

LETTER TO THE EDITOR

Home medication reviews: what do people in the Australian Riverland think of them?

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Dear Editor

We would like to draw your readers' attention to an interesting example of how a potentially useful health intervention fails to be taken up in a rural community. We uncovered this while undertaking a rural population health project as part of our medical education.

Medication-related problems cause many unnecessary hospital admissions and even deaths in Australia each year. It has been suggested that up to 69% of drug-related admissions may be preventable¹. The home medicines review (HMR) is a service provided jointly by doctors and pharmacists for people who are prescribed medications; it is

aimed at patients living at home in the community. The purpose of the HMR is to maximize the patient's benefit from their medication regimen, and minimize or prevent medication-related problems using a team approach. Generally, those benefiting most from this service are the elderly population and those people taking multiple prescription medications.

The Riverland, located in the central east of South Australia, is one of the country's major horticultural regions. The population of 34 000 is based predominantly in the main river towns of Waikerie, Berri, Barmera, Loxton, Paringa and Renmark. Our study aimed to assess community awareness of the HMR program in the Riverland and to



determine from where people had heard about the program. A further objective was to assess potential acceptance of the HMR program if suggested to the respondents by their GP.

A convenience sample of pharmacy customers from two main towns in the Riverland (Renmark and Loxton) was used to represent a crosssection of the Riverland community. Participants completed a survey recording age, gender, and other factors that could identify respondents who may benefit from a HMR. These included the number of medications taken daily and weekly, whether multiple doses were taken, and recent change in their medical condition or medications. The survey investigated whether respondents had questions or concerns about their current medications, and whom they would approach with these questions. Respondents were asked about their prior awareness of the HMR service, and whether they would consider using the service if their GP recommended it to them.

Key findings

- 74.3% of respondents were unaware of the HMR service.
- For respondents who had heard of the HMR service, their main information source was the media or a pharmacist.
- None of the respondents had undertaken a HMR.
- 83.5% of respondents would be happy to accept a HMR if it was suggested to them by their GP.

Our study clearly showed that the community was largely unaware of the HMR service and yet the majority would be very accepting of the program. Therefore, it would seem that GPs would be unlikely to face resistance from their patients should they suggest a HMR be undertaken.

The survey gathered demographic and medication-usage data with the intention of correlating this information with

awareness and acceptance of HMR. However the method of sample selection resulted in a small convenience sample of uneven age and gender distribution, rendering these correlations unclear. It was assumed that our convenience sample from pharmacies in two towns was representative of the wider population in the Riverland region. These limitations could be addressed in future research.

In the future, further benefit may be obtained from assessing the attitudes of GPs and pharmacists towards the HMR service, and perceived barriers to delivery of HMR services to the community. Preliminary discussions with Riverland pharmacists suggests that these barriers may include lack of availability of pharmacists accredited to perform HMR, inadequate remuneration for the health professionals involved, as well as increasing workloads resulting in significant time constraints.

We wonder how many other potentially valuable health initiatives fail to benefit rural communities due to lack of integration with existing rural health providers.

For further information regarding this project please contact Jonathan Kaufman at: kauf0001@flinders.edu.au

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Reference

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