



Practice sting 2022-21

Practice sting Understandable information about the medication

Clearly instructing a patient is not easy when a patient has limited health skills, as the notification shows.

Notification

During admission of a patient with atrial fibrillation, the medical specialist replaced the anticoagulant acenocoumarol with rivaroxaban. The 86-year-old patient had limited health literacy, meaning he struggled to find, understand, and apply health information. In particular, he did not have a good command of the Dutch language. On discharge from the hospital, the trainee doctor informed the patient about the use of medication at home.

At home, in addition to taking rivaroxaban, the patient started taking acenocoumarol again. After two weeks, an employee of the Thrombosis Service noted significant bruising in the patient and an INR value of 8. The medical specialist and the doctor in training had not notified the Thrombosis Service about discontinuing acenocoumarol.

Analysis

The patient developed bruising when at home he again started using the acenocoumarol he still had in stock. Due to limited health literacy, the patient had misunderstood the explanation of the medicine use.

Recommendations

For medical specialists

- Ensure a clear and complete transfer of information and medication to the general practitioner and pharmacist when replacing a vitamin K antagonist (acenocoumarol or phenprocoumon) with a direct-acting oral anticoagulant (eg rivaroxaban).
- Inform the Thrombosis Service about stopping a vitamin K antagonist and starting a direct-acting oral anticoagulant.
- Make sure that the current medication overview is up to date.
- Tell the patient or his/her carer which medicines have been stopped and which new medicines have been started, when this is the case.
- Modify the conversation with patients with limited health skills so that they can understand and apply the information.

For healthcare professionals in general¹

- Adjust the conversation to suit people with limited health skills:
 - Normalize the problem because shame can play a role. For example, ask: "We know that many people have trouble remembering which medicines to take. How's that for you?"
 - Do not assume basic knowledge of the body
 - Be alert to overestimation of health skills
 - Create short sentences and use simple words
 - Don't take 'trips' in your story
 - Be as specific as possible, avoid jargon
 - Adjust to the patient's language
 - If necessary, use supporting materials such as videos and icons.
 - Repeat the main points
 - Use the question-back method to check whether the message got through: 'I've told you a lot. What are you going to say at home?'
 - Also provide the oral information on paper

Reference

¹ Pharos - Centre of expertise on health disparities; www.pharos.nl.