Can nurse prescribing improve medication concordance in people with dementia?

People with dementia often have problems taking medication. A memory clinic nurse prescriber was effective in offering timely advice and support for patients

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Research has suggested nurse prescribing can improve medication concordance in older people with mental health problems. An independent nurse prescriber at a memory clinic in Berkshire used a questionnaire to determine dementia patients’ attitudes to and awareness of nurse prescribing. This article describes how the survey responses were used to improve medication adherence.

**INTRODUCTION**

Just under half of all medication prescribed in the UK is for people aged 65 and over, with 36% of those aged 75 and over taking four or more prescribed drugs. However, up to 50% of those may not be concordant with the prescribed regimen (Social Care Institute for Excellence, 2005).

People with dementia often have problems taking prescribed medication. They may forget to take it without prompting, and can lack awareness of their health problems. Some believe they do not need medication as they think there is nothing wrong with them.

Research has suggested nurse prescribing can improve medication concordance in older people with mental health problems. Murray (2007) said nurse prescribing has demonstrated it can greatly improve the service the NHS provides for its patients, including older people with dementia.

In a growing number of mental health practices, nurse prescribing is gaining momentum, demonstrating effectiveness and additional benefits to this patient group, including effective medicines management.

**MEMORY CLINICS**

Memory clinics diagnose and treat Alzheimer’s disease. Originally developed in the US, they were first set up in the UK in the early 1980s (Royal College of Psychiatrists, 2004), and the National Institute for Health and Clinical Excellence (2006) recommends them as a single point of referral for all suspected cases of dementia.

Early diagnosis of and intervention for dementia are two main aims of the Department of Health’s (2009) dementia strategy.

The memory clinic in Bracknell, Berkshire, is staffed by a consultant psychiatrist and a clinic nurse. The clinic will see a person of any age who is suspected of having dementia.

As the memory clinic nurse (MCN), I completed training as a non-medical prescriber (NMP) in 2006, and have practised as an independent prescriber for the past three years, the first year as a supplementary prescriber.

Sometimes patients are seen by the consultant psychiatrist and medication is initially prescribed by him. They are then referred to me for ongoing prescribing and monitoring.

I usually see patients for follow-up appointments in an outpatient clinic or in their homes, depending on their preference.

**NURSE PRESCRIBING**

Nurses were first able to prescribe independently in April 2006, making them responsible and accountable for the assessment of patients with undiagnosed conditions, and for decisions about clinical management (DH, 2006).

In the same year, the Nursing and Midwifery Council set standards of proficiency for nurse prescribers (Box 1). According to the National Prescribing Centre et al (2005), non-medical prescribing undertaken by mental health nurses can benefit patients by:

- Allowing them quicker access to medication;
- Providing services more efficiently and effectively;
- Increasing service user choice;
- Making better use of nurses’ skills and knowledge.

Essential competencies for nurse prescribers outlined by Courtenay and Griffiths (2005) include the ability to:

- Establish a relationship based on trust and mutual agreement;
- See patients as partners in the consultation process;
- Apply the principles of concordance as

**BOX 1. STANDARDS OF PROFICIENCY FOR NURSE AND MIDWIFE PRESCRIBERS**

| Non-medical prescribers must have sufficient knowledge and competence to be able to: |
| I Assess a patient’s clinical condition; |
| I Undertake a thorough history, including medical and medication history, and diagnose where necessary; |
| I Decide on the management of the presenting condition and whether to prescribe medication; |
| I Identify appropriate drugs if medication is required; |
| I Advise the patient on the effects and risks of medication; |
| I Prescribe medication if the patient agrees; |
| I Monitor responses to medication and lifestyle advice. |

Source: Nursing and Midwifery Council (2006)
the preferred method of communication in prescribing consultations. Wix (2007) suggests that patients received a different type and quality of prescribing from a nurse prescriber than from a medical practitioner. He argues that nurses are skilled in combining medication and psychological therapies and says that quality of care and patient satisfaction can increase. However, he concludes that nurse prescribing should not be considered to be “instead of” traditional medical prescribing, but in addition to it. Studies by nurse practitioners in the US suggest quality of care and patient satisfaction can increase when nurses prescribe, and that nurses are skilled in combining medication with psychological therapies (Talley and Richens, 2001). The benefits of nurse prescribing reported by nurses include more effective use of time, increased job satisfaction, status and autonomy, and being able to deliver complete care. Nurse practitioners in the US also combine medication with psychological therapy to improve concordance. Nurse prescribers’ enhanced consultation skills also allow them to negotiate treatment plans and increase concordance. Nurse prescribing gives nurses the opportunity to educate patients about their medication. The amount of time nurses spend in contact with patients allows them to develop treatment plans and increase concordance. Nurse prescribers’ enhanced consultation skills also allow them to engage patients in discussions about medication (Cheesman, 2006).

Nurse prescribing in memory clinics
There is little evidence about nurse prescribing in memory clinics. However, a study by Page et al (2008) found patients had confidence in the competence of the nurse prescriber, whom they felt had a good understanding of their circumstances and illness. The study considered the experiences of patients, families and carers in the early stages of implementing nurse prescribing in a memory clinic. It highlighted the indispensable roles played by families and carers in helping to ensure concordance as well as clinic attendance. It added nurse prescribers work particularly well when frontline staff are perceived as empathetic, while backed by a well organised multidisciplinary team.

Page et al. say that they found the nurse prescriber was empathetic and approachable, and that the patients and families were happy with the level of support they had from the nurse prescriber.

CONCORDANCE IN HEALTHCARE
According to Cheesman (2006), concordance is an innovative approach to achieving the best use of medication involving the sharing of information between healthcare professionals and patients. The prescriber can promote an effective therapeutic relationship by building a patient’s confidence in their ability to self-manage their condition. According to Jones (2009), nurse prescribing gives nurses the opportunity to prescribe medication without informing the team; The patient did not take the medication because there was no one to administer it (for example if they were living alone); The medication may not have been supplied in a monitored dosage system pack and the patient would forget to take it without help. All medications have to be dispensed into a monitored dosage system pack by a pharmacy for home carers to be allowed to administer them. When the medication was prescribed by the psychiatrist, new patients were not reviewed until I saw them three months later. Any problems patients had with their medication had already started and I would have to wait to see the psychiatrist to get the drug chart rewritten.

PATIENT SURVEY
In 2009 I sent a survey to 100 patients and their families to explore their views on nurse prescribing. Of these, 49 were returned. The survey results can be seen in Tables 1 and 2 (overleaf). Some of the questions were not answered by all respondents.

SURVEY RESULTS
Eleven of the patients said they felt they had not been told about possible side effects of their medication or how the doses are usually increased over a period of time to the maximum therapeutic dose. Everyone seen in the outpatient clinic is given booklets about their medication. However, these were not always available during home visits. Some patients may forget some of the verbal information given to them and may not read the booklets. To rectify this, I now take a supply of written information to give to patients on home visits. They also receive a review letter after every appointment detailing how their medication may change, side effects, and a reminder that the medication has been prescribed by a nurse. The report also includes their treatment plan, details of any discussion about their medication, and details of how to contact me if they have any worries or concerns. I also inform patients verbally about the medication, including side effects and how the dosing is titrated. Other changes to practice undertaken after the survey are outlined in Box 2.

Only six surveys were returned with comments. Although one person was “doubtful” that a nurse could diagnose and prescribe medication, most of the comments were positive about nurse prescribing.

DISCUSSION
The more information patients and carers are given about medication, the more likely patients are to take it properly. Medication and treatment issues are always discussed at length with patients, and...
carers are given written, easy to read leaflets before patients start the medication.

I identified that the half hour slots originally offered for outpatient clinic appointments were not long enough, so they were extended to 45 minutes. Although this meant fewer people were seen in outpatient clinics, I felt that patients needed more time to discuss their medications, address their concerns and assess their progress.

Most patients are seen in their own home, which can take up to an hour. This gives me a better understanding of their home situation and any difficulties they may have about taking their medication.

Becoming an independent NMP has enabled me to work more autonomously and efficiently. Being able to prescribe for patients after making the diagnosis has improved their access to prescribed medication, meaning they can start taking it sooner as they do not have to wait to see the psychiatrist.


REFERENCES


However, there have been times when this has been difficult, mainly due to the extra workload involved in prescribing, in addition to an already demanding role. It has been vital to develop prioritising skills, set regular time to write prescriptions, and have medical supervision, a requirement of the NMP role.

Other benefits include an improvement in my assessment skills, which are now more structured, knowing when to and when not to prescribe, and when to stop medication. My understanding of prescribed medications for older people with dementia, in particular the difficulties caused by polypharmacy, has also improved.

The survey showed patients feel satisfied that I can give them timely advice and support about their illness and medication.

CONCLUSION

Non-medical prescribing for patients with dementia has improved my aptitude, in particular knowledge about medication and communication and assessment skills. It has been evidenced that concordance in dementia patients has improved.

I have been promoted from a band 6 to a band 7, reflecting the extra responsibility taken on when prescribing.

Patients state they are happy with a nurse prescribing their medication, and this system has reduced wastage of medication by ensuring patients are given timely information and are able to contact me with any concerns.

The survey was done early in 2009, and I believe the changes in practice, made as a result of it, have contributed to the improvement in concordance.

TABLE 1. PATIENT SURVEY RESULTS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you know the memory clinic nurse could prescribe medication?</td>
<td>28</td>
<td>21</td>
<td>Ensure all clients have written information about nurse prescribing</td>
</tr>
<tr>
<td>Did you know the memory clinic nurse was prescribing your medication?</td>
<td>30</td>
<td>19</td>
<td>Ensure this is clearly indicated in patient information leaflets</td>
</tr>
<tr>
<td>Is it a good idea for nurses to prescribe medication?</td>
<td>45</td>
<td>3</td>
<td>No action taken</td>
</tr>
<tr>
<td>Can you talk to the memory clinic nurse about your medication?</td>
<td>46</td>
<td>3</td>
<td>Ensure all clients/carers are well informed about their medication</td>
</tr>
<tr>
<td>Do you feel the memory clinic nurse is knowledgeable about your medication?</td>
<td>47</td>
<td>1</td>
<td>MCN to keep up to date on dementia drugs</td>
</tr>
</tbody>
</table>

TABLE 2. PATIENT SURVEY RESULTS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>What your medication is for</td>
<td>48</td>
<td>1</td>
</tr>
<tr>
<td>Why you are taking your medication</td>
<td>48</td>
<td>1</td>
</tr>
<tr>
<td>Possible side effects of your medication</td>
<td>34</td>
<td>11</td>
</tr>
<tr>
<td>How and when to take your medication</td>
<td>41</td>
<td>5</td>
</tr>
</tbody>
</table>

Not all people answered every question, hence the variance in the totals for different questions.