A pharmacy care program improves medication adherence and cardiovascular risk factors in the elderly (cont.)

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A pharmacy intervention improves cardiovascular medications in heart failure and decreases health care use costs


...To follow up, pharmacy interventionists are to test patient understanding of the therapy and adherence to therapy. They are to use a variety of educational materials, including text, pictures, audio, and video. The pharmacist interventionists are to be available to the intervention group patients at least 5 times per month to review therapy, adherence, and side effects.

...with the intervention pharmacist after the baseline medication histories were completed.

...to 6 months. These same variables were collected in phase 2, when patients were randomized to receive either baseline or intervention (continued pharmacy care program). The results are expressed as the percentage of pills taken relative to the number of pills dispensed.

...improvement in patient adherence and persistence, blood pressure and low-density lipoprotein cholesterol (LDL-C), which in turn results in improved health outcomes. In the intervention group, about 3006 in health care savings per patient are achievable, without a 14% increase in treatment per patient. In the post-intervention period, it was noted that the results of the intervention were still maintained. However, the results from the post-intervention period suggest that other such interventions may be needed in order to continue to observe consistent results. With consistent implications from previous studies by Le et al. 8, 9 in light of these findings, pharmacists and health care providers should be proactive in their efforts to improve adherence and develop funding strategies. Despite a small sample size and limitations, the findings provide preliminary evidence in support of the hypothesis that a pharmacy intervention can improve patient adherence to cardiovascular medications.

...be more effective strategies for coping with dyspnea, emotion and mastery.

...to low-density lipoprotein cholesterol (LDL-C) and health outcomes. These conditions include coronary artery disease, hyperlipidemia, dyslipidemia, osteoporosis, atrial fibrillation, diabetes, dementia, and others. Furthermore, the results of the current study are consistent with previous research by Lee et al. 8, 9 in light of these findings, pharmacists and health care providers should be proactive in their efforts to improve adherence and develop funding strategies. Despite a small sample size and limitations, the findings provide preliminary evidence in support of the hypothesis that a pharmacy intervention can improve patient adherence to cardiovascular medications.
The Federal Study of Adherence (FAME) was designed to provide valuable insights for pharmacists to improve patient adherence. This study was carried out using the Medication Adherence Monitoring System (MAMS), which is based on a probabilistic one-way mail survey of patients. The program provided over 135,000 patients and sent out more than 400,000 mailings. MAMS is a dynamic tool for participating pharmacies to determine the impact of periodic mailings on patient adherence. The outcome measured was patient adherence to medications, calculated as the percentage of patients who continued to fill their prescriptions every three months up to the 12-month mark. Patient adherence was calculated at the 12-month mark. Differences in ADM of 5% or greater were considered statistically significant. The average number of days per patient was calculated at the end of one year. Amedrofloxacin demonstrated persistence – a type of adherence that is not standardized; some participating pharmacies and independently verified pharmacies participated.

Implications: This in-depth analysis of why patients take medicines is important to the health and well-being of seniors. Medications are often prescribed to manage chronic conditions, which often require patients to take their medications every day for the rest of their lives. The study demonstrated that medication adherence is a critical factor in the management of chronic conditions, and that improving adherence can lead to better health outcomes. Pharmacists can play a key role in improving medication adherence by not only providing medications but also taking the time to educate patients on how to take their medications properly. This can be done by providing information on the importance of adherence and managing any adverse effects of the medication. By simplifying their instructions as necessary to the patient or family member, they can improve the chances of a successful outcome in communication with patients.

This in-depth analysis of why patients take medicines revealed several key findings. First, it showed that adherence rates revealed by current literature; however, the selection of medication was significant. The average number of days per patient was calculated at the end of one year. The study demonstrated that medication adherence is a critical factor in the management of chronic conditions, and that improving adherence can lead to better health outcomes. Pharmacists can play a key role in improving medication adherence by not only providing medications but also taking the time to educate patients on how to take their medications properly. This can be done by providing information on the importance of adherence and managing any adverse effects of the medication. By simplifying their instructions as necessary to the patient or family member, they can improve the chances of a successful outcome in communication with patients.

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Pharmacists have an important role in promoting and supporting osteoporosis therapy among patients, and ensuring adequate prescription refills occur. This includes bringing them to the attention of rural pharmacies in the area of osteoporosis treatment, and ensuring communication between community pharmacists and rural physicians. A variety of tools and strategies exist to improve adherence to osteoporosis treatment. Financial support: Funding for this study was provided by a grant from Bio-advantage. The Canadian Health Services Research Foundation Fellowship held by Ms. Evans.

A pharmacy care program improves medication adherence and cardiovascular risk factors in the elderly


Background or research methods: Community pharmacists and physicians tend to know one another and have more interaction, may have more opportunities to talk about patient adherence, and physicians are often more directly involved in treatment decisions. Community pharmacists and physicians tend to know one another and have more interaction, may have more opportunities to talk about patient adherence, and physicians are often more directly involved in treatment decisions.

Objective: Non-adherence to medications is a common problem among long-term chronic disease patients. This study aimed to assess if a pharmacy care program could improve adherence and cardiovascular risk factors in the elderly.

Methods: The study was a randomized, controlled, single-blind, parallel group trial held by Dr. Blackburn and a Canadian Institutes of Health Research Clini- tract held by Dr. Laub. A total of 209 patients from two practices in a rural setting in Saskatchewan were included. Patients were randomly assigned to two groups: the intervention group received an additional 10-minute consultation with their community pharmacist, and the control group received their usual care. Patients were followed for 6 months. The primary outcome measure was the change in blood pressure (BP) and low-density lipoprotein cholesterol (LDL-C) from baseline to follow-up. Secondary outcomes included adherence to medications, patient satisfaction, and healthcare utilization.

Results: There were no significant differences in baseline characteristics between the two groups. However, the intervention group had a significantly greater reduction in blood pressure and LDL-C compared to the control group. The intervention group also had a higher adherence rate, as measured by a 12-month supply of medication. In addition, patient satisfaction was higher in the intervention group. The intervention group also had lower healthcare utilization, with significantly fewer hospitalizations and emergency department visits.

Conclusion: A pharmacy care program can improve medication adherence and cardiovascular risk factors in the elderly. This program is a feasible and cost-effective way to improve patient outcomes and reduce healthcare costs.
already have the appropriate medication), or require additional medication (because they are not taking the medication properly) are likely to have high non-adherence rates. This is not to say that all non-adherent patients are not taking the medication as prescribed. In fact, non-adherence may have other reasons such as lack of knowledge or lack of access to medication. In these cases, the patient needs to be counseled about the importance of taking the medication as prescribed or referred to a pharmacist for further assistance.

Aims: Our aim was to investigate the prevalence of non-adherence to osteoporosis medication and its associated factors among postmenopausal patients. In particular, we aimed to determine the extent of non-adherence and its predictors among postmenopausal patients. The study also aimed to identify potential barriers to adherence, in order to inform patients of viable options for drug therapy.

Methods: A cross-sectional survey was conducted among postmenopausal patients attending a primary care clinic in Toronto, Ontario. A total of 200 eligible patients were recruited. The eligibility criteria included: age ≥ 60 years, postmenopausal status and use of osteoporosis medication. A 24-item questionnaire was used to assess medication adherence, knowledge, and beliefs about osteoporosis medication. The questionnaire was designed by the research team and validated for use in this study. The questionnaire included items on demographic characteristics, medication adherence, and beliefs about osteoporosis medication. The questionnaire was administered to the patients in a controlled environment, with the patients being asked to respond to the questions on a 5-point Likert scale. The questionnaire was piloted with 20 patients to ensure its validity and reliability. The study was approved by the Ethics Board of the University Health Network.

Results: A total of 200 eligible patients were recruited. The median age of the patients was 70 years (IQR: 65-75). The majority of the patients were women (89.5%, n=179). The median duration of osteoporosis medication use was 3 years (IQR: 1-5). The median adherence score was 4 (IQR: 3-5). The median adherence score was higher in patients who were married (p=0.02) and those who had a college education (p=0.04). The factors associated with non-adherence included: age (p=0.005), duration of medication use (p=0.001), and beliefs about osteoporosis medication (p=0.03). The factors associated with adherence included: marital status (p=0.02), education level (p=0.04), and beliefs about osteoporosis medication (p=0.03).

Discussion: This study investigated the prevalence of non-adherence to osteoporosis medication and its associated factors among postmenopausal patients. The results showed that the prevalence of non-adherence was high, with median adherence score of 4 (IQR: 3-5). The factors associated with non-adherence included age, duration of medication use, and beliefs about osteoporosis medication. The factors associated with adherence included marital status, education level, and beliefs about osteoporosis medication. These results highlight the need for interventions to improve medication adherence among postmenopausal patients. Future research should focus on developing effective interventions to improve medication adherence among postmenopausal patients.
A pharmacist intervention improves medication adherence in heart failure and decreases health care use costs

Mary M. Young, Lisa S. S. L., et al. Pharmacists may improve medication adherence in heart failure, which can provide opportunities to improve healthcare quality and safety. The study was designed to assess the feasibility of implementing a pharmacist-delivered, intervention program that would improve medication adherence and reduce health care use costs in heart failure patients.

The study involved 314 socioeconomically disadvantaged patients with heart failure, recruited from a health center that serves socioeconomically disadvantaged patients. The intervention consisted of pharmacist-delivered medication therapy management programs that were designed to improve patients' awareness of the importance of medication adherence and to provide them with strategies to improve adherence. The interventions included motivational interviewing and a pharmacist-driven pillbox medication regimen.

The intervention group had significantly higher medication adherence rates (96.9%) compared to the usual care group (92.6%). The intervention group also had significantly fewer heart failure hospitalizations (19.4%) and fewer emergency department visits (20.8%) compared to the usual care group.

The results of this study suggest that pharmacist-delivered medication therapy management programs can improve medication adherence and reduce heart failure hospitalizations and emergency department visits. These findings have important implications for improving heart failure care and reducing healthcare costs.
A pharmacy care program improves medication adherence and cardiovascular risk factors in the elderly (cont.)

Background or research methods: The FAME trial was conducted with military personnel. For baseline systolic BP decreased relative to the number of pills taken relative to their baseline data. The dissipated effects seen in the control group may be an artifact of the study design, since the control group was not provided with any additional support.

Financial support: Funding for this study was provided by a grant awarded to accredited continuous education programs for System Pharmacists Research and Education Foundation.

Implications: This study uniquely demonstrates how a pharmacist intervention can improve patient adherence to drug therapy, which in turn can improve health outcomes. The study shows that adherence to medications, including ACE inhibitors, beta-blockers, diuretics, and statins, can be improved through a pharmacist intervention, thereby improving patient outcomes.

A pharmacist intervention improves cardiovascular medications in heart failure and decreases health care use costs

A more detailed description of the pharmacist intervention is as follows:

- Participants: The intervention group consisted of 122 patients with heart failure who were enrolled in the study. The control group consisted of 120 patients with heart failure who were not enrolled in the study.

- Intervention: The intervention group received a pharmacist-led intervention, which included medication education, prescription refill reminders, and medication adherence coaching. The control group received usual care, which included medication education and prescription refill reminders but no medication adherence coaching.

- Outcomes: The main outcomes of the study were medication adherence, hospitalization rates, and healthcare costs. Medication adherence was measured using a pill count method. Hospitalization rates were measured using hospital discharge records. Healthcare costs were measured using hospital billing records.

- Results: The intervention group had significantly higher medication adherence rates than the control group (p=0.001). The intervention group also had significantly lower hospitalization rates (p<0.05) and lower healthcare costs ($3165 less in the intervention group [p<0.05]). Improvements in medication adherence were also observed in the control group ($14 return on investment per dollar spent). The dissipated effects seen in the control group may be an artifact of the study design, since the control group was not provided with any additional support.

- Conclusion: The results of this study demonstrate the effectiveness of pharmacist-led interventions in improving medication adherence and reducing healthcare costs in patients with heart failure. The intervention group had significantly higher medication adherence rates than the control group, and lower hospitalization rates and healthcare costs. The results of this study have important implications for the management of heart failure, as they demonstrate the potential for pharmacists to improve patient outcomes and reduce healthcare costs.