

**Improving Medication Management Support for Older Adults: Preliminary Results**  
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Presented at the 48<sup>th</sup> Annual NCDEU meeting, Phoenix, AZ, May27-30, 2008.

**BACKGROUND:** Medication adherence is an important factor in disease management. Medication management capacity (MMC), or the ability to self manage medications, is a function of a patient's cognitive and functional abilities and the complexity of the medication regimen.<sup>i</sup> Adequate capacity is necessary for adherence in patients who self-administer medications. Medication management problems might be addressed by use of supportive interventions, such as human support (e.g. caregiver, family assistance), medication support devices (e.g. medi-sets, blister packs), or provider intervention (e.g. simplifying medication regimens). This pilot study will provide important new data regarding older adults' knowledge and preferences about strategies available to assist with medication management.

**OBJECTIVES:** 1. Evaluate MMC among independent-living older adults in a continuing care retirement community (CCRC), 2. Evaluate knowledge about and preferences for strategies to reduce mismanagement risk, and 3. Determine whether knowledge and preferences are associated with demographic variables, cognitive status, MMC, and medication regimen complexity.

**METHODS:** Participants will be recruited from a CCRC in Seattle, Washington. All 160 independent living residents will be eligible and approached for study participation, with a target enrollment of  $\geq 100$ . Demographic variables (age, gender, race, education), DRUGS<sup>ii</sup> score, self-report of any difficulty taking medications as prescribed, Mini-Cog<sup>iii</sup>, and complexity of drug regimen (number of pills per day, frequency of dosing) will be collected. A survey will be used to assess participants' knowledge and preferences regarding strategies to support medication management, including human support, medication support devices, and provider intervention. Participants will be classified as at risk for medication mismanagement if they self-report difficulty, score 0-2 on the Mini-Cog, and/or score  $< 95\%$  accuracy on DRUGS. For objective 1: n and % of subjects classified as at risk for medication mismanagement will be reported. For objective 2: descriptive statistics will be used to report knowledge and preferences for medication management supports. For objective 3, regression models will be used to examine factors associated with medication management support preferences.

**OUTCOMES:** We will report the number and percent of independent residents with medication management difficulties and analyze knowledge and preferences for medication support strategies as a function of demographic characteristics, cognitive status, DRUGS score, and complexity of the drug regimen.

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<sup>i</sup> Madigan SL, Farris KB, Wiens CA, Johnson JA. Predictors of older adults capacity for medication management in a self-medication program: A retrospective chart review. *J of Aging and Health* 2003; 15: 332-52.

<sup>ii</sup> Edelberg HK, Shallenberger E, Wei JY. Medication management capacity in highly functioning community-living older adults: detection of early deficits. *JAGS* 1999; 47: 592-6.

<sup>iii</sup> Borson S, Scanlan JM, Chen PJ, and Ganguli M: The Mini-Cog as a screen for dementia: Validation in a population-based sample. *JAGS* 2003; 51:1451-1454.