

Helping children finish their medicine

Why is this important?

- If people are unwell and given medicine by their doctor or nurse, it is important that they finish the whole course. If they don't take the full course, they may get sicker, require additional treatment or the medicine may not work as well in future.
- Sometimes we don't finish all our medicine and there are a lot of reasons for this. For example, we might forget to take the medicine, not really understand why we should, or just stop taking it because we feel better!
- We wanted to look at ways of improving the numbers of children that finish their medication. We think as many as 1 out of 4 people don't complete their medication.

What we did?

- We looked at four different ways of helping children within the rheumatic fever prevention programme finish their medicine. The Antibiotic Adherence Trial (AAT) was carried out in South Auckland schools during Term 4 2014.

Who we are?

- Mana Kidz is a health programme across primary and intermediate schools. Mana Kidz provides a comprehensive health service to reduce rheumatic fever, skin infections and other health conditions.
- We began in six schools in Otara in late 2012. 61 schools across Otara, Mangere, Manurewa and Papakura now benefit from the programme. Over 26,000 children are able to access a high quality health service at their school every day of the school year
- NHC supports an alliance of primary care and community health providers to ensure that all children have the best start to life.

			
The nurse giving medication at school worked well.	Most children and whānau were happy with a one off injection.	Text message reminders did not help.	Blister packs with medicine in daily compartments did not help.



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Directly observed therapy (DOT) ☺

- Directly observed therapy (DOT) is when a nurse gave the child the medicine directly at school every day for most of the ten days (some was given by whānau in the weekend). This is a safe way of making sure that the child takes their medicine because we can see them take it and share the work of remembering with the whānau. After the ten days, we tested the child to see if the throat infection had gone.
- We found that DOT was a really good way of making sure that kids take their medicine. We also found that the children, parents and teachers were happy with the nurse giving the medicine each day at school.
- DOT does take more nursing time (approximately 2 hours) than simply giving the medicine to the parent or the child.



Blister packs ☹

- Blister packs are small plastic packs with each of the pills in separate compartments. The packs were used to see if they helped parents keep track of their child's medication.
- Feedback from children and whānau was very positive with many saying that they liked the blister pack. But the blister packs did not mean that more children finished their medicine.



Text message reminders ☹

- We sent daily text messages over the ten days to help remind parents to give their child their medicine each day. Parents like receiving the messages and told us that the messages were useful reminders. But the text reminders did not mean that more children finished their medicine.



Injections (Intramuscular bicillin) ☺

- A once-off injection is another way of treating sore throats. It is useful because we don't have to remember to take medicine each day. Not everyone likes injections, which can be painful. We wanted to see if parents and children would be ok with us offering this as a treatment for sore throats. We also wanted to see if children would be put off coming to the clinic for a sore throat if they knew that they might get an injection.
- We talked to parents and children and asked them if they would like an injection rather than other medicine. We found that this was an acceptable option to parents and to children. Most parents would choose for their child to have an injection again. Most children were happy to come back to the clinic and weren't too scared of the injection.