

Reasons for discrepancies in medication reports

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Background

MEDICATION SCHEME				
Peter Smith dob: 13.04.1962				
Drug	8.00	12.00	18.00	
Metoprolol 50	1		1	
Metformin 500	1		1	
Ramipril /HCT 5/25	0.5			
Ibuprofen 600				X
Allergy: Penicillin	Dr. Max Muster General Practitioner T: 04321-123456			



Research Questions

What are the reasons for incongruence in medication schemes.

Cluster randomized trial

- P** Patients $>50y \geq 5$ drugs
- I** Academic detailing; Information leaflet
Staff training on quality improvement
- C** No intervention
- O** *Primary outcome*
Knowledge about medication (Congruence)
Secondary outcome
Extent of potential interactions
Reasons for incongruence

Method

- interview/ chart review
- 15 gp
- 84 patients
(5.7/gp range 3-11)
- 171 drugs (1-6/patient)



Method – physician interview

**Your patient Mr/ Mrs
stated that he/she is
taking drug XY – are
you aware of that?**



Method

Documentation: GP knew about the drug –
information not included in medication scheme

Organization: Drug use included in patient chart not
in the medication scheme.

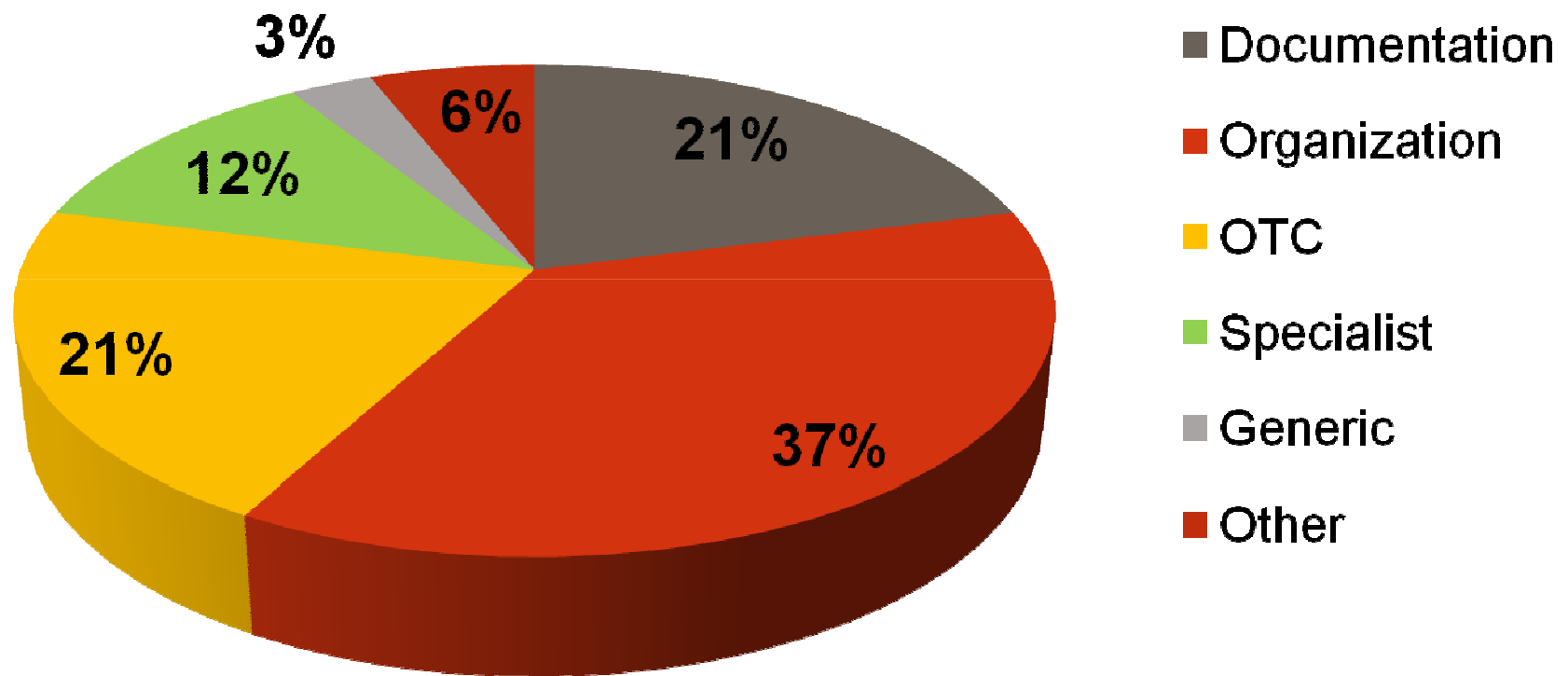
OTC: No prescription needed

Specialist: The prescription issued by specialist
without informing gp

Generic drugs: The patient takes the same drug
twice

Other

Reasons for incongruence



Reasons for incongruence

Categorie	Drug class
Documentation	Mineral supplements (n= 6/35)
Organisation	Antithrombotic agents (n= 8/63)
OTC	Mineral supplements (n=13/36) General nutrients (n= 5/36)
Specialist	Ophtalmological (n= 4/20)



“Mixing
up your
medications
can be a
recipe for
trouble.”

Margaret Fulton

Consequences

- Reference standard when assessing discrepancies in medication schemes
- Improving process quality within the gp