Partnership in Medication Management

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What is Partnership in Medication Management (PIMM)?

Purpose:

To examining effects of a partnership in medication management/self-administered medication (PIMM/SAM) program versus standard prescribing practice (SPP) on medication adherence in persons diagnosed with Mood Disorders

What is PIMM?

- Sequential explanatory mixed-methods study
- Randomized controlled trial plus descriptive phenomenological methods
- 12-month randomized controlled trial
- Poorest outcomes: Purposeful sampling and semi-structured interviews

Medications in Mood Disorders

- Persons with bipolar disorder or unipolar depression are recommended to continue medication for at least 2 years after the last mood episode to prevent relapse**

- Premature discontinuation of medications is common among patients with mood disorders, but the reasons why this occurs are unclear**

**World Health Organization (WHO), 2009

Reason for PIMM

Administration of medication on inpatient units seldom follows how patients would self-administer medication at home (e.g., time of day; lack of self initiation; use of reminders).

Could this be setting up our Mood Disorders patients to have difficulty managing their medications at home, leading to them prematurely discontinuing their medications?

PIMM Hypothesis

Helping patients with mood disorders to adhere to their medication preferences and self-guided routines while in the hospital will result in an increase in medication adherence post-discharge.

Participants

Purposeful sample recruited, n=16

- Persons admitted to St. Joes Mood Disorders Program

Inclusion Criteria

- Dx: Major Depression, Bipolar Disorder, or Dysthymia
- Age 18 and older
- MoCA score =/>26
- Able to read/write in English

Exclusion Criteria

- cognitive impairment
- brain injuries
- significant suicide risk
- significant homicide risk

Methods/Procedure

- Screening of Potential Participants
  - MoCA score
  - Diagnosis
  - Risk assessment
  - Physician consultation
- Info about study and Invitation
- Letter of Information and Informed Consent

Methods/Procedure

- Blind randomization into control group or intervention group
- Un-blinded group allocation
- Initial tools
- Control: standard care
- Intervention: PIMM/SAM Intervention

PIMM/SAM Intervention

- Individualized 1:1 medication teaching
- Determining and replicating patient preferences
- Choosing reminder strategies
- Patient-led medication administration
- Teach-back method; re-education as needed

Primary Outcome and Measure

Primary Outcome

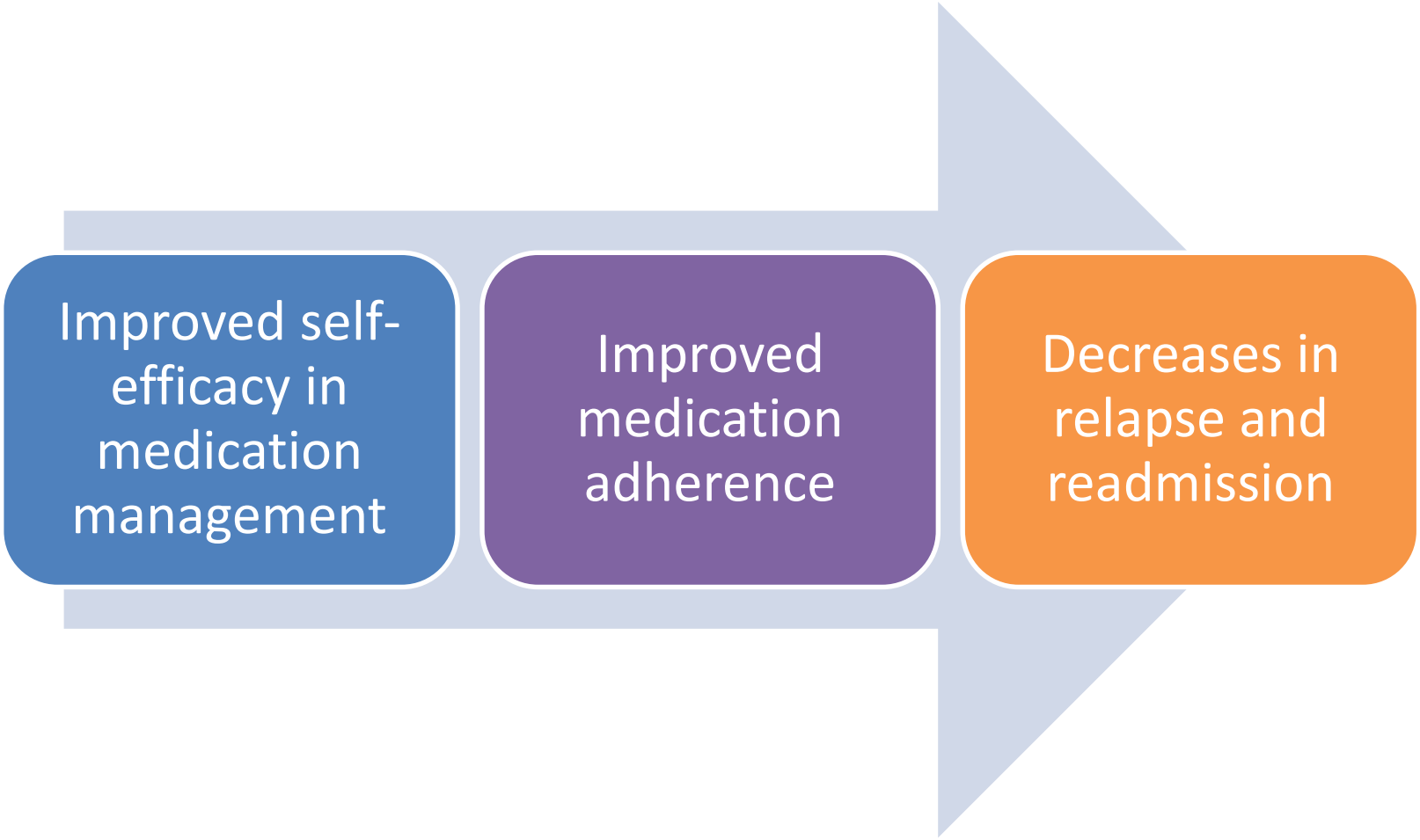
Medication adherence

- The Medication Adherence Rating Scale (MARS)

Secondary Outcomes and Measures

Outcome	Measure
Depression	Beck Depression Inventory (BDI)
Anxiety	Beck Anxiety Inventory (BAI)
Dissociation	Multi-scale Dissociation Inventory (MDI)
Beliefs about medication	Beliefs about Medicines Questionnaires (G-BMQ, SC-BMQ)
Self-efficacy	General Self-efficacy Scale (GSE)
Participant–psychiatrist/therapist relationship	Helping Alliance Questionnaire (HAQ)
Health status	Short Form 36-Health Survey (SF-36)

What do we think PIMM will do?



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FEASIBILITY PILOT RESULTS

Differences Between Groups

Baseline

- No statistically

significant differences

Differences Between Groups

Post-intervention

- Controls held stronger negative beliefs about medications
  - μG-BMQ 4.9 points higher (95% CI: 0.8 to 9.0; p = 0.041)
- Controls scored higher on dissociative symptoms related to depression
  - μMDI-DEPR 3.7 points higher (95% CI: -6.7 to -0.8; p = 0.033)

Differences Between Groups

Post-intervention

- Controls rated poorer relationships with their psychiatrist
  - μHAQ-PRS 13.8 points lower [95% CI: -28.6 to 1.0; p = 0.097)
- Controls rated higher anxiety levels
  - μ BAI 12.7 points higher (95% CI; 0.8 to 24.5; p =0.074)

Differences Between Groups

Post-intervention

- Controls rated lower general health-related quality-of-life
  - μSF-36 general health subscale change score 22.5 points lower (95% CI: -44.4 to 0.06; p = 0.076)

- MARS not statistically significant

Moving Forward

- Feasibility: Good!
- Expectation: larger sample size likely to lead to greater significance of results
- Now: Active Recruitment and Data Collection
- Plan:
  - Complete RTC
  - Qualitative investigation
    - Purposeful recruitment of participants with poorest outcomes (MARS <7)

References

Statistics Canada. (2014). Health trends: Statistics Canada catalogue no. 82-213-XWE. Ottawa. Retrieved from http://www12.statcan.gc.ca/health-sante/82-213/index.cfm?Lang=ENG

World Health Organization. (2009).Pharmacological treatment of mentaldisorders in primary healthcare. Retrieved from http://apps.who.int/iris/bitstream/10665/44095/1/9789241547697_eng.pdf?ua=1

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