

Caregivers' Roles in Medication Management for Older Family Members

LaValley S, Brady L, Wahler RG, Monte SV, Singh R.

Department of Pharmacy Practice
School of Pharmacy and Pharmaceutical Sciences

Justin School of Medicine and Biomedical Sciences
Primary Care Research Institute



Background

Caregivers of adults over the age of 65 are tasked with complicated medication management, including medication organization, administration, and communication with healthcare providers. Patients over 65 are at increased risk of adverse effects due to polypharmacy, making caregiver attention to medication management critical to ensuring patient safety. This study examines caregivers' attitudes and experiences with complex medication management for loved ones.

Objective

1. Examine caregivers' experiences with complex medication management in their loved ones over the age of 65.
2. Identify caregivers' perceptions of facilitators and barriers to successful medication management for loved ones.

Methods

Design: Semi-structured interviews

Participants: 20

Data analysis: Data were coded using an open coding approach. Thematic analysis was then used to identify themes in interview data related to the study's research questions.

Results

Table 1. Caregiver Characteristics

Gender	N (%)
Female	16 (80%)
Male	4 (20%)
Avg Age	56
Race/Ethnicity	
White	8 (40%)
African-American	12 (60%)
Marital Status	
Married/Partner	15 (75%)
Single	4 (20%)
Separated	1 (5%)
Income	
10,000-19,000K	2 (10%)
20,000-34,000K	2 (10%)
35,000-49,000K	1 (5%)
50,000-74,000K	8 (40%)
75,000-99,000K	6 (30%)
100,000K+	1 (5%)
Employment Status	
Part-time	5 (25%)
Full-time	9 (45%)
Disabled	2 (10%)
Retired	1 (5%)

Finding 1. Caregivers prefer traditional, non-technological tools and methods for managing medication administration and routines.

"[Using technology to help keep track of medications] is, to me, electronic garbage compared to a piece of paper stuck on the wall. I have a piece of paper taped on the wall above a little box that all her meds sit in... and it states what's in the yellow pill case, how she takes it and what the milligrams are." R5

"We just throw all her pills in the medication cups you get with cough syrup and then...we give her the pills." R8

"It's our own modified pill box, only in shot glasses...when he takes his medicine, he flips the glass upside down. He knows he's taken it, and I know he's taken it. It's very unsophisticated, but the pillbox just didn't work." R1

Finding 2. Caregivers perceive that healthcare providers do not share patient medication records between sites of patient care, making caregivers the sole source of up-to-date medication lists for patients.

"When we go to see any specialist they ask you who your primary doctor is and you give them the information. But when we go see the primary doctor, they're clueless as why we're taking this. Didn't the other doctor fax you the information? How many times, every time we go to see a specialist, they have the same question: what medicine are you taking? We'll go get the [med] list and take it into them. It's either that or take the whole bag of medication in with you." R13

"We demanded that [the doctors at the hospital] talk to her primary because the hospital started changing all her meds. [The hospital] put her on all this other stuff that wasn't necessary. [Patient] couldn't get into her primary for a week, so you're in that week of mercy of, we'll follow what the hospital says until she gets back to her primary and do what they say." R5

"There have been several medications that they give him in the hospital. So, the poor girl who was doing the discharge... there was medications on the discharge summary did not match, so I was asking the poor thing about questions. I did let them discharge him and I took him home, hoping for the best, but that's where I did not change anything until I got a chance to talk to his doctor." R1

Finding 3. Caregivers attempt to balance patients' sense of autonomy while simultaneously overseeing medication management for patients.

"I'll wait until [patient] is asleep, grab all [his pills], put them in the [pillbox] the right way. Then [patient] will say 'You touched my medicine! Didn't I ask you not to touch my medicine?' " R2

"I was having that problem where he would take his [meds] and showing his independence and I won't have no clue [what time he took it]." R4

"[Patient] lives by herself still...and my husband has to set up her pills and then he has to call her and say, 'Did you take your pills today?' Otherwise she's all screwed up." R5

"I didn't really want [patient] to go off his anti-depressant but I understood. But I left open the, 'If you feel like you need it we'll just... The next time we're here we'll ask the doctor to prescribe it again.' So I do try to honor [patient's] wishes." R1

"I don't give [pills] to him, but I make sure he puts them into his seven-day container, I make sure that they're in there so when I stop by the house, 'Dad, is your container filled, is it okay?' A couple of times he actually tipped it over and we had to make sure that they were put back in." R3

Discussion

Caregivers identified non-technological tools as their preferred methods for successfully managing medication administration and organization, such as pillboxes and handwritten lists. While caregivers felt confident managing daily medication routines, they identified two major barriers to their broader medication-related responsibilities. Caregivers frequently found themselves the sole source of up-to-date medication lists for patients, and perceived that healthcare providers did not share patient medication records between sites of care (e.g. hospitals, specialists). Moreover, caregivers struggled to protect patients' sense of autonomy while simultaneously serving as a primary decision maker for the patient.

Conclusion

Caregivers currently undertake a broad spectrum of responsibilities related to patient medication management. While traditional tools facilitated safe and consistent medication administration, caregivers struggled with navigating delicate interpersonal relationships with loved ones and communicating medication histories across the health care system. Healthcare providers should investigate ways to minimize caregiver burden related to these system inefficiencies.