Exploring the Everyday Experiences of Older Māori and their Medication

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Key Points:
- Enquire about the views and perceptions of health and well-being of older Māori
- Reassure older Māori about the need for the medication in a way they can relate to
- Provide information that aligns with Māori beliefs, values and understandings
- Provide written information including the safe use, storage and disposal of the medication

Older Māori negotiate the complexities of medication and its use through self-regulation and self-management – guided by their beliefs, values, and attitudes along with the issues they face on a day-to-day basis.

The 1997 Oranga Kaumatua Study about the health and well-being of older Māori people revealed a number of factors (Box 1). There are a number of issues that need to be addressed.

Older Māori are likely to follow instructions, driven by trust and respect for the doctor’s authority. This may lead to older Māori continuing to take medication when it is no longer needed.

Older Māori are more likely than non-Māori to be treated for the symptoms of chronic conditions rather than the conditions themselves.

Insufficient information is provided to Māori concerning the safe use, storage and disposal of medicine. This is a particular concern if there are communication issues, they are living alone, are without social support, or are caring for mokopuna (grandchildren).

Factors emerging from the 1997 Oranga Kaumatua Study about the health and well-being of older Māori people.
- Two-thirds of older Māori were taking medication on a regular basis
- 75% recalled what it was they were taking
- 95% knew what the medication was for
- Almost 100% indicated that they knew when to take their medication
- 88% of older Māori received health advice/information from their doctor
- 36% received information from their pharmacist
- Older Māori preferred or relied on non-medical sources of information
- Almost half indicated that they always followed the health information they received, 20% indicated they often followed advice and 26% sometimes followed medical advice
- Older Māori preferred information to be provided ‘kanohi ki te kanohi’ (face to face), in written form and through hui, although non traditional methods such as multimedia still rated highly
- Information provided by the health provider was most preferred (87%), followed by Māori health workers (26%), friends (11%) and whanau (2%)
Considerations for Older Māori and their Medication

Medication for Māori is more than just pharmacological and physical. For older Māori, medication may be viewed as a conduit to facilitate other important factors and events in their lives that enhance their well-being and enable them to live active and self-dependant lifestyles. Therefore medication use is not considered in isolation.

When prescribing for older Māori, it may be best to link the benefits of the medication with their ability to carry on with their lives – preserving and strengthening their social space and networks, their sense of well-being, their productiveness for themselves, their whānau and their community and their ability to function optimally. What may be important for older Māori are the improved health outcomes that result from taking medication rather than, for example, knowing their glycosylated haemoglobin is 8% after taking metformin for six months.

Understanding how older Māori perceive their well-being, by asking what is important for them may be an alternative approach to promote the benefits of their medication. Stressing patient-centered priorities, aligned with their health beliefs, goals and expectations rather than that of their doctor, is useful. The example using asthma and utilising Durie’s whare tapa wha framework explains this further (Table 1).

Conclusion

For older Māori, being provided with information about their medication that aligns with their needs, beliefs and understanding is essential. This optimises the benefits of the medication and ultimately improves health and well-being.

References:

2. Benson J, Britten, N. Patients’ decisions about whether or not to take antihypertensive drugs: Qualitative study. BMJ 2002; 325(7369): 873.

Table 1: Managing asthma using the whare tapa wha framework

<table>
<thead>
<tr>
<th>Wairua (Spiritual)</th>
<th>Hinengaro (Psychological)</th>
<th>Tinana (Physical)</th>
<th>Whanau (Family)</th>
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<tbody>
<tr>
<td>Improved asthma management allows a feeling of well-being which others will notice</td>
<td>Improved asthma management gives confidence for managing future attacks and reduces anxiety</td>
<td>Improved asthma management results in less problems with breathing and ability to participate in and enjoy a wider range of physical activities</td>
<td>Improved asthma management results in less distress for family and gives more energy for participation in family activities</td>
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