

## CORRESPONDENCE

### Medication and Treatment Adherence Following Hospital Discharge—A Study of an Intervention Aimed at Reducing Risk Associated With Medication Change

by Dr. rer. nat. Claudia Greiβing, Peter Buchal, Prof. Dr. med. Hans-Joachim Kabitz, Prof. Dr. med. Marcus Schuchmann, PD Dr. med. Niko Zantl, Dr. rer. nat. Susanne Schiek, and Prof. Dr. rer. nat. Thilo Bertsche in issue 44/2016

#### Effects Are not Clear

The authors studied the two interfaces when a patient passes from one care sector into another with regard to their implications for medication, and they attempted to structure this (1). While the title implies a study of an intervention after discharge, what was actually studied were several interventions in an inpatient setting, whose respective proportion in the overall result is not easy to identify. The effect of involving a clinical pharmacist, for example, is not clear. It is surprising that the authors did not think of the information event for regional general practitioners as an intervention. The categorization of the medication changes deserves criticism. Category A creates the impression that recommendations from the inpatient setting are binding and always well-founded. From a family medical perspective, we take issue with this statement. Prescribing long-term and radical medication must be based on effectiveness, tolerability, and considerations of potential interactions, in addition to the indication. In addition to patients' perspectives—not the subject of the article—there are considerations of cost effectiveness, which are determined in the outpatient setting by the medication guidelines of the G-BA (*Gemeinsamer Bundesausschuss*, Federal Joint Committee), which do not apply in the inpatient setting. For a meaningful intervention, a medication check based on the guideline on polypharmacy might be useful.

Inpatient recommendations are based on experiences gained within a very small segment of the patient's journey, in the concrete scenario on a mean of 7 days. The general practitioner will have better knowledge about the patient's everyday life and resources, on the basis of a regular, longer and more comprehensive relationship. All this can be the reason for the discontinuation of a medication that is recommended and indicated in the discharge summary. The article makes no mention of these factors.

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#### REFERENCES

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#### Conflict of interest statement

The authors declare that no conflict of interest exists.

#### In Reply:

We aimed to study the effect of a module-based intervention on medication and adherence after hospital discharge. The intervention measures were adapted to the requirements of doctors in private practice after optimized communication with the hospitals. We did not aim to study the effect of individual modules or to evaluate the benefit of medication checks; other studies have already done so (1, 2). Studies that were conducted in non-German speaking countries have shown that multifactorial problems at interfaces can be solved quickly by combining several measures in medication management (3).

By pointing out that the information event was not an intervention we intended to clarify that no substantial recommendations were given there—for example, on prescribing after discharge—but only information on the organizational approach to the structure and mailing of the discharge medication plan.

We intentionally selected the categorization in order to classify medication changes that in the assessment of an international expert panel may occur because of communication deficits at discharge between general practitioners, hospitals, and patients. We considered medication switches as potentially risky only where it was possible for us to assess these on the basis of the clinical data available to us, as is made clear by the examples listed in *eBox 2* in the article (4).

Many medication-related problems are based on medication changes at healthcare interfaces, and an effective focus on this seemingly short time interval in the context of a project seems sensible. Obviously this is not intended to replace general practitioner care—rather, it is meant to provide an adjunct.

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