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Study of Safe Medication Use and Nursing Guidance for Elderly Patients with Coexisting Chronic Diseases

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Abstract: Objective: This study aims to explore the efficacy of implementing pharmacotherapy guidance in the context of safe medication practices for elderly patients with comorbid chronic illnesses. Eighty cases of elderly patients with coexisting chronic diseases admitted to our hospital between May 2023 and December 2023 were selected and grouped according to the randomized numerical table method, with conventional nursing care implemented in the control group (n=40) and safe medication nursing guidance implemented in the observation group (n=40), to compare the quality of life scores of the patients in both groups before and after nursing care; the safety of the medication; the medication adherence scores before and after nursing care; the nursing somatic function before and after nursing. Results: Before nursing care, the quality of life scores of patients in the two groups were compared ($P > 0.05$), and after nursing care, the quality of life scores of patients in the observation group were higher than those of patients in the control group ($P < 0.05$); The rate of unauthorized drug increase, unauthorized drug decrease, drug omission rate and unauthorized drug discontinuation rate of patients in the observation group were lower than those of patients in the control group, and the difference was statistically significant ($P < 0.05$); before nursing, the medication adherence scores of the two groups were compared ($P > 0.05$), and after nursing, the medication adherence scores of the observation group were higher than those of the control group ($P < 0.05$); before nursing, the comparison of the somatic function of the two groups was compared ($P > 0.05$). After nursing care, the 6min walking distance, grip strength, and MMSE scores of patients in the observation group were higher than those of patients in the control group, and the 10m walking time of patients in the observation group was less than that of patients in the control group ($P < 0.05$). Conclusion: Elderly patients with coexisting chronic diseases can further improve their medication adherence, safety, quality of life, and somatic function through safe medication nursing guidance intervention, which is worth promoting.

Keywords: Chronic Illness in the Elderly; Safe Medication Use; Nursing Interventions; Nursing Outcomes

1. Introduction

Chronic diseases encompass a category of ailments characterized by insidious onset, protracted duration, persistent progression, and intricate etiology, rather than referencing a singular illness. Currently, the quality of people's daily lives is improving, and the average life expectancy is increasing. However, the incidence of chronic diseases is also rising. Moreover, our country is currently experiencing an aging population, the proportion of the elderly population is incrementally increasing, and the occurrence of chronic diseases has a severe impact on the quality of life and safety of older individuals. According to relevant statistics, over 180 million elderly individuals in our country suffer from at least one chronic disease, which requires long-term medication for disease control. This is truly a distressing situation for elderly patients [1]. Due to the long-term nature of chronic diseases, the rate of medication non-adherence is relatively high among patients. Coupled with the declining cognitive and memory abilities of elderly chronic disease sufferers, the non-compliance rate in medication adherence is increasing. For instance, the unauthorized reduction or cessation of medication outside of clinical supervision can lead to the progressive deterioration of the patient's condition or cause recurrent relapses, severely impacting their quality of life and overall physical and mental well-being. Therefore, effective measures need to be taken to manage medication adherence and safety for elderly chronic disease patients [2]. Medication safety nursing intervention refers to a series of nursing interventions conducted to ensure medication safety and effectiveness during the treatment of patients. The aim is to effectively control the patient's condition and reduce hospitalization rates. Currently, in the process of medication safety nursing management, healthcare providers establish health records for patients, distribute health handbooks to patients and their families, and conduct follow-ups through phone calls, WeChat, and home visits. These interventions aim to educate patients about disease knowledge and the importance of medication. In recent years, both domestically and internationally, the implementation of

medication safety management in nursing interventions for elderly chronic disease patients has yielded clear results, significantly improving medication safety, quality of life, and self-management abilities [3,4]. In this study, the authors selected 80 cases of elderly patients with multiple chronic diseases admitted to our hospital between May 2023 and December 2023. The purpose of this study is to analyze the application effect of medication safety and nursing guidance intervention [5].

2. Information and Methodology

2.1 General information

Eighty elderly patients with comorbid chronic diseases admitted to our hospital between May 2023and December 2023 were randomly assigned to either the control group (n=40) receiving routine care or the observation group (n=40) receiving medication safety and care guidance. The control group consisted of 23 male and 17 female patients, with an age range of 60 to 86 years and a mean age of (73.16±2.49) years. The duration of their illnesses ranged from 3 to 16 years, with an average of (8.29±1.46) years. Among them, 25 had hypertension, 10 had diabetes, 8 had hyperlipidemia, and 6 had coronary heart disease. Similarly, the observation group consisted of 21 male and 19 female patients, with an age range of 60 to 88 years and a mean age of (73.52±2.59) years. The duration of their illnesses ranged from 3 to 16 years, with an average of (8.43±1.51) years. Among them, 28 had hypertension, 12 had diabetes, 7 had hyperlipidemia, and 7 had coronary heart disease. The general characteristics of the two groups were comparable, with no statistical significance in the differences (P>0.05). Note: This study was approved by the Ethics Committee of our hospital.

Inclusion criteria: ① Presence of two or more chronic illnesses; ② Complete clinical data; ③ Patients and their family members are informed about this study and have signed the informed consent form; ④ Patients aged 60 and above [6]. ⑤ This study was approved by the to the institutional ethics committee.

Exclusion criteria: ① Presence of 1 or more chronic diseases; ② Presence of cognitive impairments and confusion; ③ Presence of malignant tumors; ④ Presence of blood system disorders; ⑤ Presence of immune system disorders; ⑥ Inability to communicate effectively with others; ⑦ Inability to independently complete the relevant scales in this study; ⑧ Severe abnormal reactions in vital organ functions.

2.2 Methodologies

Control group: Routine care: Based on the patient's diagnosis and treatment plan, routine nursing interventions are carried out by combining the patient's actual condition, disease progression, and dietary situation.

Observation group: Safe medication nursing intervention: (1) Health education: Nursing staff should search for keywords such as elderly chronic diseases, safe medication, and nursing management, and then organize relevant materials into a health education manual, which should be distributed to patients and their families. Public guidance classes on elderly chronic diseases should be held every two weeks [7]. The content of the guidance classes include standardized use of medication for elderly chronic disease patients, how to identify medications, how to use medication and dosage, precautions during medication, and potential adverse reactions after medication. (2) Strengthening self-care: Nursing staff should use network platforms and WeChat platforms to introduce relevant knowledge about chronic diseases to patients and their families, provide psychological counseling for patients on this platform, encourage patients to actively participate in the nursing and treatment process, and control the patient's chronic disease to be in a relatively normal state through self-care and psychological adjustment. (3) Psychological care: Nursing staff and psychological experts need to patiently listen to the patient's true demands, then implement nursing interventions and psychological support for the patient with the cooperation of the patient's family [8]. Based on the patient's psychological characteristics, the patient's mentality should be managed. Psychological counseling services should be provided to ensure that patients maintain an optimistic attitude as much as possible, fight against disease, and improve the prognosis, so that patients can maintain a sufficiently happy and relaxed attitude while complying with treatment. (4) Continuity of care: ① Establish a continuity of care team: Upon discharge, a health record should be created for the patient, summarizing all the patient's basic information and disease-related knowledge, then a continuity of care team should be established. The team should be composed of the head nurse and nursing staff to develop a continuity of care plan [9].

② Follow-up management: Members of the continuity of care team need to strictly follow the continuity of care plan, conduct follow-up for patients, make four phone calls per month and communicate with patients twice a week on WeChat. If the patient has cognitive abnormalities, they need to maintain active communication with the nursing staff. During the follow-up process, nursing staff need to understand and record the patient's physical rehabilitation status and medication. ③ Safe medication intervention: Patients are required to strictly follow the medical advice, not increase or decrease medication or stop medication on their own, and be supervised by their families. Patients should also be instructed to strictly follow the medication instructions on the package insert during medication and follow a diet regime while being aware of drug interactions to enhance medication safety. ④ Life guidance: Patients are required to develop good habits such as regular sleeping, scientific diet, standardized exercise habits, and maintain an optimistic attitude. Patients should also undergo timely disease review [10].

2.3 Observation indicators

①Comparison of quality of life before and after nursing care: Assessed on the SF-36 scale, which includes eight components: mental health, social functioning, general health, physical functioning, vitality, bodily pain, emotional role, and physical role. Each component is scored out of 100, with higher scores indicating better quality of life for the patients.

②Comparison of medication safety: Assessed according to the hospital's own medication safety questionnaire, which is based on the rates of unauthorized dose increases, unauthorized dose reductions, missed doses, and unauthorized discontinuation of medication [11].

③Comparison of medication adherence before and after nursing care: Assessment of patients' medication adherence by means of a self-administered questionnaire in the hospital, which includes four indicators: proper diet, rehabilitative exercise, timely follow-up appointments, and hygiene cleanliness. Each indicator is scored out of 25, with higher scores indicating greater medication adherence [12].

④Comparison of physical functioning before and after nursing care: Evaluation of physical functioning is conducted based on the patient's 6-minute walking distance, 10-meter walking time, grip strength, and MMSE score. Grip strength is measured using an electronic grip strength meter, with measurements taken for both the left and right hands. Three repetitions are performed, and the average value is recorded. MMSE scores were assessed by the Brief Intelligent Mental State Scale, which consists of seven dimensions: orientation, memory, attention, calculation, recall, language, and time. The maximum score is 30, with higher scores indicating better cognitive function for the patients [13].

2.4 Statistical processing

SPSS25.0 statistical software was used to analyze the data, mean + standard deviation ($\overline{x}$ ±s) indicated the measurement data, t-value was examined, rate (%) indicated the count data, X2 was examined, and the difference between the two groups of data was statistically significant when $P<0.05$.

3. Results

3.1 Comparison of quality of life scores before and after care

Before nursing care, the quality of life scores of the two groups of patients were compared ($P > 0.05$), and after nursing care, the quality of life scores of the patients in the observation group were higher than those of the patients in the control group ($P < 0.05$), as shown in Table 1;

Table 1. Comparison of quality of life scores before and after care ($\overline{x}$ ± s) (points)

Group	Number of cases	Mental Health		Social Functioning		General Health		Physiological functions	
		Before care	After care	Before care	After care	Before care	After care	Before care	After care
Observation Group	40	67.53±3.84	86.32±4.79	73.56±4.25	87.68±6.89	69.82±4.53	89.82±5.03	71.56±3.98	92.65±4.18
Control group	40	67.94±3.96	71.52±4.36	72.98±4.16	83.13±6.23	69.13±4.58	85.98±4.98	71.03±4.16	83.35±4.12
t	-	0.470	14.451	0.617	3.098	0.677	3.431	0.582	10.022
P	-	0.640	0.000	0.539	0.003	0.500	0.001	0.562	0.000

Table 1 (continued)

Group	Number of cases	Energetic		Somatic Functioning		Emotional function		Physiological function	
		Before care	After care	Before care	After care	Before care	After care	Before care	After care
Observation Group	40	64.35±6.46	88.56±7.85	61.32±5.49	88.34±6.56	69.82±4.53	89.82±5.03	71.56±3.98	92.65±4.18
Control group	40	64.71±6.52	83.92±9.33	61.79±5.52	84.46±6.15	69.13±4.58	79.68±4.98	71.03±4.16	89.35±4.12
t	-	0.248	2.407	0.382	2.729	0.677	9.060	0.582	3.556
P	-	0.805	0.019	0.704	0.008	0.500	0.000	0.562	0.001

3.2 Comparison of the safety of medication

The rates of unauthorized increase of medication, unauthorized decrease of medication, omission of medication, and unauthorized discontinuation of medication in the observation group were lower than those in the control group ($P < 0.05$), as shown in Table 2;

Table 2.Comparison of safety of medication [n (%)]

Group	Number of cases	Unauthorized drug increase rate	Unauthorized drug reduction rate	Missed dose rate	Unauthorized stopping rate
Observation Group	40	0(0.0)	1(2.5)	1(2.5)	0(0.0)
Control group	40	4(10.0)	7(17.5)	6(15.0)	4(10.0)
X2	-	4.211	5.000	3.914	4.211
P	-	0.040	0.025	0.048	0.040

3.3 Comparison of medication adherence scores before and after care

Before nursing care, the medication adherence scores of patients in the two groups were compared ($P > 0.05$), and after nursing care, the medication adherence scores of patients in the observation group were higher than those of the control group ($P < 0.05$), as shown in Table 3;

Table 3.Comparison of medication adherence scores before and after care ($\overline{x}$ ± s) (points)

Group	Number of cases	Reasonable diet		Rehabilitation exercises		Review on time		Hygiene and cleanliness	
		Before care	After care	Before care	After care	Before care	After care	Before care	After care
Observation Group	40	13.32±0.89	22.25±3.18	14.03±1.06	22.18±2.07	12.16±0.95	21.98±3.30	11.67±1.13	22.15±2.8
Control group	40	13.26±0.81	20.89±2.29	14.09±1.08	19.82±3.54	12.19±1.01	19.94±4.32	11.82±1.19	20.44±3.84
t	-	0.315	2.195	0.251	3.640	0.137	2.373	0.578	2.276
P	-	0.753	0.031	0.803	0.001	0.892	0.020	0.565	0.026

3.4 Comparison of somatic function before and after care

Before nursing care, the somatic functions of the two groups were compared ($P > 0.05$), after nursing care, the 6min walking distance, grip strength, and MMSE scores of the patients in the observation group were higher than those of the patients in the control group, and the 10m walking time of the patients in the observation group was less than that of the patients in the control group ($P < 0.05$), as shown in Table 4.

Table 4.Comparison of somatic function before and after care ($\overline{x}$ ± s)

Group	Number of cases	6min walking distance (m)		10m walking time (s)		Grip strength (kg)		MMSE score (pts)	
		Before care	After care	Before care	After care	Before care	After care	Before care	After care
Observation Group	40	24.61±6.90	76.90±7.70	111.65±6.29	53.38±4.95	17.97±6.99	24.50±4.68	25.91±2.21	28.57±2.29
Control group	40	25.03±6.46	70.80±9.85	110.56±7.59	74.31±5.86	18.12±7.09	21.40±4.41	26.01±2.59	26.99±1.95

t	-	0.149	3.086	0.699	17.257	0.095	3.049	0.186	3.322
P	-	0.882	0.003	0.486	0.000	0.924	0.003	0.853	0.001

Discussion

With the improvement in living quality and medical conditions in our society, the number of elderly individuals has gradually increased. Chronic diseases, which are common among the elderly population, have become a key issue in nursing management, in the backdrop of severe aging. According to epidemiological research, chronic diseases such as coronary heart disease and hypertension have a close relationship with age [14]. With their increasing age, patients with chronic diseases become physically weaker, with a gradual decline in cognitive function. The types of chronic diseases are considered to be an important factor leading to physical weakness. If active treatment is not implemented for patients with chronic diseases, the probability of reversing physical weakness is relatively low. Relevant studies have found that implementing preventive treatment management for chronic disease patients can reverse weakness symptoms, such as joint pain, respiratory depression, and Parkinson's disease. For patients with coexisting chronic diseases, it can seriously affect their quality of life. Therefore, during the medication period of these patients, effective measures should be taken for nursing intervention to ensure medication safety [15].

The application of safe medication nursing management can timely detect the risk of weakening body function for patients with coexisting chronic diseases. Implementing excessive treatment may cause patients to become physically weak and affect their health. Therefore, before treating elderly patients with coexisting chronic diseases, a full assessment of their condition is necessary. The application of safe medication nursing management can not only meet the safety management needs of the elderly population but also improve the physical function of patients during home care. During the application period of the safe medication nursing management mode, disease-related knowledge and medication safety-related knowledge can be disseminated to patients through telephone, WeChat, and other forms [16]. The physical condition of patients with chronic diseases who receive home care can be closely evaluated, and if there are any abnormal changes in the trend of disease, a nursing intervention plan can be formulated by a database and then pushed through WeChat groups to provide solutions. If the problem is of higher complexity, specialized nursing staff can communicate directly with elderly patients through the WeChat platform, requesting timely follow-up visits, detecting any changes in patient's condition, and implementing timely intervention.

The nursing concept of safe medication care management is based on a system of responsibility, aimed at fully empowering the patient's self-care abilities [17]. Understanding the patient's compliance with nursing management and their level of disease awareness during treatment interventions has a direct impact on their physical and psychological well-being. The most critical aspect affecting patient medication compliance is assisting them in actively and reasonably facing the occurrence and progression of chronic diseases, followed by the implementation of professional and systematic treatment interventions. The application of the safe medication care management model allows for the full utilization of the patient's self-care abilities, encouraging both the patient and their family members to actively participate in medical care management. This maximizes the patient's subjective initiative and treatment compliance, making efficient use of existing human and physical resources. Nurses, healthcare professionals, and family members need to fully integrate into nursing work, assisting patients and their families in learning how to monitor their condition and implementing targeted nursing interventions, thus further enhancing the patient's quality of life. The safe medication care management model encompasses various aspects of psychological care and health interventions, and its implementation significantly improves patient compliance and initiative compared to conventional care [18]. Additionally, the application of the safe medication care management model can reduce the financial burden on the patient, increase the efficiency of controlling parameters such as blood pressure, blood sugar, and blood lipids. Furthermore, nursing staff can maintain online communication with patients, propose continuous improvement measures based on changes in the patient's condition, and gradually restore and reverse the cognitive decline in patients with coexisting chronic diseases. Through the application of safe medication care management, patients can receive continuous and personalized nursing interventions outside of the hospital, greatly enhancing the safety of medication use in chronic disease patients. For patients at risk of deterioration, it is necessary to implement comprehensive medication plans to improve their prognosis [19].

The present study reveals that, following nursing intervention, the quality of life scores of the observation group patients were higher than those of the control group, with a statistically significant difference ($P < 0.05$). The observation group patients exhibited lower rates of

self-medication increase, self-medication decrease, medication omission, and self-discontinuation compared to the control group patients, with a statistically significant difference ($P < 0.05$). Furthermore, the medication compliance scores of the observation group patients were higher than those of the control group, demonstrating a statistically significant difference ($P < 0.05$). Additionally, the observation group patients displayed higher 6-minute walking distances, grip strength, and MMSE scores than the control group patients, while their 10-meter walking time was less than that of the control group patients, with a statistically significant difference ($P < 0.05$). Therefore, it can be seen that intervention through the implementation of a safe medication nursing management model for elderly patients with multiple chronic conditions effectively enhances their quality of life, medication compliance, medication safety, and physical functioning. This can be attributed to the fact that elderly patients with comorbidities require long-term medication treatment, compounded with their poor memory and relatively lower cognitive levels, which significantly reduces their medication compliance. A majority of chronic disease patients do not adhere to medication regimens as prescribed, resulting in adverse reactions after medication administration [20]. However, the application of a safe medication nursing management model allows for regular open guidance sessions for patients, led by professional nursing personnel, to instruct patients on proper medication use and emphasize the importance of adhering to correct medication practices to control disease progression. This fosters self-management skills and significantly improves patients' compliance. Due to the alterations in geriatric pharmacokinetics, whereby the pharmacodynamic processes are diminished, passive diffusion remains unaffected while active transport absorption declines, the ability to metabolize drugs gradually decreases, leading to an extended elimination half-life, heightened plasma drug levels, and a potential rise in adverse drug reactions. The implementation of a safety-oriented medication care model allows for the development of customized medication plans tailored to the physiological characteristics of elderly populations. Such plans encompass strategies such as judicious medicine use, application of the smallest effective dosages, reliance on the most familiar drug varieties, reducing the actual diversity of medications used, avoidance of antibiotic overuse, and emphasis on non-pharmacological treatments, thus ensuring patient safety in medication while achieving favorable therapeutic outcomes. Prior studies, such as Zeng Ximei's research, have found that the quality of life scores and medication safety scores of the observation group patients after intervention were higher than those of the control group. The medication compliance and satisfaction levels of the observation group were also higher than those of the control group. Wang Huaxin's research has revealed that the safety of medication upon discharge for patients in the observation group surpasses that of the control group. Additionally, the observation group exhibits higher adherence scores post-discharge compared to the control group, and their readmission rates are lower. In a study conducted by Su Jie and Cui Jinshuai, it was found that the observation group has higher adherence scores, improved quality of life, and a better understanding and implementation of safe medication practices compared to the control group. Similarly, Zhang Fangfang and Du Yelin's research indicates that the observation group demonstrates superior cognitive function, sleep quality, daily living abilities, and overall quality of life compared to the control group, with a lower incidence of unexpected events. These findings align closely with the results of this study, illustrating the efficacy of the secure medication care management model.

In summary, the intervention of elderly patients with coexisting chronic diseases through the safe medication care management model can improve their nursing effect, which is worth promoting. However, there are some limitations in this paper, such as the small number of patients included in this study, short years, and a single-center study; in the future, we can increase the number of samples, extend the number of years, and carry out a multicenter study to enhance the credibility of the research data.

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