

P268

## P268 -Maintenance haemodialysis patient knowledge and appetite for medicines education – single centre survey

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### Introduction

End-stage kidney disease patients undergoing haemodialysis are often prescribed multiple complex medicine regimens and are predisposed to high risk of medication nonadherence<sup>1</sup>. The consequences of medication nonadherence are detrimental and costly in haemodialysis patients<sup>2</sup>. The provision of patient-friendly information is one approach to optimising the treatment of patients taking multiple medicines (i.e. maximising efficacy whilst reducing the risk of harm and medicines waste)<sup>3</sup>. In this study we sought to establish self-reported existing levels of medicines knowledge, non-adherence and appetite for further medicines information in a sample of haemodialysis (HD) patients in our unit, in order to effectively target pharmacist led medicines education.

### Method

150 patients in our renal unit (including in centre and satellite dialysis units) participated in a patient questionnaire. Participant ages ranged from 23 to 90 years (median age = 69). Dialysis vintage varied from 2 weeks to 27 years (median time = 30 months).

### Results

76% of surveyed patients reported taking more than 5 medicines each day whilst 23% were taking more than 10 medicines on a daily basis. Non-adherence to medications was reported in 65.3% of patients, since starting dialysis.

68.7% and 62% of participants reported that they did not know the names of and indications respectively for their medicines. Overall medicines knowledge was found to be worse in patients who had started HD in the previous 6 months. Medicines knowledge also decreased with increasing patient age.

Only 30.7% of participants wished to receive further education about their medicines. Participant appetite for more information was not appreciably affected by age or existing levels of medicines knowledge.

Participants who had recently started haemodialysis expressed a greater appetite for medicines education. Of the participants who had started within the previous 6 months and 12 months, 50% and 38% respectively requested more information. This was in comparison to an average of 24.5% for participants who had been on HD for over 12 months.

Preferences for how medicines education should be delivered varied between participants. 26.6% of participants expressed a preference for receiving medicines in more than 1 format, most commonly a face to face discussion and written information. Preferences varied with participant age. Those aged 18 – 40 stated a preference for face to face and electronic information, whilst those aged 41 – 70 preferred face to face and written information.

### Discussion

Despite incomplete knowledge of medication names and indications, maintenance HD patients demonstrated limited appetite for medicines education. Possible reasons for this include disease burden (including symptoms such as fatigue) and medicines burden. New HD patients have inferior pre-existing medicines knowledge and demonstrate more appetite for medicines education. These findings will enable a

pharmacist led education programme to effectively target patients. Patients prefer to receive information in different ways. To be effective, any education programme must cater for individual patient preferences.