

# CONTINUING USE OF OUTPATIENT PRESCRIPTION DRUGS IN PATIENTS HOSPITALISED ON A CARDIOLOGY WARD DOES NOT IMPROVE MEDICATION KNOWLEDGE

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## Background

During hospitalisation, distribution of outpatient prescription drugs is taken over by the hospital pharmacy and medication is administered by the nurse. Research shows that after hospitalisation medication knowledge of patients is diminished compared to knowledge before admission and more than 50% of patients do not know if there have been medication changes during hospitalisation.

## Objective

The hypothesis is that the use and management of their own drugs by patients hospitalised on a cardiology ward will improve medication knowledge on correct use of prescribed medicines by 30% compared to standard care.

## Methods

Patients admitted to the cardiology ward between April and June 2016 meeting the inclusion criteria were enrolled in this study. Patients received either standard care (control group) or were allowed to continue and manage their prescription drugs (intervention group). In the intervention group new prescription drugs were provided by the pharmacy practitioner on the ward and additional information about the drug use was provided. A questionnaire about drug knowledge and perception was applied two times, before start of hospitalisation and after discharge.

## Results

26 patients received standard care and 26 patients were allowed to continue and manage their prescription drugs themselves. Knowledge of indication and correct medication use between the control and intervention group was not significantly different, as concluded from the knowledge questionnaire and shown in table 1. However the perception questionnaire showed that patients in the intervention group were more satisfied with the information provided by the pharmacy practitioner than patients who received standard care, 6.6 vs 7.6 respectively on a ten point grading scale ( $p = 0.001$ ).

N = 52	Control group n(%)		Intervention group n(%)	
	admission	discharge	admission	discharge
Knowledge of indication per drug.	21 (80,8)	20 (76,9)	24 (92,3)	25 (96,2)
Knowledge of drug use				
• Way of use	25 (96,2)	25 (96,2)	25 (96,2)	25 (96,2)
• Times a day	25 (96,2)	25 (96,2)	22 (84,6)	25 (96,2)
• Time of intake	25 (96,2)	25 (96,2)	25 (96,2)	25 (96,2)
• Reason for use	23 (88,5)	24 (92,3)	25 (96,2)	25 (96,2)
Therapy adherence	23 (88,5)	25 (96,2)	24 (92,3)	26 (100)
Intake of right dose	24 (92,3)	25 (96,2)	22 (84,6)	25 (96,2)
Intake on right time	25 (96,2)	26 (100)	24 (92,3)	26 (100)

Table 1: Questionnaire drug knowledge. No of patients with sufficient knowledge (rating > 6 on 10-scale)

## Discussion and conclusions

Continuing use and self management did not improve medication knowledge in patients hospitalised on a cardiology ward. Mainly because patients rated their medication knowledge higher than was expected from previous research, which made it impossible to reach a 30% difference. Possibly because of the way the questionnaire was designed. However, patients who managed their drugs themselves, were more satisfied with the information on medication given during hospitalisation.

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