

1 Abstract

Background: Chronically ill patients are often affected by multimorbidity. A drug treatment with five or more drugs at the same time is not rare and has become more common in the last years. To counteract adverse drug reactions, drug-drug interactions and suboptimal adherence, a structured medication reconciliation in general practice with an active patient role is needed. The study aim was to identify influencing factors on the satisfaction with the structured medication reconciliation in general practice in patients with a drug-treated type-2-diabetes. The role of the electronic medication platform “*AiDRhine-Neckar*” in this process was also evaluated.

Methods: Within the INFOPat subproject, in a multicentric, prospective randomized controlled trial, 15 general practices with a total of 113 patients were recruited. After the baseline survey 107 patients were randomized into control and intervention groups. Patients of the intervention group (N = 49) had the opportunity to use “*AiDRhine-Neckar*” in order to prepare for structured medication reconciliation. Patients of the control group (N = 58) only had an information brochure for preparation. Sociodemographic data and the German Satisfaction with Information about Medication Scale (SIMS-D) of all patients were collected within the INFOPat project. For measuring the satisfaction with the structured medication reconciliation in both groups, a self-developed questionnaire consisting of seven items was used. Factors influencing patients’ satisfaction with the structured medication reconciliation were evaluated by a linear backward regression.

Results: All patients rated the structured medication reconciliation in general practice as useful. Influencing factors concerning the satisfaction with the structured medication reconciliation were a higher SIMS-D-overall-score, fewer than six drugs per day and current employment. The use of the electronic medication platform “*AiDRhine-Neckar*” had no significant influence on patients’ satisfaction with the structured medication reconciliation.

Conclusion: The structured medication reconciliation is a useful element and should regularly take place in general practice. This study is also the basis for further research. In a next step barriers and facilitating factors for the use of electronic tools from the patient’s perspective should be identified.

Keywords: chronically ill patients, structured medication reconciliation, active patient role, adherence, electronic medication platform, drug safety, multimorbidity