

# Part II: Interventions directed to consumers for drug use

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# Interventions Database

Two emphases:

- Interventions directed to health care professionals
- Interventions directed to consumers

<http://www.cadth.ca/index.php/en/compus/optimal-ther-resources/interventions>



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The **Interventions Database** summarizes current research evidence about the prescribing practice and drug use. This database houses summaries of key findings to evaluate the effects of strategies targeting professionals, the organization of

For more information, please see: [About the Interventions Database](#) and

- ▶ [Professional](#)
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# What does “interventions directed to consumers” include?


- Interventions which enable people to make the best possible use of medicines
- Not about just telling people to take their medicine



- can include a variety of interventions such as providing information, counseling, special packaging, participating in the decision about medications...

# Important for decision makers to know...

Don't Let the **Flu** Get You.




**Get Your Flu Shot!**

The flu shot is safe and effective — and it's **FREE** for:

- People 65 and older
- Children and adults with chronic health conditions and their household contacts
- Health care workers
- Emergency responders
- Healthy children aged 6-23 months
- Household contacts and caregivers of infants aged 0-23 months
- Pregnant women in their 3rd trimester
- Residents of nursing homes and other chronic care facilities
- People who work with poultry and swine

It's your **best protection** against the flu. Protect yourself and others from the flu bug. Talk to your doctor, local health unit or the BC NurseLine at: (604) 215-4700 in Greater Vancouver, 1 866 215-4700 toll-free or 1 866 889-4700 for the deaf or hearing impaired.

 **BRITISH COLUMBIA** | **Ministry of Health**

How do we improve vaccination rates for influenza?

- media campaigns?
- mail out reminders to the public?
- reminder phone calls from the doctor's office?

# Important for decision makers to know...

Should we fund consumer organisations to provide self-management programmes?

Will they improve medication use, adherence, decrease adverse events from improper use?

http://www.arthritis.ca/programs%20and%20resources/arth%20self%20man/default.asp?s=1

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## Arthritis Self-Management Program



For more than 10 years, The Arthritis Society has helped thousands of people with arthritis improve their lives through the Arthritis Self-Management Program (ASMP). We invite you to learn more about this exciting program and



Printer Friendly

Arthritis Self-Management Program

▶ Testimonials

# Important for decision makers to know...

How do we improve adherence to hypertension medications?



- simpler dosing - 1 pill once a day?
- reminder packages?
- one to one consultation with pharmacists, support workers, clinical nurses?

# Finding systematic review literature ...

- not well organised or categorised
- Handsearched **Cochrane Library** and **DARE** databases – DARE database of systematic reviews (CC&CRG)
  - 60 reviews from Cochrane
  - 36 non-Cochrane reviews from DARE

# Finding systematic review literature....

- ++ overlap of DARE reviews with Cochrane - excluded
- reviews of high relevance to drug use were included – main objective and outcomes specific to drug use (e.g. exclude broad self-management programme)
- 20 unique, high relevance reviews included
- Over 500 unique studies in those reviews

# Literature not organised...

- Developed a framework/taxonomy to organise the interventions conceptually and to organise it so that decision makers could find the evidence
- Based on principles of 'evidence based prescribing and drug use' for consumers
  - NOT just adherence
  - consumers are **informed** (access to info and able to use)
  - consumers are **empowered** to participate in health care and to engage in decisions about medicines
  - consumers are in a **partnership** with health care providers and the health care system, characterised by communication and cooperation

# Interventions directed to



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The **Interventions Database** summarizes current research evidence about the effects of strategies to improve drug prescribing practice and drug use. This database houses summaries of key findings from systematic reviews that evaluate the effects of strategies targeting professionals, the organization of health care, and consumers.

For more information, please see: [About the Interventions Database](#) and [Methods for Development](#)

▶ [Professional](#)

▼ [Consumer](#)

▶ ***Interventions that affect drug use by and prescribing for consumers.***

- ▶ Providing information or education [?](#)
- ▶ Supporting behaviour change [?](#)
- ▶ Acquiring skills and competencies [?](#)
- ▶ Support [?](#)
- ▶ Facilitating communication and decision making [?](#)
- ▶ Minimising risks or harms [?](#)
- ▶ Improving quality [?](#)
- ▶ Consumer system participation [?](#)

▶ [Organizational](#)

# Does providing information or education work? (11 reviews)

e.g. written information and classes

- results were mixed – some reviews showed improvement in health outcomes and adherence while others did not
- may be effective to improve immunisation, particularly when provided by lay health workers



# Does facilitating communication and involving consumers in decision making work? (5 reviews)

e.g. consultation with pharmacists and delayed prescriptions

- mixed results overall
- psychosocial interventions, such as enhanced counseling and 1-1 pharmacist consultations did not improve adherence
  - but may improve knowledge and the use of medications
- delayed prescribing improves antibiotic drug use, but may increase symptoms

# Does training consumers in skills related to drug use work? (6 reviews)

e.g. self management courses for drug dosing or self monitoring

- practical medication management strategies improve adherence, particularly when on individual basis when provided for over 12 weeks
- diabetes education programmes which included skills training and medication management gave mixed results



# Supporting behaviour change (17 reviews)

e.g. counseling to overcome obstacles to drug use

- patient reminders and recall, simplifying dosing regimens, and self-monitoring are generally effective for supporting behavioural change to improve adherence
- direct observation to support change (e.g. DOT) is ineffective
- mixed results for packaging interventions, patient motivation and support

# Support (7 reviews)

e.g. interventions to help people cope with/manage their health and medication use

- individual support versus group support may be effective
- lay health worker interventions were effective at improving immunisation uptake and clinical outcomes.
- other supportive interventions, such as psychosocial interventions, enhanced counseling, patient motivation, reminders and support reported mixed results



# Minimising risks or harms (9 reviews)

e.g. self monitoring at home, delayed prescriptions, DOT

Individual:

- self-monitoring decreased adverse events from medication
- pharmaceutical care services did not
- telling patients about adverse effects of medications did not compromise adherence

# Improving Quality (8 reviews)

e.g. strategies to improve the quality of care, copayments

- collaborative care interventions in primary care (including patient on health care team) were generally effective to improve drug use and adherence
- mixed results for financial interventions to improve adherence and other outcomes

# Consumer system participation (0 reviews)

e.g. involvement on drug review panels,  
research priority setting in drugs

# Outcomes other than adherence...

Consultation and communication by consumer  
Consumer knowledge and understanding  
Consumer involvement in care process  
Evaluation of care by consumer  
Support and skills acquisition of consumer  
Consumer health status and wellbeing  
Consumer health behaviour  
Consumer adverse events  
System benefits  
Consultation and communication by provider  
Provider knowledge and understanding  
Evaluation of care by provider



# Focus on adherence...

- It is a major issue
- Across many diseases and medications
- But improvements in adherence does not necessarily = better health (the ultimate goal) (many studies no correlation)
- No clear link
- failure to consider other outcomes means that it is impossible to understand how, why and when people take their medicines
- And without this knowledge cannot tailor interventions to those barriers

# Evidence to improve safe and appropriate drug use

- ‘mixed results’ – WHY?
- many gaps – specific interventions, comorbidities (polypharmacy)
- little information about harms/adverse effects
- need to focus beyond adherence
- need to think about a wider view of evidence-based prescribing and use for consumers (including the broad range of interventions organised in the taxonomy)

