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# **Identifying Occupational Therapy’s Role in the Interprofessional Team for Combating Barriers to Correct Medication Adherence for Older Adults**

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## Focused Question

How do interprofessional teams use interventions to address the barriers of correct management and use of medications for older adults who may struggle with medication management due to complex medication regimens?

## Clinical Scenario

Occupational therapy is crucial to the interprofessional team, with a focus on client-centered interventions, a holistic approach to health promotion and prevention and a comprehensive overlook on quality of life. The focus of occupational therapy is to collaborate with clients to find meaningful engagement in occupations to promote participation. The occupational therapist's perspective on the person holistically marks their contribution to the interprofessional team in order to meet the needs to provide for the client, their families, and their community (Doll & Earland, 2020). Other than occupational therapists, the interdisciplinary team may consist of nurses, pharmacists and caregivers. Nurses are in a position to teach medication self-management to patients and their families to prepare them for discharge. Pharmacists are in a position where they are able to review regimen complexity when conducting medication reviews (Elliot, et al., 2013). In addition, they directly communicate information to the patient's primary healthcare provider. By doing so, the patient will have a clearer understanding of the appropriate medications to consume. Formal and informal caregivers, who are taught to distribute medications properly to those they are caring for, can be seen as collaborators in the interdisciplinary team.

Research about medication management is crucial as about 40% of older adults are taking at least five medications each week and 20% are taking ten or more medications each week. Of those percentages, there are 50% that incorrectly use their medication. Medication misuse can result in falls, adverse drug reactions, increased hospitalization, confusion, fractures, depression and death. There are many causes to misuse as medication regimens are one of the most intricate instrumental activities of daily living due to the use of multiple medications and complex medication regimens. Identifying barriers to proper medication use can enhance correct medication management (Murphy et al., 2017) Occupational therapists may work with older adults that are involved with taking medications on their own or with the help of others. Older adults may take one or more medications and may require assistance in doing so from caregivers or other medical professionals in order to ensure the safety of the older adult. This is especially true if the older adult has cognitive impairments or deficits as these increase the risk of medication misuse (Mullan et al., 2019). Occupational therapists may use intervention strategies in order to help older adults become more independent in appropriately taking medication. The occupational therapist will also work with the interprofessional team and must communicate in order to be aware of medications and medication regimens that are being used in order to ensure the client's safety and to avoid medication mismanagement (McNamara et al., 2017).

The theory that will encompass this study is the Ecology of Human Performance. Occupational therapists utilize this theory to observe the interaction of humans and their multitude of contexts that either support or inhibit their performance range. The context can be physical, temporal, social, and culture aspects. The main conception in the Ecology of Human Performance is that the person and context interact and both influence and exert influence on each other and one cannot understand someone without first viewing their context. When a



person uses contextual cues and components, it permits a person to complete a specific task, otherwise known as performance range (Dunn, et al., 1994). This ties into our topic as we are addressing barriers that inhibit an individual's participation in their daily occupations, otherwise stated as a person's performance range. This theory also relates to our topic as medication management can have a multidimensional intervention approach as one type of intervention may not work with every individual as each person has a different context that influences how the intervention can take place.

## **Purpose Statement**

As stated by the research above, there is a recognized concern for the importance of medication adherence. While there is research on medication management, it is limited in how occupational therapy contributes to the issue. The purpose of this CAT was to examine how occupational therapy intervention contributes to the overall interprofessional team's dynamic interventions for addressing barriers to appropriate medication management use by older adults with complex medication regimens.

## **Data Collection Procedures**

Our focus question was centered on how interprofessional teams utilize different interventions for medication misuse. Relevant literature was researched to answer this question by using Boolean phrasing from multiple databases including CINAHL, AJOT and PubMed. The phrases used were ("performance to barriers" AND "medication management" AND "occupational therapy"), ("medication management" AND "older adults" AND "interventions"), ("medication management interventions" AND "older adults" AND "hospital inpatients"), and (medication OR "medication management" OR prescription OR polypharmacy) AND (hospital OR hospitalization) AND ("older adults" OR elderly OR geriatric OR "older patients").

After our initial research, we obtained 32 articles. After developing our focused question, we narrowed our research articles we were to synthesize to fit our criteria. Twelve articles were reviewed for this critically appraised topic. Four of the articles that were reviewed were Level I; one systematic review (Anderson et al., 2020), three randomized control trials (Arain et al., 2021; Graabaek et al., 2019; Hastings et al., 2020). One article was Level II pretest-posttest (Elliot et al., 2013), one level IV prospective study (Lau et al., 2019), and six Level N/A articles (Brown et al., 2000; Curry et al., 2005; McNamara et al., 2016; O'Quin et al., 2015; Ramsbottom et al., 2016; Tomlinson et al., 2020). Refer to Figure 1 for an overview of the articles and their levels. All articles reviewed related to those 65 years and older and on a medication regimen of five or more medications. The reason that 19 articles were excluded after developing our focus question was that they did not fit into the criteria of focusing on certain interventions across different interprofessional disciplinary teams. Of the 13 included, each article included an aspect from our focus question. All articles reviewed were published in English. We included articles that were completed on older adults with general diagnoses and excluded articles completed on a specific diagnosis, such as HIV or diabetes.



Figure 1

Number of articles Reviewed Before Focused Question	Level of Evidence
32	Level I: 10 Level II: 3 Level III: 2 Level IV: 6 Level NA: 11
Number of Articles Synthesized After Developing Focused Question	Level of Evidence
12	Level I: 4 Level II: 1 Level III: 0 Level IV: 1 Level NA: 6

## Literature Synthesis

### Using a Single-Function Approach

The first theme found in our synthesis was on the findings of articles using a single-function approach to intervention, specifically to pharmacist led medication reviews. The first article is a Level I Randomized Control Trial and is a quantitative study where the patients were not blinded. The purpose of this study was to determine the effects of pharmacist-led medication management for 600 participants who were 65 years and older and taking medications for chronic conditions. The intervention utilized in this study was an interview upon admission, during their inpatient stay, and a report at discharge. In conclusion, there was not a significant effect on any of the outcomes (Graabæk et al., 2019). This coincides with the second article that was found which was a Level II pretest-posttest study involving 391 patients. This quantitative study also determined the effect of a pharmacist led medication review. The difference with this study is that the researchers included an educational intervention involving clinical pharmacists and junior medical officers. The intervention in this study included pharmacists reviewing their patient's medication regimen and making recommendations to simplify their regimen if it was appropriate. These pharmacists would then record the regimen and if they made any simplifications. Like the previous study, this intervention had no significant effect in their outcomes (Elliot et al., 2013). The last study that correlated with this intervention type was a Level NA qualitative study involving a recruitment of 60 people. The contrasting element in this study was that it looked at the barriers with older patients and their discharge to pharmacists. The outcome of this study primarily identified implications for future practice, which was the need for more research for teams in the medical field to connect their patients to the correct post discharge services. In the study, pharmacists recognized the poor connection for those in a hospital with a nurse managing their medications compared those living at home who are either managing their own medications or are dependent on others. (Ramsbottom et al., 2016). The similarities in these articles are that they all had inclusion criteria, exclusion criteria, informed consent was obtained, the participants were not blinded, the authors identified where their research funding was obtained and if there were any conflicts of interests. For the quantitative articles, both used more than one statistical analysis to test the significance of the effect for intervention. The second and third study mentioned had no outside source of funding; all three of the studies reported no conflict of interests for any of the researchers. While the first two studies looked at specific interventions, the last study was focused on the barriers to using a pharmacist led intervention (Elliot et al., 2013; Graabæk et al., 2019; Ramsbottom et al., 2016).

### Education



Curry, et al. (2005) noted that 25% to 60% of all older adults who self-medicate failed to manage the therapeutic regimen. Educating older adults is an important aspect when managing one's medication. It is a necessity that the older population is given the proper knowledge and education to manage and adjust their medication regimen so that it fits into their lifestyle. Nurses who are in a position to educate this population must assess one's abilities or limitations to carry out the regimen. By doing so, healthcare providers will be able to implement interventions and principles such as teaching relevant content and the essential information about the older adults' medication regimen as well as teaching specific self-management strategies (Curry et al., 2005; Lau et al., 2019). The findings in a study that addressed educating this population by using the "MedsCheck and Diabetes MedsCheck," reported "increase patients' knowledge about their medicines, increase patients' confidence in using their medicines, and reduce avoidable hospital admissions" (Lau et al., 2019, p. 189). In a systematic overview of systematic reviews evaluating medication adherence interventions, researchers compared evidence from 25 systematic reviews with the focus of adherence being the primary outcome. Of the interventions that were examined, three out of 4 systematic reviews found patient education interventions to be effective in improving adherence among patients (Anderson et al., 2020). Although our topic primarily focuses on the older adult population, the evidence that was provided in this study noted that education interventions were effective in improving adherence among patients taking statins, patients with chronic illness, and patients of any disease type (Anderson et al., 2020). Despite education being viewed as an effective intervention, this study encountered limitations which included the depth and quality of existing evidence which resulted in low or very low quality because researchers only examined high quality systematic reviews (Anderson et al., 2020). From the findings indicated in this systematic review, further research is required in order to fully determine the effectiveness of interventions such as education, primarily for the population of older adults.

### **Adaptations to Routine**

As with education, adaptations to medication management have been seen to be beneficial regarding medication adherence and management for the population of older adults. In a qualitative study, researchers focused on elder's perceptions of barriers to medication management in order to identify community-derived solutions to improve medication management and adherence. Common barriers that stood out for participants consisted of forgetting to take the medication during specific times and/or a change in the medication itself that resulted in failure to take it. A common adaptation that was used, consisted of taking medications during specific times of the day or in accordance with events that occurred in the patients day to day activities (O'Quin et al., 2014; Tomlinson et al., 2016). Other adaptations to combat forgetfulness for taking medications consisted of using pill boxes, lining up medication bottles, or turning over pill bottles after taking medication (O'Quin et al., 2014).

Further barriers that were identified that contributed to medication mismanagement and nonadherence consisted of taking multiple medications, known as polypharmacy. Adaptations that would be beneficial would be to reduce the amount medications being consumed through the use of medication reviews by pharmacists and other healthcare professionals (Elliot et al., 2013; Graabaek et al., 2019; Ramsbottom et al., 2016). As found in a systematic review, dose simplification was the most common strategy assessed, with four out of five systematic reviews reporting improvement in medication adherence (Anderson et al., 2020). Further adaptations to



medication adherence/management that were prominent throughout a qualitative study consisted of implementation of informal and formal community-based support systems to facilitate medication adherence among elders. The participants in this study believed that advocates could facilitate medication adherence by improving elders' understanding of their medications and the medication adherence regimens (O'Quin et al., 2014). Tomlinson, et al, 2016 and McNamara, et al, 2016 addressed that there are often difficulties in communication both between the interprofessional team members and between the interprofessional team and the client when dealing with medications and medication changes (Tomlinson et al., 2016; McNamara et al., 2016). In some instances, patients were not aware that changes had been made to medication regimes and noted that conversations about medication changes were limited, causing confusion for themselves and other caregivers (Tomlinson et al., 2016). Healthcare providers often are busy and lack time to speak to clients. Healthcare providers have difficulty in coordinating care with other providers about medication which leads to more complex medication regimes or incomplete care (McNamara et al., 2016). This problem portrays again the importance of occupational therapists and other healthcare professionals communicating within the interprofessional team and with the client and their caregivers about medication concerns, issues, questions and changes to medication.

### **Technology Advancement**

The final theme that we found, focused on the advancement of technology devices which consisted of an electronic medication dispensing system and the use of telehealth. A total of two articles were found when researching technology advancement in medication adherence and management. In a randomized control trial, the intervention group used a medication dispensing system as their medication management method, whereas the control group continued to use their current methods of medication management. Researchers addressed that the machine was accepted by older adults who found it easy to use and supportive of their daily activities; users further reported an improvement in medication adherence and health outcomes (Arain et al., 2021). The data that was presented in this study indicated that there was a significant difference between the control and intervention group. The average recorded adherence over 26 weeks was significantly higher in the intervention group than the control group (Arain et al., 2021). In order to maintain adherence, the pharmacy was able to monitor medication adherence through an electronic monitoring system called Adhere- Net (Arain et al., 2021). Limitations that were reported from researchers was the risk of the machines not functioning properly, or that participants might not clearly understand the device to fully administer their medication correctly (Arain et al., 2021). Similar to the dispensing machine, telehealth has also recently emerged and has seen widespread success throughout the past year due to the COVID-19 pandemic. Telehealth devices offer a tremendous opportunity for home health monitoring of medication adherence and vital sign measurement as well as promising solutions for the aging population to manage chronic conditions safely and conveniently (Arain et al., 2021).

In a pilot randomized control trial, researchers focused on video- enhanced care management for complex older veterans with suspected mild cognitive impairment. The intervention consisted of monthly video calls from a study nurse covering medication management, cardiovascular disease risk reduction, physical activity, and sleep behaviors, delivered via video (Hastings et al., 2021). The study reported that those who completed the 12-week intervention were more likely to communicate with a healthcare provider by video, as



opposed to telephone, if that option was offered in the future; participants cited convenience, feeling comfortable and familiar with the technology, and appreciating the learning opportunity (Hastings et al., 2021). Although these findings presented positive outcomes for the use of telehealth, the study did not fully provide enough evidence to determine if older adults exhibited adherence to medication management. Further research is needed to determine if telehealth is an effective tool for medication adherence and management for the older population.

## **Summary**

The evidence showed a vast number of articles with medication management for older adults in disciplines beside occupational therapy. We found one position paper stating occupational therapy's role in medication management. The evidence showed that there was a lack of literature relating to occupational therapy and medication management. In our research, the interventions that had the most impact on combating barriers to correct medication adherence were education, adaptations to routine and technology advancement.

## **Clinical Bottom Line**

The purpose of this CAT was to examine how occupational therapy intervention contributes to the overall interprofessional team's dynamic interventions for addressing barriers to appropriate medication management use by older adults with complex medication regimens. While occupational therapists contribute to medication adherence in older adult populations, there is little research about occupational therapy intervention in this area in relation to the interprofessional team. In our research, the interventions identified were pharmacist led interventions and medication reviews, educating patients and their caregivers on their correct medication regimens, adaptations, telehealth and prepackaging. While these intervention approaches were identified, further research is needed to determine the effectiveness of using a single intervention approach compared to using a combination of these methods (Anderson et al., 2020; Arian et al., 2021; Graabaek et al., 2019; & Tomlinson et al., 2016 ). Because this topic is driven by the EHP model, it is imperative that occupational therapists are in contact with the interdisciplinary team but also with informal support systems such as a community advocate for older adults (Moyers & Metzler, 2014).

Interprofessional teams play an important role in helping to manage and communicate with older adults about their complex medication regimens and management of these regimens. A number of interventions and approaches are used in helping older adults manage their medication use. In some cases, pharmacist led interventions and medications use reviews are beneficial in the eyes of the patient, although further research is needed to address this approach by itself (Elliot et al., 2013; Graabaek et al., 2019; Ramsbottom et al., 2016). Occupational therapists are a major part of the interprofessional team and may advocate for their clients about medication reviews and pharmacist-led interventions when appropriate. Depending on the therapy setting, occupational therapists may take on the role of performing medication reviews or medication reconciliation along with interprofessional team members for the resolution of problems. Collaboration with the interprofessional team to establish these roles is necessary (Siebert & Schwartz, 2017).





Educating older adults on their medications is also a commonly used method to help older adults with complex regimens. Various programs as well as direct communication with caregivers and patients can be used to educate clients about their medication and how to use it, however further evidence is needed to determine the effectiveness of this approach in practice (Anderson et al., 2020; Curry et al., 2005; Lau et al., 2019). Occupational therapists may play the role of educating their clients about their medication (Siebert & Schwartz, 2017). Occupational therapists also will play a role in speaking with other caregivers such as family members about medications that pharmacists or doctors have prescribed.

Another method used to combat barriers of correct medication management are adaptations to client routines affecting their memory to take medication. Adaptations included correlating the taking of medication with an everyday event (Tomlinson et al., 2016; O'Quin et al., 2014). Both community based support systems and healthcare providers appear to have an effective role in helping older adults to adapt to medication changes (McNamara et al., 2016; O'Quin et al., 2014; Tomlinson et al., 2016). Occupational therapists will play a particularly important role in guiding clients to change routines or associate medication with certain times of the day. They may work with the client on habits, routines, and strategies that are effective at establishing medication adherence (Siebert & Schwartz, 2017). This may include identifying community supports that would be beneficial for their clients to better their medication management.

The advancement of technology has its benefits for incorporating multiple forms of intervention into one device. The use of telehealth and a medication dispensing system has been shown to be an effective tool for long-term solutions to medication non-adherence for older adults. The use of these interventions has been shown to facilitate better consistency and improvement in medication taking behaviors than simple, non-technological intervention. Although both methods have their benefits regarding medication management and adherence, future research is warranted to demonstrate medication dispensing technology's potential in enhancing older patients' health outcomes as well as future telehealth trials with a main focus of intervention content on medication management (Arian et al., 2021; Hastings et al., 2021). The role of the occupational therapist regarding advancements in telehealth and working with clients to establish medication adherence must be determined by the interprofessional team and facility policies and procedures (Siebert & Schwartz, 2017). Indeed, it is a helpful tool when interacting with clients from many distances or when situations may arise not warranting visits to a clinical setting. Technological advances that assist clients in increasing performance range can also be used by occupational therapists when appropriate (Siebert & Schwartz, 2017).

## **Conclusion**

Overall, using a dispensary system for medications, creating adaptations for regimens and educating patients and their caregivers had either a statistically significant result on their quantitative outcomes or the participants stated in a qualitative study that this intervention type increased using their medications correctly. The pharmacist led review and medication review did not have a statistically significant effect on outcomes for correct medication use for older adults (Anderson et al., 2020; Arian et al., 2021; Graabaek et al., 2019; & Tomlinson et al., 2016). In conclusion, more research should be conducted on using a combination of these intervention types compared to only using a single intervention type approach. Due to the lack of



literature on occupational therapists' role within the interprofessional team for medication adherence, we recommend further research in how this profession fits in the medication management team.



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