

Medication Non-Compliance: Literature Review

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Physicians prescribe medications to treat acute disease and manage the symptoms of chronic conditions. However, patients do not always follow their physician's prescribed regimen (Foley et al., 2021). When this happens, it is called non-compliance (Foley et al., 2021). Medication non-compliance is a significant problem in healthcare because it increases the rate of hospital readmissions, disease, and death (Foley et al., 2021). The purpose of this literature review is to determine if non-compliance affects specific patient populations more and to identify factors that contribute to it.

Medication Adherence in Post Myocardial Infarction Patients

According to Hussain et al. (2018), post-myocardial infarction (MI) patients can avoid future MIs by taking their prescribed medication and addressing modifiable risk factors. These patients receive prescriptions for Beta-blockers, ACE inhibitors, aspirin, and lipid-reducing drugs. When taken, these drugs are 80% effective. Unfortunately, the authors discovered from previous research that only forty to seventy-five percent of these patients take their medication. The purpose of their study was to determine the rate of medication nonadherence among post-myocardial infarction patients at the National Institute of Cardiovascular Disease in Karachi and identify factors that reduce compliance.

Key Points

Hussain et al. (2018) aimed to discover the rate of medication non-compliance among post-MI patients and identify factors that affect compliance. They accomplished this through their

cross-sectional study involving three hundred and fifteen participants. The participants were hospitalized, recently diagnosed with myocardial infarction, and between the ages of twenty-five and eighty. The following characteristics were collected prior to data collection: marital status, employment, discharge medications, and other disease diagnoses. The authors assessed medication compliance through phone interviews on the seventh, thirtieth, and ninetieth days after discharge. Participant answers were analyzed using Morisky's Medication Adherence Scale, which allowed the authors to label participants as compliant or non-compliant. The non-compliant participants filled out questionnaires describing the primary reason for not taking their medication. At each check-in, compliance dropped. It began at 45%, decreased to 37%, and reached 19% at the ninety-day mark. Medication compliance was higher among younger participants (p-value: 0.005), males (p-value: 0.005), higher-income participants (p-value: 0.034), and those living with a partner (p-value: 0.027). The authors determined these p-values using the chi-square test. These findings are significant because the p-values are below 0.05. The authors analyzed the questionnaire responses using the seventeenth version of Statistical Packages for Social Science. The analysis results indicated that patients stopped taking their medication because of forgetfulness, insufficient drug knowledge, polypharmacy, fear of side effects, medication boredom, limited finances, and reduced drug availability. The authors concluded from their data that medication compliance among post-MI patients drastically reduces within the first three months of discharge due to several factors and reasons. They also indicated that additional research, collaboration, and new technology/interventions are needed to increase medication compliance.

Assumptions

Based on the results of their study, Hussain et al. (2018) believe that poor medication compliance is a significant problem in post-myocardial infarction patients. They presume that this problem starts immediately after discharge and worsens with time primarily because of forgetfulness, financial burden, polypharmacy, and insufficient drug knowledge. However, a patient's age, employment status, gender, and marital status also contribute. Lastly, they assume that the answers to this problem lie in additional research and new interventions and technology.

Deficit/Conclusion

Hussain et al. (2018) 's assumptions are plausible and supported by their data and their findings from previous research. Their study provides health care professionals insight into the significance of non-compliance among post-MI patients and identifies factors that cause it. Nursing professionals can use this information to develop interventions that address these factors. Doing so would help these patients avoid reoccurring MIs. New interventions would also lighten the strain placed on health care workers and reduce health care costs because these patients would experience fewer readmissions (Foley et al., 2021). Failure to utilize Hussain et al.'s (2018) findings allows poor medication compliance to continue negatively affecting patients and health care professionals (Foley et al., 2021).

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Key Points

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Deficit/Conclusion

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Conclusion

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Discuss how the information can improve:

- Patient outcomes
- Nursing practice
- Evidence-based practice/Quality Improvement efforts
- Healthcare as a whole

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