

SUPPORTING OLDER PEOPLE MANAGE THEIR MEDICINES: A SCOPING REVIEW OF MEDICINES SELF-MANAGEMENT TOOLS

Warmoth, K., Frost, J., and Britten, N.

University of Exeter Medical School, Exeter, England

Background: With an ageing population, the concurrent use of multiple medicines, or polypharmacy, is increasing. Multiple medicines and conditions can have a considerable burden on an individual, and between one-third and one-half of all medication prescribed for long-term conditions is not taken as recommended.¹ Supporting community-dwelling older people to manage their multiple medicines is therefore imperative.

Aims: This review has two aims: (1) identify what tools or resources are available for older people to manage multiple medicines or complex treatment regimens and (2) examine the evidence, if any, of the effects of using these tools or resources as well as in what context and for whom they are beneficial.

Methods: A scoping review² is being conducted. Electronic databases (MEDLINE and CINAHL), grey literature, select paper citations, conference presentations, Cochrane Database of Systematic Reviews, and key authors were iteratively searched. English-language studies that included medicines self-management tools were eligible. Narrative synthesis³ will be undertaken to collate the extracted data.

Results: After two rounds of searches, the results of literature searching yielded 1874 original papers in total. Abstract and full-text screening is ongoing. Preliminary findings suggest that the available medicines self-management tools have some serious shortcomings. First, most tools are developed to ensure adherence, not medicine optimisation. Second, many have not been designed taking consideration of older people's perspectives and abilities—particularly, for frail older adults. Lastly, the majority of tools have had little or no evaluation, and for those that have some evidence, the findings are mixed or insufficient.

Conclusions: This review will provide a typology of the existing tools or resources for older people to self-manage multiple medicines, summarise the evidence for different tools, and identify any potential gaps in knowledge for further research. Evidence about such tools is warranted so older people can optimise the use of their medicines, and consequently reduce the societal costs of the inappropriate use of medicines.

References:

1. Nunes V, Neilson J, O'Flynn N, et al. Clinical Guidelines and Evidence Review for Medicines Adherence: Involving patients in decisions about prescribed medicines and supporting adherence. London: National Collaborating Centre for Primary Care and Royal College of General Practitioners. (2009)
2. Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International journal of social research methodology*, 8(1), 19-32.
3. Popay, J., Roberts, H. M., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., & Britten, N. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews*. Available from <http://www.lancaster.ac.uk/shm/research/nssr/research/dissemination/publications.php>