

Medication adherence post-stroke: An exploratory study of stroke unit nurses' perspectives of potential problems affecting patients early after discharge

Gibson J., Coupe J, Watkins C

School of Nursing and Caring Sciences, University of Central Lancashire, Preston, UK

Introduction: Poor medication adherence (MA) after stroke is very common and may lead to recurrent stroke or to iatrogenic harm. Nurses working in stroke units may have opportunities to identify and address stroke survivors' potential MA problems. The aim of this study was to explore UK stroke unit nurses' experiences and views of opportunities and challenges in preparing patients to manage their medication at home post-stroke.

Method: We recruited 15 registered nurses from 1 acute and 1 rehabilitation stroke unit between June and November 2013 via purposive sampling. We conducted individual or small group (2–3) semi-structured interviews to explore beliefs about practical and motivational factors which might affect post-stroke MA, and methods of identifying and addressing post-discharge MA problems. Interviews were audiotaped and transcribed. Thematic analysis was undertaken using NVivo software.

Results: Practical factors included: post-stroke dysphagia, dexterity, co-ordination and mobility problems, cognitive impairment, visual impairment, polypharmacy and lack of knowledge. Motivational factors included: depression, preventive nature of medications, concerns about side effects and denial of stroke diagnosis. Factors which were thought to indicate risk of poor MA included living alone and a history of poor adherence. Interventions to address potential MA problems included individualised assessment and planning, multidisciplinary communication, carer involvement and practical measures relating to drug formulation, presentation and regime simplification.

Discussion: Nurses play a complex role in promoting post-stroke MA, but this work tends to be unsystematically implemented and documented. Further work is needed to develop, validate, and evaluate methods for assessment and management of post-stroke MA problems.