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# **Arzneimittelbezogene Probleme bei Diabetes-Patienten**

## **Erfassung während Hausbesuchen**

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**Masterarbeit**  
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# Arzneimittelbezogene Probleme bei Diabetes-Patienten – Erfassung während Hausbesuchen

## Abstract

### *Background and Objectives*

Diabetes is a chronic illness and has gained importance in the last few years. Patients suffering on diabetes have to adhere to complex pharmacotherapeutic regimens with multiple drugs several times daily. Therefore, patients' knowledge and awareness are important to avoid risk factors in medication therapy. The aim of this study was to investigate drug-related problems (DRPs) in patients with diabetes type 2 during home visits.

### *Methods*

Patients have been visited at home after recruitment through a direct contact in community pharmacies. A structured protocol was used to identify DRPs and medication-related risk factors and a short report was written by the students to document the most important observations. Post hoc, suggestions for interventions were worked out by the study team.

### *Results*

A total of 49 patients suffering on diabetes were visited at home and 46 visits were eligible for analysis. The duration of the home visits was  $45.2 \pm 15$  minutes (mean  $\pm$  SD), the patients were  $72.3 \pm 8.3$  years old (mean  $\pm$  SD) and were treated with  $9.9 \pm 3.6$  (mean  $\pm$  SD) drugs per patient. The most often detected medication-related risk factor was confusion by generic and trade names (82.6%), followed by risk for non-adherence (NAH) (65.2%). In 73.9% of these cases we suggested a need for intervention because patients are confused about generic and trade names and in 21.7% because of risk for NAH.

More than the half of all patients (54%) used a Dosette® regularly. No association was found between the risk for NAH and the use of a Dosette® (64% in patients with Dosette® vs. 66.7% in patients without Dosette®;  $p=0.526$ , ANOVA). Furthermore, we found no relevant differences between these subgroups with respect to patients' knowledge of the dosage (96% with Dosette® vs. 95.2% without Dosette®;  $p=0.900$ , Chi-Square) and to patients' knowledge of the indication (60% with Dosette® vs. 38.1% without Dosette®;  $p=0.328$ , Chi-Square).

Moreover, there was no relevant difference between patients with or without Dosette® related to the number of drugs per patient ( $10.5 \pm 4.0$  vs.  $9.2 \pm 3.1$ ;  $p=0.257$ ; t-test) and the number of drugs per patient had no impact on the risk for NAH ( $p=0.526$ ; ANOVA).

### *Conclusions*

This study showed a remarkable need for interventions, especially through patient information. Improvements are possible in patients' knowledge and awareness. Home visits are a feasible method to identify DRPs and medication-related risk factors.

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