

Abstract

The purpose of this direct practice improvement project was to identify if an educational intervention regarding medication adherence would decrease exacerbations events 30 days post intervention compared to 30 days pre intervention, in 60-80 year old patients with chronic obstructive pulmonary disease (COPD). Thirty-one patients participated in this project and the Morisky Medication Scale-8 (MMAS-8) was used to determine patient's adherence. McNemar's chi-squared analysis was calculated to compare pre and post exacerbation events and statistical significance was noted for a decrease in exacerbation post educational intervention ($p = .049$). Pearson's chi-squared analysis was calculated for age, gender and level of education regarding medication adherence. Statistical significance for age was noted ($p = .029$) regarding patient's stopping medication because it made them feel worse (older elders [71-80 years of age] were significantly higher). Clinical significance was obtained regarding gender ($p = .056$) and stopping medications because patients felt better and females were found to have a greater incidence in this area than males (females: 93.8% and males, 66.7%). There were no statistically significant findings regarding medication adherence and level of education. Imogene King's Theory of Goal Attainment guided this project.

Keywords: adherence, COPD, chronic obstructive pulmonary disease, exacerbations, non-adherence, pharmacotherapy