Scottish Government Health Directorates Chief Scientist Office



Sensory impairment and pharmaceutical care: what are the needs of older people receiving polypharmacy?

Researchers

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Aim: This project explored the medicine-related needs of older people (aged 65 years and over) who use four or more medicines, and who have visual and/or hearing loss (hereafter referred to as sensory impairment) and the support they have or could receive from community pharmacy personnel.

Project Outline/Methodology:

Phase 1: In-depth interviews with 23 adults with sensory impairment and three carers. **Phase 2:** National survey with 171 community pharmacists and 30 semi-structured interviews with community pharmacy personnel. **Phase 3:** Stakeholder workshop with 11 pharmacists, people with sensory impairment and carers (hereafter referred to as 'stakeholders') to prioritise the most important areas for improving pharmaceutical support and services.

Key Results

Phase Medicine-related needs and 1. experiences with community pharmacy service: Two key themes emerged: Medicine-related care journey; and Factors affecting access to medicines. Participants preferred to discuss medicines directly with pharmacists. Clear communication was desired. Medicines were difficult to distinguish when name, shape and colour changed. Older carers found it challenging to manage their spouse's in addition to their own medication. Phase 2. Experiences of community pharmacists with supporting older sensory with impairment: Most people pharmacists reported providing care for people with sensory impairment and perceived patients with visual loss to have greater needs than those with hearing loss. Few pharmacists reported receiving training in relation to sensory impairment. Few pharmacies had methods of identifying patients with sensory impairment. Aids to support medicine management were positively regarded but were insufficient when the medication regimen became more complex. Accessibility was hugely variable across community pharmacies. **Phase 3 Prioritisation:** Key statements were extracted from interview and survey data, grouped and rated by stakeholders in terms of priority. The top priority in terms of **ensuring access to and** ordering of medicines was that the 'Pharmacist [is] being made aware of a person's sensory impairment'.

This was followed by the choice of a 'Person-centred approach', 'Helping people understand their medicines', the need for a 'Multidisciplinary Approach', the 'Building of a good relationship' and a 'Functioning Communication Loop System'. With regard to the storage and management of medicines, the priorities identified were: 'carer support'; 'clearer labelling'; 'Discussion of the label'; 'Same storage place for medicines'; and 'Informing patients of changes in medicine appearance/packaging'. The top three priority areas relating to 'Patient Safety' were: 'Regular medicine reviews'; adopting a 'Whole team approach'; and 'Continuous professional development' (for community pharmacy personnel).

Conclusions Comprehensive and appropriate support is needed (and currently lacking) for older people with sensory impairment who use multiple medicines. Support should include regular medicine reviews and communication with service users and the use of appropriate assistive support and environmental adaptations in pharmacies. In addition, community pharmacy personnel require training about supporting people with sensory impairment.

What does this study add to the field? This is the first substantial exploration of pharmacy service users' and providers' experience and needs regarding pharmaceutical care of older patients with sensory impairment.

Implications for Practice or Policy? These findings suggest the need to incorporate sensory impairment into curricula for pharmacy personnel. Finally, accessibility of community pharmacies for older people with sensory impairment is an area for improvement.

Where to next? Findings from this study have identified areas where further research is needed including: the development and testing of education and training regarding disability awareness and communication for pharmacy personnel; a feasibility study of interventions to support people with sensory impairment and their medicine use; development and evaluation of environmental adaptations of pharmacy environments e.g. counter accessibility, noise, loop systems.

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