Communication Tips rent Practice • Pratique courante

Medication list

Enhancing patients' knowledge and adherence

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In this article, we discuss part of the patient interview Ithat, in our opinion, can be improved by using some simple communication strategies. We are talking about one of the most humdrum parts of the whole encounter, when physicians ask patients whether they take any medication. The purpose of this question is to get information to make a list of the drugs patients take.

The communication strategies we propose are aimed at taking advantage of patients' responses to improve maintenance of their medication files and dissemination of information about medications. We propose 2 strategies, 1 specifically for patients you know, and the other for new patients.

Patients you know

Physicians generally have files on patients they know and thus have a great deal of information about them, including a list of their active medications. As Figure 1 shows, we suggest that at every follow-up visit physicians reserve some time specifically to review medication lists in the files or lists given to patients by their pharmacists. After expressing the intention to take a few moments to ensure the list of medications is correct, physicians should read aloud the name, dosage, and reason for each prescription. The goal here is twofold: to check the accuracy of the data in the file and to reinforce prescription information. Repeating this process at every visit indicates to patients how important doctors consider their medications are.

Even though physicians know these patients, they should not assume the lists they have are complete. Between visits, patients might have consulted pharmacists, other general practitioners, or specialists. They might have visited walk-in clinics, emergency rooms, or even been hospitalized. If they have done any of these things, new medications might have been prescribed or purchased in a pharmacy or natural food store. It is possible that, if patients consulted other physicians or pharmacists for reasons they think bear no relation to their current visit, they might not report additional drugs without being prompted. For example, a patient might be taking an anti-inflammatory medication for a musculoskeletal disorder but might not think to mention it to a doctor being consulted about hypertension. It is essential to ask patients explicitly whether new medications should be added to the list and to specify the reason for and dosage of the new medications. This will foster patients' participation in the consultation.

Such involvement on patients' part could help ensure their success in managing the medications at home. Physicians should then repeat the information in order to check that patients have understood it properly and to reinforce patients' behaviour. Again, this is a point at which physicians can correct or clarify their patients' knowledge of their medications.

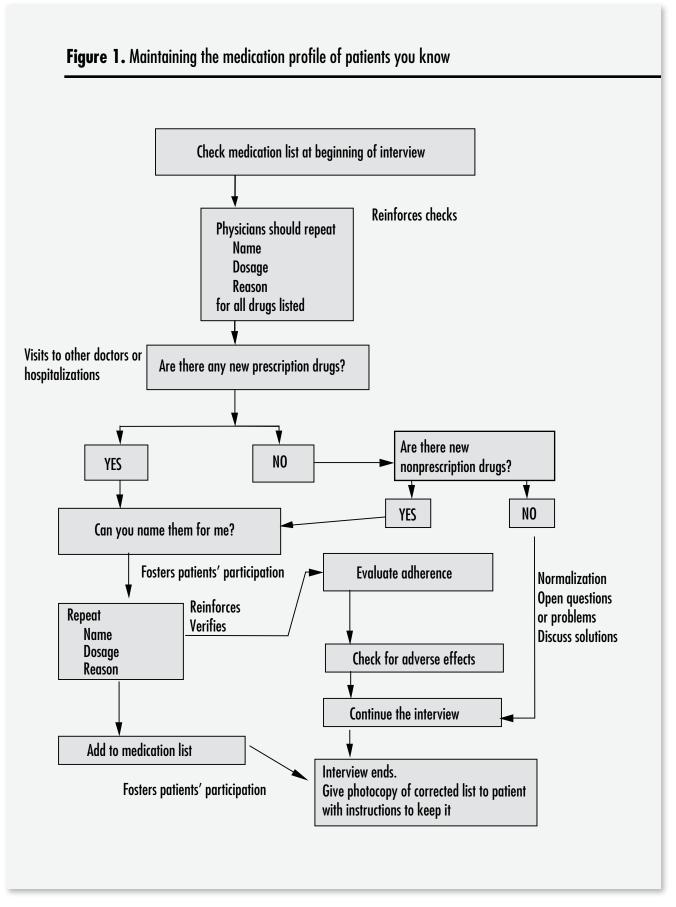
Once the prescribed medications have been added to the list, physicians must ask their patients explicitly whether they take over-the-counter, particularly "natural," products. Patients might have decided to take these on their own and might not necessarily think them worth reporting.

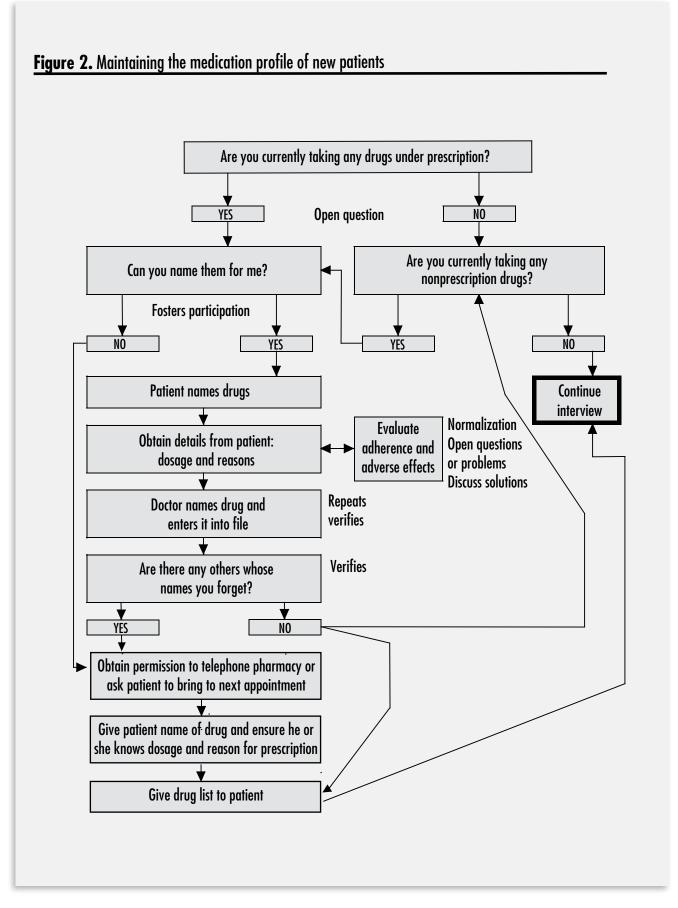
Throughout the information-gathering process, physicians must try to foster patients' participation. They should also take time to ask whether patients are having any problems with their drug regimens. If they are, physicians should work with them to try to find concrete solutions adapted to their particular circumstances. At this point in the interview, physicians should also inquire explicitly whether their patients have noticed any adverse effects that they associate with the medications.

At the end of the interview, physicians can provide patients with a corrected list of prescribed and over-thecounter drugs that includes the name, dosage, and reason for taking each medication. Physicians should tell patients to keep the reminder list in a convenient place at home and to give copies to their pharmacists. This ensures good circulation of information between main care providers. Physicians should also remind patients how important it is to bring the list along to every medical consultation.

New patients

In the case of new patients, physicians generally do not have a list of medications and have to draw one up. First, simply ask new patients an open question: "Do you currently take any medications under prescription or that have been prescribed to you?" We suggest you specify drugs "under prescription" or "that have been prescribed" to help patients organize the information they give you. This strategy allows you to ask patients specifically whether they are taking over-the-counter products. If they take no prescribed drugs, you can ask about over-the-counter medications right at the beginning of the interview (Figure 2). If they do take prescribed drugs, you can ask a little later when you complete the list of prescribed drugs.





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The rest of the encounter should proceed as suggested for established patients except that you must make sure you cover all medications taken, even those whose names patients cannot remember. Depending on the urgency of finding out the names of the drugs, 2 strategies are possible. Either ask patients' permission to contact their pharmacists directly or agree that they will bring all their medications with them to the next visit. When you have the names of the medications, repeat them aloud and make sure patients know what the dosage is and why they are taking each drug. You may then go on to evaluate adherence and adverse effects as you would for established patients.

Give your patients the list you have made up of their medications, dosages, and reasons the drugs are being taken. Tell them, as you would patients you know, to keep the reminder list, bring it to every one of their medical consultations, and give a copy to their pharmacists. This will give them a very clear message that you attach great importance to the medications they take.

Conclusion

Drawing up a complete list of the drugs patients take requires the cooperation of patients and pharmacists and a few minutes of the medical interview, which should be planned ahead of time. Drawing up the list the first time for patients you know or for new patients should be part of your time allocation.

During subsequent visits, checking the medication list should take less time. The approach suggested here is original in that it incorporates a practical way of verifying adherence and inquiring about adverse drug effects, 2 often neglected aspects of medication use, both of which are extremely important for appropriate health management.

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