

Adverse Drug Events in Community Dwelling Older Adults

Introduction and Definition of Terms

Review Title: What is it about interventions targeting Primary Care General Practitioners in relation to reducing adverse drug events in community dwelling older adults that could inform the development of a successful intervention in an Irish setting? A rapid realist review.

Definition of terms:

Interventions targeting Primary Care General Practitioners: Health care in the community, outside of hospital; General Practitioners (GPs) with gate keeping functions, associated practice staff (e.g. practice nurse), pharmacists, public health nurses specialists or other community-based healthcare workers supporting GPs caring for community dwelling older adults.

Adverse Drug Events (ADE): includes adverse drug reactions (an appreciably harmful or unpleasant reaction resulting from an intervention related to the use of a medicinal product) and medication errors (a failure in the treatment process that leads to, or has the potential to lead to, harm to the patient).

Community Dwelling Older Adults (CDOA): Aged 65 or older, living in their own home

Polypharmacy: the regular use of at least five medications

Realist Review: A realist review aims to identify what it is about interventions that generate change (i.e., the mechanisms) and under which circumstances the mechanisms are triggered (i.e., the contexts), which result in changes in the behaviour of the participants and/or implementers of the intervention (i.e., the outcome). These three elements, context, mechanism and outcome, are presented together as a statement or theory which attempts to describe what needs to happen for the intervention to work. You will be asked to rank each of eight theories in relation to i) how well you understood it, ii) how relevant you feel it is to reducing ADE for CDOA and iii) how feasible it would be to apply in an Irish setting (practical). The ranking scale is 1-5 with 1 being the lowest and 5 being the highest. You will then be asked to add comments or suggestions on how to improve each theory.

Once you have ranked all eight theories there will be an opportunity to add further comments in relation to areas

* 2. If the competing demands on GPs, such as time pressures, complexity of patients, covering for or prescribing for other GP colleagues or lack of confidence in relation to changing or de-prescribing medications, are not consider in an intervention to reduce the levels of ADE in CDOA then GPs will be less likely to engage with the intervention or motivated to sustain any positive changes to reduce ADE.

Please rank this theory under the headings below. The ranking scale is 1-5 with 1 being the lowest and 5 being the highest.

	1	2	3	4	5
Understood	<input type="radio"/> Understood 1	<input type="radio"/> Understood 2	<input type="radio"/> Understood 3	<input type="radio"/> Understood 4	<input type="radio"/> Understood 5
Relevant	<input type="radio"/> Relevant 1	<input type="radio"/> Relevant 2	<input type="radio"/> Relevant 3	<input type="radio"/> Relevant 4	<input type="radio"/> Relevant 5
Practical	<input type="radio"/> Practical 1	<input type="radio"/> Practical 2	<input type="radio"/> Practical 3	<input type="radio"/> Practical 4	<input type="radio"/> Practical 5

Please take the opportunity to suggest amendments to this theory or make some

comments

Question Title

* 3. When GPs, CDOA and their carers, engage in shared decision-making then everyone will have increased understanding, awareness, self-efficacy and confidence in managing the conditions and medications and thus more likely to make better decisions about medications and have strengthen relationships, improved communications and mutual trust thereby reducing the risk of ADE.

Please rank this theory under the headings below. The ranking scale is 1-5 with 1 being the lowest and 5 being the highest.

	1	2	3	4	5
Understood	<input type="radio"/> Understood 1	<input type="radio"/> Understood 2	<input type="radio"/> Understood 3	<input type="radio"/> Understood 4	<input type="radio"/> Understood 5
Relevant	<input type="radio"/> Relevant 1	<input type="radio"/> Relevant 2	<input type="radio"/> Relevant 3	<input type="radio"/> Relevant 4	<input type="radio"/> Relevant 5
Practical	<input type="radio"/> Practical 1	<input type="radio"/> Practical 2	<input type="radio"/> Practical 3	<input type="radio"/> Practical 4	<input type="radio"/> Practical 5

Please take the opportunity to suggest amendments to this theory or make some

comments

Question Title

* 4. When CDOA have continuity of care, they feel more understood and supported and have increased trust in their GP, the GP will be more familiar with their patient's individual needs and confident when providing care thus improving medication management and reducing the risk of ADE.

Please rank this theory under the headings below. The ranking scale is 1-5 with 1 being the lowest and 5 being the highest.

	1	2	3	4	5
Understood	<input type="radio"/> Understood 1	<input type="radio"/> Understood 2	<input type="radio"/> Understood 3	<input type="radio"/> Understood 4	<input type="radio"/> Understood 5
Relevant	<input type="radio"/> Relevant 1	<input type="radio"/> Relevant 2	<input type="radio"/> Relevant 3	<input type="radio"/> Relevant 4	<input type="radio"/> Relevant 5
Practical	<input type="radio"/> Practical 1	<input type="radio"/> Practical 2	<input type="radio"/> Practical 3	<input type="radio"/> Practical 4	<input type="radio"/> Practical 5

Please take the opportunity to suggest amendments to this theory or make some

comments



Question Title

* 5. When GPs undertake home visits to carry out medication reviews for community dwelling older adults with polypharmacy, then they will be more aware of and understand their patients' lived experiences and are more likely to identify medication-related problems thereby reducing the risk of ADE.

Please rank this theory under the headings below. The ranking scale is 1-5 with 1 being the lowest and 5 being the highest.

	1	2	3	4	5
Understood	<input type="radio"/> Understood 1	<input type="radio"/> Understood 2	<input type="radio"/> Understood 3	<input type="radio"/> Understood 4	<input type="radio"/> Understood 5
Relevant	<input type="radio"/> Relevant 1	<input type="radio"/> Relevant 2	<input type="radio"/> Relevant 3	<input type="radio"/> Relevant 4	<input type="radio"/> Relevant 5
Practical	<input type="radio"/> Practical 1	<input type="radio"/> Practical 2	<input type="radio"/> Practical 3	<input type="radio"/> Practical 4	<input type="radio"/> Practical 5

Please take the opportunity to suggest amendments to this theory or make some

comments



Question Title

* 6. When GPs, community pharmacists and public health nurses work together as a team when caring for CDOA with polypharmacy, GPs will feel more supported, aware and confident in relation to their patients' individual needs resulting in more appropriate prescribing thereby reducing the risk of ADE.

Please rank this theory under the headings below. The ranking scale is 1-5 with 1 being the lowest and 5 being the highest.

	1	2	3	4	5
Understood	<input type="radio"/> Understood 1	<input type="radio"/> Understood 2	<input type="radio"/> Understood 3	<input type="radio"/> Understood 4	<input type="radio"/> Understood 5
Relevant	<input type="radio"/> Relevant 1	<input type="radio"/> Relevant 2	<input type="radio"/> Relevant 3	<input type="radio"/> Relevant 4	<input type="radio"/> Relevant 5
Practical	<input type="radio"/> Practical 1	<input type="radio"/> Practical 2	<input type="radio"/> Practical 3	<input type="radio"/> Practical 4	<input type="radio"/> Practical 5

Please take the opportunity to suggest amendments to this theory or make some

comments

Question Title

* 7. If guidelines or policies consider multi-morbidity, polypharmacy, and the commonly encountered adverse drug events that occur in older adults, then they will be more relevant to GPs who will be more likely to use them in practice thereby reducing the risk of ADEs.

Please rank this theory under the headings below. The ranking scale is 1-5 with 1 being the lowest and 5 being the highest.

	1	2	3	4	5
Understood	<input type="radio"/> Understood 1	<input type="radio"/> Understood 2	<input type="radio"/> Understood 3	<input type="radio"/> Understood 4	<input type="radio"/> Understood 5
Relevant	<input type="radio"/> Relevant 1	<input type="radio"/> Relevant 2	<input type="radio"/> Relevant 3	<input type="radio"/> Relevant 4	<input type="radio"/> Relevant 5

	1	2	3	4	5
Practical	<input type="radio"/> Practical 1	<input type="radio"/> Practical 2	<input type="radio"/> Practical 3	<input type="radio"/> Practical 4	<input type="radio"/> Practical 5

Please take the opportunity to suggest amendments to this theory or make some

comments

Question Title

* 8. If Health Information Technology, including electronic health records and medication alert systems are available to GPs, are easy to use and have good interoperability, then GPs will feel more supported, informed and confident when prescribing or changing medications, thereby reducing the risk of ADEs.

Please rank this theory under the headings below. The ranking scale is 1-5 with 1 being the lowest and 5 being the highest.

	1	2	3	4	5
Understood	<input type="radio"/> Understood 1	<input type="radio"/> Understood 2	<input type="radio"/> Understood 3	<input type="radio"/> Understood 4	<input type="radio"/> Understood 5
Relevant	<input type="radio"/> Relevant 1	<input type="radio"/> Relevant 2	<input type="radio"/> Relevant 3	<input type="radio"/> Relevant 4	<input type="radio"/> Relevant 5
Practical	<input type="radio"/> Practical 1	<input type="radio"/> Practical 2	<input type="radio"/> Practical 3	<input type="radio"/> Practical 4	<input type="radio"/> Practical 5

Please take the opportunity to suggest amendments to this theory or make some

comments

Question Title

9. Please add your comments or thoughts here in relation to interventions to reduce ADE in community dwelling older adults particularly in relation to issues we have not considered in the eight theories presented. We welcome and encourage your honest feedback.

Thank you for your input into this Rapid Realist Review.

Please add your name into the comments box so that we can acknowledge you in any dissemination of this research. If you would like to answer a follow up survey in a few months time, please also add your email.



DONE

Powered by

See how easy it is to [create a survey](#).

[Privacy](#) & [Cookie Notice](#)