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| **Title** | |
| Shin JY, Habermann B, Pretzer-Aboff I. Challenges and strategies of medication adherence in Parkinson's disease: A qualitative study. Geriatr Nurs. 2015;36(3):192-6. | |
| Agreement | 597/990 |
| **Agreed** | |
| Participants indicated that it was challenging to remain adherent to medications when they did not notice a positive response from the medications. One participant revealed that he did not notice any differences or effects after taking antiparkinsonian medications. However, his family members noticed differences when he took the medication.  He stated*: “I don’t see any difference if I miss a dose. I just don’t and I wish I did. But other people say they do see a little bit of a difference.”* *QPwP*  He admitted skipping doses when he engaged in activities such as a day trip with his family.  Drug adherence was influenced by beliefs about medications’ side effects. For example, several participants discussed their concerns, or fear, that the antiparkinsonian medications would cause  them to have dyskinesia. One participant described her mixed feelings, and how she handled her concerns about dyskinesia as follows: *“Well, it’s the lesser of two evils. They make me feel better. But I take as little as I can possibly get away with because I don’t want the dyskinesia.” QPwP*  **Cost of antiparkinsonian medications**  Five participants discussed the burden of medication costs despite the coverage from medical insurances.  One participant said, *“I wish they would find a more inexpensive version of that stuff. Oh 500 and some dollars for three-month supply.” QPwP*  A few participants mentioned occasions where they did not take medications on time as prescribed because they simply forgot to do so. For example, one participant stated: *“I took them at 6 o’clock in the morning and then I did not take them again until like 5 at night. So I missed two doses. I had them in my pocket, but I flat-out forgot all about them.” QPwP*  Another working participant noted that it was challenging to remember to take his medications during his workday:  *“The biggest challenge for me is remembering to take my dose in the middle of the day. I keep a little vial at work with the medications in there, and sometimes it runs out, so I have to leave*  *work and I gotta come home and I gotta pick up my medications and then go back to work.” QPwP*  **Seeking knowledge about antiparkinsonian medications**  The majority of participants discussed the need for obtaining knowledge/information about antiparkinsonian medications, including mechanism of action and side effects, and which medications to take. They sought information from various sources such as health care providers, PD foundations, the Internet, research articles, and PD support groups.  For example, one participant said,  *“I looked up all the drugs on the Internet, and got all the side effects and so I knew immediately what the problem was (referring to hallucinations), what was happening.”*  One participant described the information from his physician and pharmacist: “[*My] doctor suggested only with a lot of protein like a hamburger and he suggested after a dose wait at least a half hour before eating. And, I heard a pharmacist at that support group. He suggested eat an hour after the dose and take the dose two hour after eating.”*  The participant was very conscious about scheduling his activity and meal times around the medication-taking time. Another participant described the difficulty to schedule his day around meal times:  *“The greatest challenge is keeping the medication schedule tied in with the eating schedule and other activities scheduled.”*  Participants also mentioned that friends and their PD support group provided information about PD:  *“I really think support groups are really beneficial in understanding what the disease is, how it progresses, how it’s medicated, what the side issues are, and right now I’m learning about co-morbidity that was never much of an issue until recently and now we were dealing with a variety of issues related to, or incidental to, Parkinson’s.”*  **Use of devices**  All participants in this study used at least one device to remind themselves of antiparkinsonian medications, especially pill boxes/trays or portable pill carriers: *“I have a pill box and I get up in the morning and I take out all the pills that I need to take that day and put it in the pill box. I also keep track that way of whether I missed a dose or not.”*  Another participant said, *“I always have a little bottle of Sinemet\_ in my purse. So when I take my pill I usually just put in a small bottle of water in my purse and if I know I’m going to be gone for those times.”* | |