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## **Commentary: Medication adherence early after stroke: using the Perceptions and Practicalities framework to explore stroke survivors', informal carers' and nurses' experiences of barriers and solutions**

Medication nonadherence is a global public health problem (Costa et al, 2015). Approximately, one-third of stroke patients do not adequately take secondary prevention medication thereby increasing the risk of poor stroke outcomes (Al Alshaikh et al., 2016). A recent review of qualitative studies identified factors that may contribute or prevent medication adherence but found there were very few studies that focused on the period early after stroke, particularly between hospital and post-discharge (Gibson et al., 2020). The current study builds on this qualitative evidence by exploring the views and experiences of medication adherence in patients less than two-months after stroke onset using the Perceptions and Practicalities Approach (PAPA) framework. This framework uses both intentional and unintentional perceptual and practical factors to medication adherence, which is the approach recommended by the NICE Medicines Adherence Guidelines (2009).

The strength of this qualitative study is that it considers the views of stroke patients, carers and stroke unit nurses to provide better understanding about medication adherence early after stroke. The findings are consistent with previous studies that identified barriers and facilitators of adherence, such as the stroke patients' mood, motivation, the perceived value of taking medications and trust in healthcare providers (Al Alshaikh et al., 2016; Jamieson et al., 2017; Gibson et al., 2020). The carers included in the study highlighted the unique challenges of being the stroke patient's advocate as well as managing medications after hospital discharge. Education and support are seen as vital to assist adherence, but delivery was described as variable and stroke nurses' expertise was felt to be under-utilised. Unsurprisingly, the practical barriers include stroke patients' physical and cognitive capabilities as well as organisational factors, such as polypharmacy, complex medication schedules and lack of support with medication management. The obvious limitation of this study is the small sample size from a single centre, which may not be generalisable or transferrable to other settings. However, the benefit of using a qualitative approach that utilises the PAPA framework is that it provides deeper insights into the participants perceptions and practicalities of secondary stroke prevention medication adherence.

Overall, the study findings emphasise the need for novel interventions that address not only the practical barriers, but also the perceptions and beliefs of patients that may affect whether they take the medications or not early after stroke. It also highlights the importance of shared decision-making between the stroke patients, carers and the multi-disciplinary team (National Institute for Health and Care Excellence, 2009). However, further research is required to evaluate the efficacy of novel integrated care strategies, including supportive self-management, to improve secondary medication adherence and persistence, which could ultimately improve outcomes after stroke.

## References

- Al AlShaikh S, Quinn T, Dunn W et al. (2016) Predictive factors of nonadherence to secondary preventative medication after stroke or transient ischaemic attack: A systematic review and meta-analyses. *European Stroke Journal* 1(2): 65–75. doi: 10.1177/2396987316647187.
- Costa E, Giardini A, Savin M et al. (2015) Interventional tools to improve medication adherence: review of literature. *Patient Prefer Adherence* 14(9): 1303-14. doi: 10.2147/PPA.S87551.
- Gibson JME, Miller C, Coupe J, Jones SP. (2020) Medication-taking after stroke: 19 a qualitative meta-synthesis of the perspectives of stroke survivors, informal 20 carers, and health professionals. *Family Practice* 37(1): 4-14 21 doi: 10.1093/fampra/cmz030.
- Jamison J, Sutton S, Mant J, et al (2017). Barriers and facilitators to adherence to secondary stroke prevention medications after stroke: analysis of survivors and caregivers views from an online stroke forum. *BMJ Open* 2017;7:e016814. doi: 10.1136/bmjopen-2017-016814
- National Institute for Health and Care Excellence. (2009). Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence [CG76]. <https://www.nice.org.uk/guidance/cg76/chapter/1-Guidance#patient-involvement-in-decisions-about-medicines>.

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