

# Reviewing medications with older adults

## Research-based communication tips for health professionals

Medication reviews are important for all older adults to optimise medications as people age.

While **deprescribing** may be desirable to reduce risk, **optimising** medications may mean making sure that some patients have actually been prescribed all the medications they need. This applies particularly to **Māori & Pasifika** who may have different needs due to:

- higher rates of multimorbidity and polypharmacy (Stanley, Semper, Millar & Safarti, 2018)
- more medicine prescribed at a younger age (HQSC 2019)
- lower prescription rates than their higher health needs would indicate (Pharmac)

A review can be carried out by a GP, nurse or pharmacist:

It can be **opportunistic** (part of another consultation) or **scheduled** (a separate, preferably longer appointment).

It can have **dual aims**:

- review and optimisation of all medications.
- patient education.

### Communication tips for how best to run a medication review

#### Before the consultation

- Give the patient/whānau the “Tips for your medication/rongoā review” **pamphlet**.
- Ask them to **bring all their medications** including any complementary medicines/rongoā to the appointment (patients might appreciate a text reminder of this).

#### During the consultation

- **Use the hui process** (Lacey et al 2011): – although developed for use with Māori patients, it is likely to be effective for all, especially for a first meeting. **Mihimihi** (greeting and engagement), **Whakawhanaungatanga** (making connection), **Kaupapa** (purpose of appointment), **Poroporoaki** (next steps and closing).
- **Check ethnicity** (don't make assumptions). Arrange an interpreter if needed.

- **Whakawhanaungatanga**, especially for a first meeting – it's important to make this meaningful and reciprocal.

The Whakawhanaungatanga element includes 'building rapport' but may go beyond this with Māori patients. It requires clinicians to draw on their understanding of Te Ao Māori by acknowledging the patient's whenua (land) connections and using some reo (Māori language). Test the water carefully as Māori may differ in their own knowledge. E.g. follow the patient's lead from how they respond to a question like “tell me about yourself, where do you come from?” or a greeting such as kia ora.

- **Be explicit about your goal for the review**, when you get to the kaupapa of the consultation.

- **Open the space** for patients to communicate. Keep the consultation **patient-centred** through **elicitation** of:

**Their agenda for the consultation** - “What was your understanding about what this appointment is gonna be about?”, “If you just give me a bit of a heads up on the things that are on your agenda to ask about”.

**Their knowledge about their medications** - “Tell me why you're on atorvastatin?”, “Tell me what, if anything, you know about metoprolol?”

**Their preferences for medications and for quantity of information** - “So in terms of your medication, do you like to know everything?”. Research shows that patients sometimes need and desire more information about their medicines and the review process than we realise. (Bassett-Clarke et al., 2012; Hikaka et al., 2020; Signal et al., 2017)

**Their perspective on their medications** - “Did you have any particular medications that you were frustrated by or wanting to make adjustments to?”.

**Their questions** - “Has that raised any other questions in your mind?”, “You may have some questions”, “Do you have any questions about it?”, “It's good to ask questions”.

- Use **patient resistance** to recommendations as an opportunity to explore and acknowledge their perspectives as in the following real example:

Acknowledge patient stance	Elicit patient perspective	Acknowledge patient perspective and explain reason
		

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- Consider structuring the consultation around health conditions, rather than a list of medications.
- Use concrete aids to support talk:
  - the patient's **medications**
  - **visuals** (online, printouts from Health Navigator, hand-drawn sketches)
  - **written record** of their medications (e.g. a yellow card). But remember some patients will be less comfortable with written materials and rely more on oral memory (especially, for example, older members of the Pasifika community)

### Closing the consultation

- In **closing**, check patient understanding and clarity about next steps.  
The **Poroporoaki** (closing) is a part of the consultation which has been found to be sub-optimal and incomplete for Māori patients. (Cram, Smith, & Johnstone, 2003)

### Links to other resources:

**Health Navigator website** - highly rated by health professionals:

- Patient Information on individual medicines, brand changes and vaccines:  
click on "medicines" <https://www.healthnavigator.org.nz/medicines/>

From the "medicines" page, search for:

- **Questions** for patients to ask:  
search "medicines-questions-to-ask" <https://www.healthnavigator.org.nz/medicines/m/medicines-questions-to-ask/>
- Printable blank medicines **chart** to use with patients:  
search "medicines list" <https://www.healthnavigator.org.nz/media/7767/medicines-list-extended-05jun19-interactive.pdf>

**Individual medicine information sheets for patients – www.mymedicines.nz**

- 470 information sheets on individual medications in plain language for patients plus 74 in te reo Māori :  
<https://www.mymedicines.nz/Home/TeReo>

**Patient information in different languages – Health Navigator website:**

- includes Samoan and Tongan and guidance on using interpreters  
<https://www.healthnavigator.org.nz/languages/>

### References:

Applied Research on Communication in Health Group (ARCH) <https://www.otago.ac.nz/wellington/research/arch/>

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Stanley, J., et al. (2018). "Epidemiology of multimorbidity in New Zealand: a cross-sectional study using national-level hospital and pharmaceutical data." *BMJ open* **8**(5): e021689.