Reasons for discrepancies in medication reports

Guido Schmiemann, Marcel Bahr, Alla Gurjanov
Eva Hummers-Pradier
# Background

## MEDICATION SCHEME

Peter Smith dob: 13.04.1962

<table>
<thead>
<tr>
<th>Drug</th>
<th>8.00</th>
<th>12.00</th>
<th>18.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metoprolol 50</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Metformin 500</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Ramipril /HCT 5/25</td>
<td>0.5</td>
<td></td>
<td></td>
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<tr>
<td>Ibuprofen 600</td>
<td></td>
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<td>x</td>
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**Allergy:** Penicillin

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Dr. Max Muster  
General Practitioner  
T: 04321-123456
Research Questions

What are the reasons for incongruence in medication schemes.
Cluster randomized trial

**P** Patients >50y ≥ 5 drugs

**I** Academic detailing; Information leaflet
Staff training on quality improvement

**C** No intervention

**O** Primary outcome
Knowledge about medication (Congruence)

Secondary outcome
Extent of potential interactions
Reasons for incongruence
Method

- interview/ chart review
- 15 gp
- 84 patients
  (5.7/gp range 3-11)
- 171 drugs (1-6/patient)
Method – physician interview

Your patient Mr/ Mrs stated that he/she is taking drug XY – are you aware of that?
Method

**Documentation:** GP knew about the drug – information not included in medication scheme

**Organization:** Drug use included in patient chart not in the medication scheme.

**OTC:** No prescription needed

**Specialist:** The prescription issued by specialist without informing gp

**Generic drugs:** The patient takes the same drug twice

**Other**
Reasons for incongruence

- Documentation: 3%
- Organization: 21%
- OTC: 21%
- Specialist: 12%
- Generic: 6%
- Other: 37%
### Reasons for incongruence

<table>
<thead>
<tr>
<th>Categorie</th>
<th>Drug class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation</td>
<td>Mineral supplements (n= 6/35)</td>
</tr>
<tr>
<td>Organisation</td>
<td>Antithrombotic agents (n= 8/63)</td>
</tr>
<tr>
<td>OTC</td>
<td>Mineral supplements (n=13/36) General nutrients (n= 5/36)</td>
</tr>
<tr>
<td>Specialist</td>
<td>Ophtalmological (n= 4/20)</td>
</tr>
</tbody>
</table>
“Mixing up your medications can be a recipe for trouble.”

Margaret Fulton
Consequences

• Reference standard when assessing discrepancies in medication schemes

• Improving process quality within the gp