

MEdication Management in Older people: Realist Approaches Based on Literature and Evaluation

“About half of all medicines are not taken properly. It is a complete waste of money, spending a billion pounds on a drug to bring it to market if it’s never taken – so we need to help people take the medicines they need, and not take the medicines they don’t need or don’t want.” Ian Maidment, Chief Investigator



MEMORABLE aims to improve the way older people are able to manage their medications, particularly where this involves taking a lot of different pills.

We will do this by looking at what has been written about medication management. We will also talk to older people, carers and doctors, nurses and pharmacists to understand their day-to-day experiences and what they think would make managing medications better and easier. We will then know more about what works and how. Based on this, we will then make suggestions about how medication management might be improved.

The study may not directly benefit the people who take part. However, people who do take part in projects like this often benefit from sharing examples of what has worked for them and improvements they feel will make a difference. We believe the findings from MEMORABLE will improve medication management for and with older people in the longer term.

Who we plan to interview: *Please see overleaf for contact details*

Older people who are at least 60 years of age, living at home **and** taking at least five different medications each day or if less, have to take a number of medications that are difficult to manage.

Carers who provide care as a family member or friend of an older person who has to take a lot of medications and who needs help to cope with them.

Practitioners such as doctors, nurses or pharmacists who have experience and expertise working with older people in this situation.

BBC

MEMORABLE featured on BBC Breakfast

www.youtube.com/watch?v=rz5UZ3mWx3o

The research is funded by the NIHR: Health Services and Delivery Research (15/137/01). The views expressed here are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

PROGRESS SO FAR STARTING THE RESEARCH

- ✓ Research Proposal
- ✓ Research Team set up
- ✓ Funding
- ✓ Ethical approvals
- ✓ Project Group meeting regularly
- ✓ Steering Group being set up

WORK PACKAGE 1

- ✓ Looking at what’s been written about older people, living at home and medication management

- ✓ Exploring how medication management works

WORK PACKAGE 2

- ✓ Inviting older people, carers and practitioners to be interviewed

WORK PACKAGE 3

- Work Package 1 & 2 brought together to develop a framework to improve medication management

CLOSING THE RESEARCH

- Writing Up

Introducing some of the Research Team – more of the team in later editions

“The strength of the project lies within the team approach, and we’ve got a small team but a strong team-working project - experts in their own particular areas.”



Dr Ian Maidment: Chief Investigator: My role in MEMORABLE

I am the Chief Investigator. I developed the proposal and now lead the research. Before moving to Aston University in 2012, I spent 25 years in a variety of roles, mainly as a clinical pharmacist. I started working on medicines management and dementia about 10 years ago, and I've been working on this project for 4 years. I realised we often don't handle medicines well in people who have chronic problems and we need to work out ways to improve things.

Why MEMORABLE is important to me

Medicines can have great benefit and great harm, they need to be used appropriately in everyone. Older people are the main users and we need to work out how to use medicines best in them.

Words I associate with MEMORABLE: support, empowerment, teamwork

The difference MEMORABLE could make

By having a very in-depth approach, by understanding the literature and interviewing key stakeholders, we aim to understand the problem and how to improve things. This is the first time that realism has been used for this area.

“MEMORABLE will give patients, carers and the public a voice to be heard.”

Sylvia Bailey: Patient & Public Involvement Lead: My role in MEMORABLE



I am the Patient and Public Involvement lead. My background is in primary care management, although I am currently retired. I have experience in setting up patient groups and focus groups. They are something I am passionate about because the comments tell us what patient experience is like and healthcare delivery is like. My role in MEMORABLE is to bring the patient and public voice to the research steering group and focus groups. I recruit participants and arrange suitable patient and public focus groups for the team.

Why MEMORABLE is important to me

All health research is important to me. MEMORABLE is particularly important because it's something that my patient groups are currently looking at – how our surgery delivers and supports patients to manage their complex regimes of medication.

Words I associate with MEMORABLE: quality of life, collaboration, poly-pharmacy

The difference MEMORABLE could make

Unless we know what services are operating well and what is failing patients – researchers are working blindly. It is crucial that the patients, carers and public voice is heard and everyone works collaboratively. MEMORABLE will be one of the first studies to give evidence based research from the literature and patients. Ultimately this research will help patients.

WATCH THIS SPACE

If you would like to be involved or receive regular updates on MEMORABLE, please contact:

Sally Lawson (Research Associate):

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Ian Maidment (Chief Investigator):

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Alternatively, if you would like more information on the study or would like to keep track of our progression, visit our website or check out our social media links:

www.aston.ac.uk/memorable

 @maidment_dr

DON'T FORGET TO KEEP AN EYE OUT FOR OUR SPRING 2018 NEWSLETTER



MEdication Management in Older people: Realist Approaches Based on Literature and Evaluation

“Medication nation: new research shows nearly half of all older people now taking at least five medicines.” Maidment

I., Medication Nation, The Conversation, 2017.



The number of people taking five or more items [medications] quadrupled from 12 to 49% [in two decades], while the proportion of people who did not take any medication has decreased from around 1 in 5 to 1 in 13 [in two decades]. Gao L., Maidment I., et al. Medication usage change in older people (65+) in England over 20 years: findings from CFAS I and CFAS II. Age and Ageing, 2017.

The public has more direct access to medication. More practitioners are able to prescribe medication and over the counter medications are more widely available.

In particular, older people are taking more medication, leading to **polypharmacy**, defined as ‘the concurrent use of five or more medications.’ When polypharmacy is not managed properly, there is potential for adverse outcomes. Managing polypharmacy is an important part of medication management.

MEMORABLE has explored what has been written about polypharmacy and medication management affecting older people. We are now interviewing older people, informal carers, doctors, nurses, pharmacists and social care staff to understand their day-to-day experiences with medication management. From our analysis of what has been written and what people are saying, **MEMORABLE** aims to make suggestions about how medication management might be improved, leading to better management of polypharmacy.

Who we have been interviewing:

Older people who are at least 60 years of age, living at home **and** taking at least five different medications each day or if less, have to take a number of medications that are difficult to manage.

Carers who provide care as a family member or friend of an older person who has to take a lot of medications and who needs help to cope with them.

Practitioners such as doctors, nurses, pharmacists and social care staff who have experience and expertise working with older people in this situation.



Ian Maidment features on The Conversation: Medication Nation

<https://theconversation.com/medication-nation-new-research-shows-nearly-half-of-all-older-people-now-taking-at-least-five-medicines-84879>

The research is funded by the NIHR: Health Services and Delivery Research (15/137/01). The views expressed here are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

PROGRESS SO FAR

STARTING THE RESEARCH

- ✓ Research proposal - Research Team set up - Funding secured- Ethics approvals in place - Project Group and Stakeholder Group meeting regularly.

WORK PACKAGE 1

- ✓ Looking at what's been written about older people living at home and medication management (searching)
- ✓ Exploring what's been written about how medication management works (analysing evidence).

WORK PACKAGE 2

- ✓ Interviewing older people, carers and practitioners
- ✓ Looking at what they are saying about how medication management works for them (analysing experience).

WORK PACKAGE 3

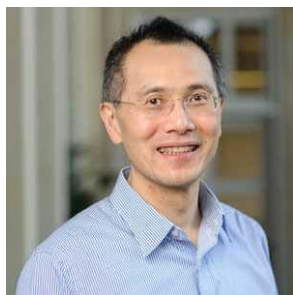
- Work Packages 1 & 2 brought together to develop a framework to improve medication management.

CLOSING THE RESEARCH

- Write up

Introducing some of the Research Team – more of the team in later editions

“If you don’t understand what’s going on, then you stand little chance of changing it.”



Geoff Wong: Realist Expert and Clinical Experience: *My role in MEMORABLE*

Two things - as a seasoned realist reviewer, I bring along my experience in realist reviews. As a NHS GP, I have clinical experience of seeing many patients of all ages who are on a lot of medication. I work half time as a NHS GP and the half of the time as a Clinical Research Fellow at the University of Oxford.

Why MEMORABLE is important to me

For patients, being on lots of medication and having to manage it all is not easy, especially if you are older. As a NHS GP, I would like to know what the best ways are to help people optimise (make the best use) of any medications they are on.

Words I associate with MEMORABLE:
relevant, important, useful.

The difference MEMORABLE could make

The real strength of this project is that we are deliberately unpacking and problematising the practice of medicines management that goes on in the community for older people on lots of medicines. By doing so we are trying to understand what happens and why in the real world of the NHS. Only if we understand ‘why’ can we find the solutions.

“Working together on what matters and in ways that matter to everyone involved.”



Sally Lawson: Research Associate: *My role in MEMORABLE*

I am the Research Associate. I carry out the day-to-day work on the research. I make sure it happens in the way it was planned and approved, with the Chief Investigator. I am a member of the Project Group and support the Stakeholder Group. Before moving into research, I worked as a State Registered Occupational Therapist for many years, then in service and project management.

Why MEMORABLE is important to me

I believe it will make a difference for and with older people living at home who have to take lots of medications. I like the way the research is designed – bringing together the evidence about the way medication management should or could be done better, with people’s real experiences of how they make it work for them.

Words I associate with MEMORABLE:
collaborative, real world, better outcomes.

The difference MEMORABLE could make

I hope the framework we develop will make sense and be useful, adding to what already works so that medication management can be improved. The framework, developed from the evidence and people’s experiences, needs to make a difference for and with older people, carers and practitioners. Ultimately, it’s older people’s outcomes that matter.

WATCH THIS SPACE

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www.aston.ac.uk/memorable

 [@maidment_dr](https://twitter.com/maidment_dr)

**DON'T FORGET TO KEEP AN EYE OUT
FOR OUR SUMMER 2018 NEWSLETTER**



MEdication Management in Older people: Realist Approaches Based on Literature and Evaluation

MEMORABLE aims to improve the way older people are able to manage their medications. This is important where they are taking a lot of different pills. We are focusing on people over the age of 60, living at home, who are taking five or more types of pills or, if less, who have a complex medication routine.



We want to know more about what works and how.

What are we doing?

We are reviewing what has been written about medication management (**Work Package 1**). We are also listening to older people, family carers, and health and care staff to understand their day-to-day experiences and what they think would make managing medications better and easier (**Work Package 2**). Using the findings from both pieces of work, we will then be able to make suggestions about how medication management might be improved (**Work Package 3**).

What have we found out, so far?

Medication management is not 'one thing': It involves a number of different but linked stages. Some of these are carried out by an older person on their own or when older people and practitioners get together e.g. with their GP, nurse or pharmacist. Not all older people want or need help with their medication.

Older people's goal about what they want from their medication and how, is very important to them: The literature often talks about goals of 'adherence' or 'optimisation.' This is of interest to policy makers, service providers and practitioners. Older people are telling us about wanting to feel well, avoiding getting worse, fitting pills in with their lives – and preferring to take fewer pills or none at all. These are the things that motivate them and influence their decisions and then what they do.

What happens next?

Work will continue until December 2018 when the final results will be reported. Progress can be followed at: www.aston.ac.uk/memorable

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What are we doing?



Work Package 1

Looking at the literature (evidence)



Work Package 2

Listening to older people, family carers and practitioners (experience)



Work Package 3

Bringing evidence and experiences together to suggest improvements

Evidence from the National Institute for Health and Care Excellence (NICE, 2015): 'Optimising a person's medicines is important to ensure a person is taking their medicines as intended and can support the management of long-term conditions, multi-morbidities and polypharmacy'.

Experience from an older person: 'I just want to stay as healthy as I am at the moment. Well, I'd like to be healthier than I am at the moment but actually, to be quite honest, I'm pretty good.'

Introducing some of the Research Team – more in later editions

“Complexity happens - so let’s stop blaming the patient, the doctor, the pharmacist or the medicines!”



Andrew Booth: Systematic Review Methodologist & Information Specialist/Medical Librarian: My role in MEMORABLE

I am helping the project team to identify the most relevant studies for inclusion within our literature review so that we have the best possible chance of identifying ways of managing medication that work.

Why MEMORABLE is important to me

Professionally, because the project faces interesting methodological challenges and involves collaboration with a diverse and interesting team. Personally, because my mother takes multiple medications for chronic disease and our long-distance phone calls frequently discuss this topic!

The difference MEMORABLE could make

Most immediately, it holds the prospect of designing an intervention that works. More generally, it could help us to gain a better understanding of how people respond to having multiple medications.

Words I associate with MEMORABLE: Drug Cocktail Shakers!

“A study of this nature has not been done before despite many researchers attempting to come up with solutions to address medication management issues. Thus far they have been unsuccessful.”



Hadar Zaman: Senior Lecturer in Pharmacy Practice, Chief Pharmacist for Mental Health Organisation: My role in MEMORABLE

I am interested in looking at medicines management issues and challenges from the Black and Asian Minority Ethnic (BAME) group perspective, especially because I am from a BAME background myself. I am undertaking a systematic review into this area which will hopefully inform any complex interventions that will be developed.

Why MEMORABLE is important to me

The lack of research regarding BAME patients and medication management, especially in the older adult population, proves this particular strand will be useful in increasing our understanding. It will subsequently help develop interventions to meet their needs.

The difference MEMORABLE could make

Through innovative research methodology, the study will capture multiple user perspectives and challenges in medication management, or conversely what works in overcoming issues associated with medication management.

Words I associate with MEMORABLE: innovative, translational, and impactful.

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