last two days and attending the clinic to get a refill and one did not take tablets for four weeks.
- All clients acknowledged getting help from the clinic staff for their medications – what they are for, when to take them, and blood monitoring.
- All clients admitted to forgetting to take their tablets because:
  - forget to take medication
  - the pills had run out
  - missed a dose
  - needed a refill
  - didn’t take medication
  - split tablets
  - missed a dose
  - forget to take medication
- Four clients reported getting assistance from family members.
- Two declared assisting their Elders in taking their tablets.

Sample Questions and Answers:

- Do you forget to take your tablets? 100%
- Do you still take your tablets? 100%
- Do you remember to take the medication on time? 90%
- Do you find the Clinic staff helpful? 100%
- Do you feel like you are community? 90%

ANOVA test: the number of medications was not related to age (P = 0.74) but did differ among the three groups (P = 0.04).

DISCUSSION

This study provides an insight into Aboriginal people medication-taking behaviour patterns who also live in the health system. The healthcare providers reported by the respondents are different from self-reported attitudes among other population cohorts.

Surti (2009) undertook a similar study in East Arnhem Land with a small sample of clients (n=26, Gove, NT) using a BMQ® tool with no adaptation and the interviews required a translator/interpreter to gather the information. The information gathered by this study is congruent with Surti’s report. Most of the findings are different from those reported by studies undertaken in disadvantaged communities. 5

Osterberg (2005) summarised the behaviours as below:

<table>
<thead>
<tr>
<th>Behavioural Characteristics of patients at risk of Non-Adherence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition</td>
</tr>
<tr>
<td>Pitfall</td>
</tr>
<tr>
<td>Pitfall</td>
</tr>
<tr>
<td>Pitfall</td>
</tr>
<tr>
<td>Pitfall</td>
</tr>
<tr>
<td>Pitfall</td>
</tr>
<tr>
<td>Pitfall</td>
</tr>
<tr>
<td>Pitfall</td>
</tr>
<tr>
<td>Pitfall</td>
</tr>
<tr>
<td>Pitfall</td>
</tr>
<tr>
<td>Pitfall</td>
</tr>
</tbody>
</table>

Most of the themes reported by the respondents and identified in this study are similar to those reported by Osterberg, and this fact needed to be confirmed by a direct method of measurement of adherence; moving away from the anecdotal observations (e.g. untaken piles of medications found in some homes creating a significant risk to children) or inconsistent subjective notes in the patients records. However, Bryce (2002), a physician practicing in Arnhem Land, described that adherence will be improved by a change of attitude of mainstream health professionals towards Aboriginal patients and enhanced communication between patient and health professional is to increase the understanding of diseases and their treatment. Both these factors are supported by this study which reinforces that Aboriginal Community Controlled Health organisations employing local people is a model of care to increase adherence to therapy. 6 All the participants reported that the ‘clinic staff was helpful’ and ‘without them it would be difficult to manage their health concerns.’

CONCLUSIONS

Implications for practice:

In the interests of patient-centred care and personalised medicine, increased understanding of adherence and its factors in the Australian Aboriginal population is important, as there is no evidence that low adherence can be ‘cured’. Effective methods to improve adherence such as improved relationships between patients and health professionals, and better access to care providers, must be maintained for as long as the treatment is needed: even requiring interventions that can be integrated into the care system in a cost-effective manner.

Implications for research:

Poor medication adherence is an ubiquitous problem and is reported for all self-administered treatments for all medical conditions. Research methods and innovations in promoting adherence must advance to improve patient health outcomes. This study not only adds to the body of information on medication-taking behaviours in a sample of Northern Territory Aboriginal people, but it also provides and insight into the non-adherence problem. The developed instrument may be used in a future study involving a larger Aboriginal population.

REFERENCES


Acknowledgements

I would like to acknowledge Flinders University, Faculty of Medicine, Health Sciences and Nursing and Midwifery, Small Research Grants Scheme, Dr Bruce Hocking, Dean Director of Medical Services at WURJ and all the Aboriginal Health Practitioners for providing an opportunity to undertake this pilot study in a culturally safe environment and to all the patients who volunteered the information with trust and confidence, and my editor Dr DE Sipayo, professional academic editor.