Empowerment Program for Elderly Patients with High Risk Medication (Warfarin) Safety in the Community

Chim CK, Li CY, Law KL, Ho CS, Yung SY, Chan SY, Tsang TL, Leung HY, Dr Maria Chui
Community Outreach Services Team, NTEC

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Introduction
Warfarin is commonly prescribed in elderly to treat cardiac disease but its adverse effect to the elderly was substantial as elderly are more likely to be hospitalized because of drug poisoning related to mistaken identity of medications or inadequate medication instruction given to elderly. From January of 2012 to December of 2013, 843 elderly were admitted in three acute hospitals in NTEC due to drug poisoning with anticoagulant. 42 of them were died. In these regards, an empowerment program for elderly patients with high risk medication (Warfarin) safety was introduced in Community Outreach Services Team.

Objectives
1. To increase awareness of self-management and the complications of high risk medication - Warfarin
2. To enhance elderly or care taker self-management skill on Warfarin

Methodology
1. Elderly aged > 60 old with warfarin therapy or their care takers were recruited. 2. Warfarin empowerment booklet was designed according to the special need of elderly including larger word size, colorful food photos to enhance understanding of the content. 3. An empowerment score checklist was developed to evaluate elderly/ carers self-management skills in the first home visit (Pre-score) and the last home visit (Post-score). 4. Home visit protocol were developed to ensure 50 minute-per-home-visit with at least 3 home visits being invested for quality education. 5. Patients/ carers satisfactory survey was also evaluated.

Result
From 1 October 2013 to 31 August 2014, 38 elderly were recruited in the project. The
mean age was 78.5 years old with 12 (32%) male; 26 (68%) female. Clients’
knowledge on self-management of Warfarin were showed statistically significant
improvement in empowerment scores by comparison of the Pre and Post mean
scores from 7.79 at baseline(pre score) to 13.24 at follow up(post score) (+5.45;
+70%) (P < 0.05). 94 % (n=31) elderly were successful be kept healthy in the
community post 28 days after empowerment given. Only 6 % (n=2) needed to be
admitted in hospital due to abnormal INR. No clients were reported died after hospital
admission. Overall, 100 % client satisfied the program with average score 4.4
achieved (full score 5). Conclusion: The program could arouse the awareness of the
high risk medication safety among elderly. It also increased their self-efficacy and
drug/diet adherence including self-monitoring of their condition response to warfarin
therapy; and modification their daily life style adapted to the therapy that resulted in
maintaining self-control of their chronic diseases.