Do patients’ expectations influence their use of medications?

Qualitative study
Canadian Family Physician • Le Médecin de famille canadien
Vol 54: march • mars 2008
Adherence

Typical adherence rates for prescribed medications are about 50%

Interventions for enhancing medication adherence

The most effective interventions are complex, including combinations of:

- more convenient care
- information
- reminders
- self-monitoring
- reinforcement
- counselling
- family therapy
- psychological therapy
- crisis intervention
- manual telephone follow-up
- supportive care

Even the most effective interventions do not lead to large improvements in adherence and treatment outcomes.
Possible reasons

adverse effects
poor instructions
poor provider-patient relationship
poor memory
patients’ disagreement with the need for treatment
unable/unwilling to pay for it

“one underexplored area is patients’ expectations of their medications”
Method

Qualitative study

Grounded theory leads to Theoretical Model

Ethics approval granted
Grounded theory

Glaser and Strauss 1960s

Develop theory *grounded* in observation

Iterative (cycles getting closer and closer to the answer)

Coding, memo-ing, diagrams as summarising devices
Sampling (non random)

Purposive sampling - deliberately choosing a particular group

- Stratified - sampling frame to cover specific groups
- Maximum variation
- Typical case - group considered representative

Convenience sampling - easiest or most convenient group

How does this differ from other types of study?
Participants

18 community-dwelling adults
18 years old and older
taking at least 1 medication for 6 months or longer
not receiving formal assistance

Recruited through:
local newspapers
hospital bulletin boards
pharmacies
hospital volunteer offices
patient contacts through family doctors

Interviews continued until saturation
Data Collection

Individual, face-to-face, in-depth interviews

Semistructured interview guide modified as interviews progressed to accommodate emerging themes. (Iterative)

Identify the 2 “most important medications” to help participants orient their responses

Demographic information collected.

Debriefing after each interview

Transcribed verbatim

All the interviews were conducted by one researcher
Analysis

Open coding process to identify common themes or categories (inductive)

Develop code book

Each transcript coded independently by at least 2 members of the research team

Developed theoretical model
Rigour

Audiotaped and written verbatim versions of the interviews were compared.

Debriefing and field notes were maintained and reviewed by team members.

Member checking (sending written summaries to interviewees for their comments).

Triangulation through regular team meetings to discuss issues related to data collection and analysis.

Audit trail maintained.
Figure 1. Theoretical model relating patients’ expectations of their medications to their medication-taking behaviour

**CAUSAL CONDITION**
Treatment with medications has been considered or prescribed

**CONTEXTUAL FACTORS**
- Patients’ beliefs
- Previous experiences with medications

**CENTRAL PHENOMENON**
Patients’ expectations regarding taking their medications

**STRATEGIES:**
CONFIRM OR MODIFY EXPECTATIONS THROUGH
- Testing medications (patients test on their own to discontinue, lower dose, or skip medications) or not testing (ie, follow prescription)
- Information gathering from health care system or public sources

**INTERVENING FACTORS**
- Other peoples’ beliefs
- Health care provider—patient relationship
- Cost of medications

**CONSEQUENCES**
- Prevention or treatment of symptoms and signs
- Patient is able to manage day-to-day activities
- Patient is able to cope with medical condition
- Side effects
Key findings

Patients’ expectations were manifested through activities to confirm or modify their belief that their medications were working as hoped.

Patients often tested the effectiveness of medications by stopping, skipping or modifying doses and by gathering information about them from health care system or public sources.

Many acted on expectations without seeking the advice of their health care providers.

Patients easily identified their most important medications.

Findings supported by existing theories and past studies (examples given).

Some patients feel stigma from taking medication.

Expectations most influenced by past experiences and relationship with healthcare provider.
Limitations

Participants were volunteers

Authors believe this is balanced by purposive sampling

Study cannot tell us about the extent of described behaviour