



The Self-Management of Home Therapy: When Creativity and the Art of Doing Become Conditions to Be Amazed

Sabrina Grigolo¹, Carla Bena²

PhD Student - University of Turin and Patient expert EUPATI - Accademia del Paziente Esperto
EUPATI, Italy¹
Director HomeCare Services, ASLTO4, Italy²

Abstract

The self-management model considers the dynamic and complex phenomenon of polytherapy linked to three dimensions: context, process and outcome. In particular, contextual factors are those that influence the involvement of individuals and families in their outcomes. The process of self-management refers, however, to the use of self-regulation skills to manage chronic disease conditions or risks associated with them. These processes include activities and goals, self-monitoring, reflective thinking, decision making, planning, and engaging in specific self-evaluative behaviors of several dimensions, including affective-emotional and cognitive, important for behavior change. Furthermore, self-management can contribute to increasing the activation of the patient and caregiver in the dimension of contextual adaptation to prescriptions in terms of mnemonic strategies, drug conservation and self-care.

The aim of this research is to understand if the narrative interview should facilitate the understanding of the features of therapeutic adherence.

Methods and materials: The real-world pragmatic research with mixed methods was conducted in collaboration with ASLTO4-Regione Piemonte and University of Turin.

A sample of 23 patients and caregivers followed by the Home Care of the Chivasso District, ASLTO4 was been recruited and involved by researchers.

Keywords: *polypharmacy, therapeutic education, therapeutic adherence, narrative interview*

Background

In developed countries, the adherence to therapies in the population is about 50%. This leads to an increase in healthcare costs, co-morbidities and a progressive worsening of the patient's general condition.

People over 75, who have comorbidities in 80% of cases, have to take numerous medications throughout the day [1].

Adherence has been defined as "the extent to which a person's behaviour, taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider" [2].

The concept of concordance has evolved from a narrower view, emphasizing an agreement between the clinician and the patient, which takes into account each other's perspective on medication-taking, to a broader process consisting of open discussions with the patient regarding medication-taking, imparting information and supporting patients on long-term medication. It is a process, which entertains patients' views on medication taking, and acknowledges that patients' views have to be respected even if they make choices, which appear to be in conflict with the clinician's views [2].

The self-management model considers the dynamic and complex phenomenon of polytherapy linked to three dimensions: **context, process and outcome**. In particular, contextual factors are those that influence the involvement of individuals and families in their outcomes [3].

The process of self-management refers, however, to the use of self-regulation skills to manage chronic disease conditions or risks associated with them. These processes include activities and goals, self-monitoring, reflective thinking, decision making, planning, and engaging in specific self-evaluative behaviours of several dimensions, including affective-emotional and cognitive, important for behaviour change [3].



Furthermore, self-management can contribute to increasing the activation of the patient and caregiver in the dimension of contextual adaptation to prescriptions in terms of mnemonic strategies, drug conservation and self-care.

The aim of this research is to understand if the narrative interview should facilitate the understanding of the features of therapeutic adherence.

Methods and materials

The real-world pragmatic research with mixed methods was realised by researchers of University of Turin in collaboration with ASLTO4-Regione Piemonte.

A sample of 23 patients and caregivers followed by the Home Care of the Chivasso District, ASLTO4, was recruited and involved by researchers.

Each patient underwent an interview, a questionnaire and a reconciliation procedure on therapies.

Three issues are considered in management of adherence to therapy: daily habits; digital skills and educational perspectives. An assessment tool was created by the working group aimed to analyse these aspects. In order to validate this tool, a three phases intervention was conducted.

The questionnaire ad hoc has been used to the patients with the aim to collect the habits, values, the perspectives and preferences on therapies, educational tools and digital skills.

At the same time, during the visit at home, researchers have collected numerous photographs on how people adopt mnemonic, classification and drug storage strategies.

Furthermore, a literature review was carried out to identify the most effective educational narrative interventions aimed at improving adherence to therapy in patients over 65 with polypharmacy and comorbidities.

Results

Sample Size

The people enrolled with the exclusion and inclusion criteria was 93 from July 2022 to December 2022. The period of enrolment was Twenty three patients and caregivers were interviewed. Each of them was administered a questionnaire on drug consumption habits, educational preferences and digital skills. With the collaboration of medical doctors, the researchers interviewed the patients and collected the medication data to proceed with the reconciliation.

4 was caregivers and 19 was patients.

The patients and caregivers was signed the informed consent on data protection policy and on participation at research.

For each patient and caregiver enrolled, medical doctor and social volunteer accompanied the researcher.

The exclusions and inclusions criteria were the following:

- Over 65 old years
- Affected by comorbidity
- Prescribed more 5 medication/die
- Informed consent acquired

Many patients also have a good relationship with the drugs taken, as they rarely stop taking them: 63.6% say they never forget to take the therapy daily. The increase in adherence to therapy and the use of digital devices is directly proportional to the increase in the patient's level of education.

Patients have a good doctor-patient relationship: 87.3% of patients have a family doctor who knows the therapy in its entirety.

The main results collected by interview and questionnaires, classified in three dimensions (profile, facilitators and mediators/tools) are the following:

Profile: age, type of diseases, comorbidity, socio-economic, status, level of education

Facilitators: treatments and medication, accessibility at medication, knowledge of medication, patient activation and participation process and dynamics

Mediators/tools: Mediators: healthcare professional workers (medical doctors, nurses and pharmacists), counsellors/clinical psychologist; parents and relatives, social network; Tools: diaries, box, internet, pathways, procedures, checklists, reconciliation schemes

Dozens of photographs have been collected of how people handle therapy at home.

From a first analysis it is possible to divide the methods of classification and conservation of medicines into three methods:



- transcription of the therapy on paper sheets by the patient himself;
- using tablet boxes
- division of medicines based on times (medicines stored, for example, in separate drawers and/or in bags).

They demonstrate, with photographic material, the methods of taking medicines at home implemented by the over 65s in polypharmacy

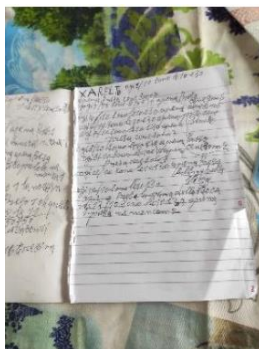


Figure 1 Diary of patient 76 old years

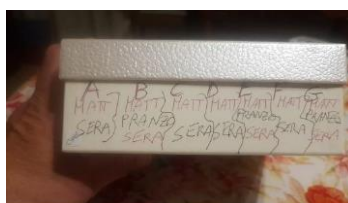


Figure 2 Box home made of patient



Figure 3 Examples of scheme home made

Discussions and Conclusions

According to the World Health Organization (2003), therapeutic adherence can be defined as "the degree of effective coincidence between the patient's individual behaviours and the therapeutic prescriptions received from the treating healthcare personnel". It is divided into the stages of initiation, persistence, implementation, cessation or interruption. With respect to persistence, understood as "maintenance of a drug therapy over time", it is important to know the ways in which people determine their own self-care. The photographic testimonies highlight the abilities of the elderly to remember, separate and classify medicines at home, in order to minimize the risks of forgetting and incorrect storage. The mnemonic strategies adopted by the interviewees consist of transcribing the information on intake (time, between meals) directly on the package. Some patients also report the indications for which that drug was prescribed. One patient, however, reports that he writes down the therapy every day so as to "remember" what and when he has to take the drugs.

The "Questionnaire on adherence to therapies and digital skills" was designed specifically to assess adherence to drug therapy, analyzing in particular the importance of the patient's digital skills and a path shared with the expert.



Thanks to the smartphone, it would therefore be possible to help the patient to take medications as prescribed by the doctor: using an application it would be easier to keep track of the pills taken, receive reminders on which ones to take and note any symptoms that have arisen.

It is useful to help awaken a person's interest in technology. It is therefore essential that the elderly understand what the potential of technology is and how thanks to it they can improve their way of life, solve problems and cultivate their personal interests.

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