



Universität Basel

Pharmaceutical Care Research Group

# **Verstehen Patienten unsere Medikationspläne?**

**Masterarbeit**

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**Betreuung**

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## Abstract

Introduction: Patients leaving hospital often have to continue their treatments without help. It is therefore most important to provide all necessary information adapted to the patient's health literacy. One possibility is that hospitals give written information, for example medication charts (MC, syn. medication plan, medication card). So far it is unknown how these medication charts differ from hospital to hospital and if they meet the patient's needs and wishes.

Methods: Through literature search and personal contacts established MCs were identified and compared regarding content and format. In a focus group with different hospital staff these MCs were then evaluated. Four MCs were chosen for a following interview. For this structured survey patients from internal medicine, surgery and dialysis wards of the cantonal hospital of Baden (Switzerland) were recruited during three weeks. The aim of the survey was the evaluation of comprehensibility and patient's preferences for MCs.

Results: All nine evaluated MCs contained brand name, strength, dosage form and a dosing scheme. The indication was mentioned in 5 out of 9, the duration of treatment in 3 out of 9 MC. Most of the hospital staff (3 out of 5) chose the "eMediplan" ("Brennpunkte Gesundheit Thurgau", Switzerland) as their favourite MC. 45 (67.6 ± 12.0 years, 40% female) out of 206 patients were interviewed. 24.4% misinterpreted the abbreviation „Mo“ for the german word for morning ("Morgen") as Monday. 55.6% interpreted the abbreviation „Na“ (night, german = "Nacht") correctly as before going to bed, 24.4% would take the medication during the night or in the afternoon instead. The maximum daily dose for the intake instruction „3x/d 1 tablet“ was correctly interpreted by 82.2% of all participants. 42.2% interpreted correctly the intake instruction „max. 2 tablets max. 4x/24h“. 36 of 45 interviewees interpreted the expression „on empty stomach“ (the german word means the same as sober) as medication intake without food. 2 subjects would take the tablet one hour before meal. The dosing instruction "3 ML" (ML = "Messlöffel", measuring spoon) was properly understood by 24.4%, 57.8% decoded it as 3 milliliter. In case of the prescription of a solution in milligrams, 20.0% of the participants were able to calculate the needed milliliters. There was a preference towards the use of "1/2" instead of "0.5" for half tablets. The interviewees preferred brand names in the first column (p<0.001), however in many MCs active compounds are mentioned first. "eMediplan" and "AMTS-Apothekenplan" ("AMTS-Aktionsplan", Germany) are possibly more clearly representing the content than other MCs (14 and 13 out of 45 probands, p=0.605). There was a trend to "eMediplan" being the favourite MC (p=0.169).

Discussion & Conclusion: Medication charts used in daily practice differ in their content and graphic aspects. Patients' views of the most suitable medication chart are not the same as those of health care professionals. For patients, many dosing instructions were difficult to understand. This could potentially lead to a lower effect or to side effects of the therapy when not noticed by health professionals. These study results are not only applicable for medication charts but also for patient education and instructions on medication packages. Through consideration of a suitable format and content of medication charts patient safety might be improved.