



Submission ID: 21.

Primary Subject Area: General practice's role in coordination of care.

Format: Oral presentation.

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Title: ***Reasons for discrepancies in medication reports between patient and GP –  
an observational study.***

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## **Abstract**

### ***Background and aim***

Knowledge on patients' medication schemes is a mandatory precondition for coordination of care - especially in patients with multiple conditions. Treating physicians are not always aware of all drugs their patients actually take. Discrepancies in medication schemes are an obstacle to optimal care and may even result in adverse drug reactions. Objective of our study was to analyse reasons of these discrepancies in medication schemes.

### ***Procedure***

Medication schemes of patients with polypharmacy ( $\geq 5$  drugs) from 17 general practitioners were obtained by telephone interview. Differences with written medication schemes provided by doctors were assessed.

Afterwards participating physicians received feedback on extent of incongruence during an interview. Within this interview underlying reasons were analysed by review of individual patient charts.

### ***Results***

Interviews were conducted with 15/17 physicians. Reasons for discrepancies could be analyzed for 171 drugs from 84 Patients (Range 1- 6 drugs/patient). Four reasons explained more than 90% of the discrepancies found: 1) Organizational aspects (Information included in patients chart but not known by GP and not documented in the medication scheme); 2) Lack of documentation (Drug use known by the GP not included in medication scheme); 3) Drug prescribed by other specialist without informing the GP; 4) Patients use of over the counter medication.

### ***Conclusion***

Extent of incongruence can only partly be explained by a lack of doctors' knowledge about patients medication. Organisational shortcomings, lack of interprofessional communication and extent of over the counter medications were main reasons for incongruence.