

Experiences of Medication Use in Patients with Chronic Illnesses ประสบการณ์การใช้ยาของผู้ป่วยโรคเรื้อรัง

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The objective of this qualitative study is to clarify and elaborate meanings and experiences of chronic illness and medication uses defined and interpreted by patients afflicted with chronic illnesses. Arthur Kleinman's conception of illness meaning and lived experience was adopted to comprehend various meanings of chronic conditions and chronic medication regimens perceived, interpreted and evaluated by patients afflicted with chronic illnesses. Thirteen patients with chronic illnesses were purposively selected as key informants by the guidance of three veteran community nurses. Field survey, participant observation and in-depth interview to grasp patients' lived experiences of chronic illnesses and medication use were used in the study. All informants were patients who have lived in Raj PrachaSamasai Institute and have suffered common chronic illnesses, such as hypertension, diabetes or heart disease causing their everyday life activities encountered with more difficulties.

The results revealed that explanations of chronic illness and drug use from informants and health professionals were very different. Significance of their chronic conditions was mainly determined by perceived symptoms and lived experiences. Meanings of medication use in patients usually interrelated with significances and experiences of chronic illnesses, and symptoms played an important role in encouraging patients to make decision about continuing, adjusting or stopping their medication. In addition, symptom perceived after taking medication was the significant factor to signify particular meanings of medication regimens. Some were defined as pollutants that needed to be stopped because they were harmful to their bodies. By contrast, others were glorified magic bullets that needed to be continued in order to maintain their lives. Thus, using medications became a part of patients' routines. However, whenever patients perceived of no symptoms and had abilities to perform daily tasks normally, they tended to interpret their conditions as "well or cured" and usually decided to stop taking medications. Thus, health professionals should listen to patients' stories carefully to grasp the significant life context and particular symptoms that can influence patient's perception, interpretation and performance to set practical and appropriate caring options for their patients.

Keywords: Illness meanings, illness experiences, experience of medication use

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การศึกษาเชิงคุณภาพนี้มีวัตถุประสงค์เพื่อทำความเข้าใจอย่างลึกซึ้งเกี่ยวกับประสบการณ์การใช้ยาของผู้ป่วยโรคเรื้อรังในส่วนของ การให้ความหมายและนัยสำคัญเกี่ยวกับโรคเรื้อรังประสบการณ์เกี่ยวกับยาที่ใช้ในการรักษาโรคเรื้อรัง รวมถึงบริบทที่สำคัญในชีวิตของผู้ป่วยที่ส่งผลกระทบต่อตัดสินใจใช้ยา ปรับเปลี่ยนการใช้ยา หรือหยุดการใช้ยาเพื่อรักษาโรคเรื้อรังของผู้ป่วย โดยผู้วิจัยเลือกใช้แนวคิดเกี่ยวกับการให้ความหมายและประสบการณ์ความเจ็บป่วยของ Arthur Kleinman มาประยุกต์และอธิบายถึงการให้ความหมายและการสะท้อนประสบการณ์เกี่ยวกับการใช้ยาของผู้ป่วยโรคเรื้อรังในมิติที่หลากหลายในการใช้ชีวิตและเพื่อให้ได้ข้อมูลที่ลึกและรอบด้านเกี่ยวกับการใช้ชีวิต การให้ความหมายเกี่ยวกับโรคเรื้อรัง และนัยสำคัญของการใช้ยา ผู้วิจัยจึงทำการเก็บข้อมูลโดยการสัมภาษณ์ภาคสนาม การสังเกตอย่างมีส่วนร่วม และการสัมภาษณ์เชิงลึก ผู้ให้ข้อมูลหลักประกอบด้วยผู้ป่วยชายหญิงจำนวน 13 ราย อาศัยอยู่ในชุมชนบนพื้นที่ของสถาบันราชประชาสมาสัย จังหวัดสมุทรปราการ ซึ่งได้รับคัดเลือกแบบเฉพาะเจาะจงจากคำแนะนำของพยาบาลชุมชน โดยผู้ให้ข้อมูลเป็นผู้ป่วยโรคเรื้อรังทั่วไป เช่น เบาหวาน ความดันโลหิตสูงหรือโรคหัวใจ ที่อาการป่วยส่งผลให้การใช้ชีวิตประจำวันเป็นไปด้วยความยากลำบากมากขึ้น

จากการศึกษาพบว่า การให้เหตุผลเกี่ยวกับความเจ็บป่วยและการใช้ยาของบุคลากรทางการแพทย์และผู้ให้ข้อมูลมีความแตกต่างกันอย่างมาก โดยนัยสำคัญของความเจ็บป่วยจะถูกกำหนดจากอาการไม่สบายและประสบการณ์ในการเจ็บป่วยเป็นหลัก ขณะที่การให้ความหมายเกี่ยวกับยาที่ได้รับและประสบการณ์การใช้ยาของผู้ป่วยจะสัมพันธ์กับประสบการณ์และการให้ความหมายความเจ็บป่วยด้วยโรคเรื้อรังของผู้ป่วยอย่างมาก และอาการมีบทบาทสำคัญอย่างยิ่งต่อการตัดสินใจใช้ยาปรับเปลี่ยนขนาดการใช้ยาหรือหยุดยาของผู้ป่วย นอกจากนี้ อาการที่ผู้ป่วยรับรู้ในระหว่างการใช้ยานับเป็นปัจจัยสำคัญต่อการสร้างความหมายหรือนัยสำคัญที่แตกต่างกันของยา ไม่ว่าจะเป็นความหมายของยาในฐานะสิ่งแปลกปลอมที่หากรับเข้าไปแล้วจะเป็นอันตรายต่อร่างกายจนทำให้ผู้ป่วยส่วนหนึ่งตัดสินใจหยุดใช้ยา หรือในฐานะกระสุนพิเศษที่สามารถบรรเทาหรือขจัดอาการป่วยจนทำให้ผู้ป่วยมองว่ายาคือเป็นสิ่งจำเป็น ทำให้การใช้ยากลายเป็นส่วนหนึ่งของการดำเนินชีวิตประจำวัน อย่างไรก็ตาม โอกาสที่ผู้ป่วยจะตัดสินใจหยุดใช้ยาสามารถเกิดขึ้นได้ตลอดเวลา โดยเฉพาะในช่วงเวลาที่ผู้ป่วยประเมินว่าตนเองหายจากโรค ซึ่งหมายถึงการที่ไม่รับรู้ถึงอาการผิดปกติและสามารถทำกิจวัตรประจำวันได้ ดังนั้น บุคลากรทางการแพทย์จึงควรเปิดใจรับฟังเรื่องราวของผู้ป่วยอย่างใคร่ครวญ เพื่อทำความเข้าใจถึงบริบทชีวิตและอาการที่ส่งผลกระทบต่ออย่างสำคัญต่อการรับรู้ การตีความ รวมถึงการปฏิบัติตัวของผู้ป่วย เพื่อที่จะได้สามารถนำเสนอทางเลือกที่เหมาะสมและปฏิบัติได้จริงในการดูแลผู้ป่วยของตน

คำสำคัญ: การให้ความหมายเกี่ยวกับความเจ็บป่วย, ประสบการณ์ความเจ็บป่วย, ประสบการณ์การใช้ยา

Introduction

Throughout over hundred years, biomedical knowledge and advanced medical technology have succeeded in eliminating severe communicable diseases and managing critical health problems. On the contrary, chronic illnesses have become the uncontrollable health issues for medical professionals, as numbers of population afflicted with chronic diseases are more and more increasing. Moreover, chronic conditions are the leading cause of mortality in the world¹. In Thailand, from 2006 to 2011, cancer, heart disease, hypertension and diabetes are important chronic diseases causing mortality in Thai population².

According to biomedical perspective, chronic conditions are defined as diseases or abnormalities that cannot be cured or recovered because patient's particular organs and their specific functions have been gradually deteriorated for a long period^{1,3}. Moreover, definition of chronic diseases is expanded not only the traditional non-communicable ones (e.g., diabetes, hypertension and heart disease) but also several communicable diseases (e.g., HIV/AIDS and Tuberculosis) and long-term mental disorders (e.g., depression and schizophrenia), as well as ongoing physical or structural impairments (e.g., blindness or amputation resulting from improper management of chronic diseases)^{1,3}. Medical professionals choose advanced medical technologies, including medicine, to treat their patients because

of their miraculous and scientifically evidence-based curing potential. Thus, when people were once diagnosed with a particular disease, specific drug regimens were prescribed by their physicians as a crucial element to control that chronic condition,

To achieve appropriate clinical outcomes and to prevent serious complications, all medical professionals always focus on reinforcing all patients to continue their rational medication regimens and to monitor their vital clinical indicators constantly⁴⁻⁶. Nevertheless, other dimensions of patient's life, such as difficulties and sufferings in taking medications, were neglected since physicians considered that patient's complaints about their distresses are very common, but not critical⁷. Whenever patients with chronic diseases continue following drug regimens, they are recognized as the good patients who are worth treating. On the contrary, when patients choose not to follow drug regimens recommended by their doctors and create their own regimens, they are blamed as "the non-adherent", and non-adherence performance is fundamentally labeled as a failure of treatment. Thus, various interventions have been created and promoted to enhance their adherence behaviors and their parameter level control without doubting about reasons of patient's non-adherence. However, in the real world, more than fifty percent of patients do not comply with medication regimens prescribed by their physicians⁸⁻¹⁰. Moreover,

around fifty percent of those who have been prescribed chronic medications for the first time decided to stop using their medications within a few months¹¹.

In Raj PrachaSamasai Institute community, which was located in Samuthprakarn province, “Medication calendar” was applied by community nurses as an effective tool to improve patient’s adherence by enhancing patient’s remembrance and convenience in taking medicine for their chronic conditions, such as diabetes, hypertension or heart disease. However, effectiveness of “Medication calendar” was doubted¹² because some patients refused to use this calendar; hence, exacerbation of chronic illnesses was still observed. I, as one of the pharmacists working in this institute, considered that it is necessary to explore meanings and experiences of medication uses for chronic illnesses perceived and defined by these patients. In order to attain comprehensive understanding about significances of medication regimens for curing chronic illnesses defined and interpreted by leprosy patients with chronic conditions, conceptualization about definitions, significances, attitudes and experiences of their chronic illnesses and medication use should be discussed and clarified.

Objective

To clarify and elaborate meanings, significances, and experiences of chronic illness and medication uses defined and interpreted by

leprosy patients afflicted with chronic illnesses in Raj PrachaSamasai Institute.

Methodology

This is a qualitative study. Arthur Kleinman’s conception of illness meaning and experience¹³ was adopted to grasp various dimensions of experiences and significances of chronic illnesses and patient’s medication use perceived, defined and interpreted by leprosy patients living their everyday lives with chronic conditions at Raj PrachaSamasai Institute in Samutprakarn. Informants were chosen purposively with guidance of three community nurses. They all are leprosy patients afflicted with chronic illness, and their illnesses as well as their medication taking behaviors were monitored and recorded by community nurses.

To understand context of community, chronic illness meanings, and experiences of medication uses defined and embodied by patients deeply and comprehensively, various means of data collection were utilized, such as historical review, community survey, participant observation, and in-depth interview. I, as a researcher, used myself as an important tool to gradually approach and understand unique characteristics of patients and their community. First, philosophy, missions and regulations in controlling patient’s diseases at the institute were retrieved by documentation review and key informant interview. Second, context of the institute was comprehended after

community survey and patient's home visit with two veteran community nurses. Ambience of community, significant locations and patient's life world were gradually embodied by participant observation. Third, significant issues were identified and organized, and loosely-structured questions were developed after discussing with my advisor to develop in-depth interview format. Short notes or jotting and a tape recorder were utilized to gather data in this study. Afterwards, Kleinman's notion of illness meanings, continuous home visit and in-depth interview were used to conceptualize all contexts in their daily lives, their interpretations to chronic illnesses, their sufferings, and their practical tactics to deal with particular illnesses. Ultimately, significances of medication regimens were clarified, recommendations from professionals were raised, various adverse effects after taking medicine were mentioned, and strategies to adjust medication regimens were discussed in order to grasp patient's comprehensive experiences of medication use.

Like other qualitative research, data analysis started concurrently with data collection. After each interview, I gradually transcribed data from tape-recorder verbatim. Words and issues from jotted notes were expanded and interpreted to create stories of patient's chronic illnesses and their medication use performances. If some data were incomplete, I added some more questions to achieve the complete information in my next interview.

After finishing discussion with key informants, all data was discussed with my advisor to form specific issues, and relate these particular issues to our key concept to develop meaningful interpretations and conceptualizations regarding patients' meanings, expectations and responses about their chronic illnesses and medication use. After applying Kleinman's notion of chronic illness to my findings, different perspective concerning significances and experiences of chronic illness and medication use were categorized. Afterwards, all related issues were grouped together and each perspective was clarified in order to create the coherent explanations and examples.

Ethical consideration

All documents, such as Research proposal, in-depth interview form and questions, and informed consents, were considered and approved by Ethical committee. Key informants were informed that their identities were protected and kept confidential. Ultimately, in order to avoid exposing true identities of all patients, pseudonyms were presented.

Results and discussions

1. Context of Raj PrachaSamasai Institute and life context of key informants. Although function of this institute as a leprosarium was dissolved due to success of effective antimicrobial agents, many leprosy patients refused to return home and chose to live in

this institute for the rest of their lives because of their stigmatized feelings. About 670 leprosy patients lived in this community with their families. Most of them had disabilities, such as foot drop, armless and blurred vision. Moreover, when getting older, they have suffered common chronic conditions, such as diabetes, hypertension, hyperlipidemia and heart diseases.

Raj PrachaSamasai Institute consists of two main areas: hospital and community zone for leprosy patients. Even though community zone is located within Raj PrachaSamasai Institute area and have no definite markers to separate the community from the hospital. I, as one of the medical professionals, feel awkward to leave my secured and hygienic area and step into the gloomy, crowded and unclean community. It is a new world for me as a researcher and a pharmacist who wanted to understand the real lives of leprosy patients who were afflicted with many chronic illnesses and were recommended by practitioners to take and continue chronic medication regimens. It is the area of the poor, the handicapped, and the dejected whose relationship with others was loose because almost all of them tried so hard to live their everyday lives like the normal ones outside the community.

Thirteen informants, seven men and six women, who have been living in community of Raj PrachaSamasai Institute, were purposively selected with the co-operation of community nurses. Most of them were between 60 and 78

years old whereas only one woman was at the age of 41. Eight lived alone while the others lived with their couples or their offspring. Only three of them have worked so hard to earn their living whereas the others received their income from government due to their disabled status. All were diagnosed with at least two chronic diseases. Their chronic illnesses included hypertension, diabetes, hyperlipidemia and heart diseases.

2. Meanings and experiences of chronic illness and medication use. In patient's real world, meanings, significances and causalities of chronic illnesses defined and conceptualized by patients were based on their lived experiences. In addition, experiences of chronic illnesses and meanings of their medication use are closely interrelated. First, abnormal symptoms were perceived, absorbed and interpreted by patients. Then, these abnormalities were related to significances and severity of their chronic illnesses. Next, causations of chronic conditions were connected to some specific agents in a direct sense. After particular drug regimens were prescribed and taken, if patients perceived of their better conditions, medicine was interpreted as effective and worth using. By contrast, if some abnormal feelings were experienced, medication regimen was defined as inappropriate or harmful to use. Finally, meanings of chronic illnesses and experiences of medication use, together with patient's daily life context, played an important role in

encouraging patients to take their medications constantly, to adjust their medication regimens periodically, or to stop taking their medicine forever. For instance, in order to achieve daily income and secure daily lives in the community, most of my participants were prompt to interpret all symptoms aggravated by their own illness conditions or prescribed medication that can worsen their capabilities to perform their usual task as “significant”. I chose life story of Sanae in order to portray life world of patients who lived, endured, and coped with their chronic conditions.

3. Sanae’s life world of chronic illness and symptom significance. Sanae was a sixty-year-old man who has suffered from leprosy since he was young. When he first had numbness and chronic wound, he and their family interpreted these symptoms as wound from working hard in the farm. Thus, he treated these conditions with herbal medicine until he was recommended that his symptoms might be leprosy. Afterwards, he referred himself to treat leprosy in this institute and never came back to his original community. When leprosy control program was changed and allowed patients to step outside. He worked as a labor in a pier and had periodically developed wounds at his hands and feet for many years. However, he still interpreted his chronic wound conditions as “normal” which could occur in every leprosy patient resulting from numbness. Thus, he treated his wounds himself

like other patients and was not interested in finding true causality of his chronic wounds. Until 2009, his wound became worsened and had to be operated. While admitting on hospital ward, he was shocked while finding that he got diabetes, hypertension and hyperlipidemia, the most three common chronic illnesses. He expressed his illness causality in lay’s perspective of illness explanation.

“I did not know what diabetes was and how I got diabetes. Doctor told me that I should eat low sugar food”

According to lay perspective of illness explanatory model^{7,13}, participants presented feelings of surprise after knowing that they suffered chronic conditions and did not understand why they were attacked by chronic conditions like hyperlipidemia.

“Hyperlipidemia”. It was a result of obesity, wasn’t it?... or a consequence of eating too much sweet food?...I thought that hyperlipidemia is a result of eating high sweet food and high fat food such as lard or something like that” Ngen

Lay persons conceptualized illness in “word-by-word” perspective⁷. They related their illnesses with only their food intake because they learned to absorb and interpret all information recommended by medical professional verbatim. As a result, their understandings and interpretations about chronic illnesses, their causalities, and their self-care performances did not match professional’s

scientific principles, objectives and recommendations.

After Sanae has been discharged, he was admitted again and again due to his uncontrollable hyperglycemia and chronic wounds. He was labeled as non-adherent patient whose drug-taking behavior must be urgently monitored and corrected by community nurses. During home visit, community nurses identified several factors causing him not to follow all medication regimens. For example, his visual impairment made him open medicine foils and blisters with difficulty, and his lengthy working hours made him forget to take medications after lunch time. In 2010 his wound was severely infected and became gangrene. His right leg had to be amputated from thigh to toe. He defined this event as “tough and significant” because losing his leg meant losing the opportunity to work outside, and it was difficult for him to use prostheses even though he tried so hard to train using them. Thus, he cried so much.

“I felt very painful and my leg became green, and doctor told me that I must lose my leg to save my life”

Nonetheless, after receiving a tricycle with swaying handle, he became cheerful again since he could go everywhere with his tricycle.

Six months later, he was admitted because he had fast heart beat symptom or tachycardia. Again, a new chronic illness, heart disease, became “significant” since it gradually

menaced his daily activities.

“I never knew what heart disease was. Doctor did not tell me how heart disease causes. He said I could exercise a little bit and should be careful about fainting”

After his physician increased doses of diabetic medicine, he felt weak and exhausted and developed tachycardia again. His doctor tried again and again to adjust medication regimens to reduce tachycardia symptoms. After traumatizing from uncontrollable symptoms and various drug regimens, he felt desperate about his illness and stopped taking medicine periodically. Not only did his memory to take medications were interrupted, but his eating performance was impaired, also. As a result, he was monitored by community nurses and medication calendar was implemented. After using a calendar, he could follow almost all of his medication regimens.

In 2011, after relieving from common chronic wound, Sanae experienced a very painful leg which he interpreted as “urgent and intolerable”. He was admitted with new chronic disease, gout. Moreover, lay’s perspective of causation of gout was mentioned.

“After I had recovered from a chronic wound, I had gout. It made me feel painful. It used to occur once in a while, and it disappeared when I had taken medicine for eight or nine days. I felt so painful that I could not let someone touch my leg....I thought that it was because I ate chicken. In the previous

time, however, I ate chicken but I had no symptom. I did not know why I developed gout like this. I listened to the radio and he said that it was caused by much more In-lin... In-lin, isn't it? I did not know"

After continuing taking drugs for a long time, he incorporated all of his symptoms and his chronic illnesses little by little, especially "significant" symptoms that made him feel very painful and terrified. In addition, he gradually learned how to relive or solve these abnormal symptoms himself.

"I knew that when I had a cold sweat, it meant my blood sugar level was low because I experienced symptom of low blood sugar on ward. I called a nurse and asked what this symptom was. Then she tested my blood. My parameter was less than forty....I was almost shocked. She treated me with a cup of sweet juice. I felt better and my visual was clear, not murky. I was afraid and I did not want this to happen again. Thus, I must drink sweet juice when I had this symptom."

When I asked Sanae how he felt convinced that he could control his conditions, he answered like other patients that his symptoms can be controlled. He expressed that symptoms were used as the crucial indicator to adjust limitations of everyday life activities and workload in many patients, such as painful feelings in patient's gouty toes or cold sweat all over the body in diabetic patients. On the contrary, when clinical parameters still signi-

fied some chronic conditions whereas abnormal symptoms were not perceived, such as hyperlipidaemia, many patients, were inclined to believe in symptoms and interpret that their illnesses were cured or under control and decided to decrease or stop taking medications.

"I stop taking medicine because I was healthy. I would take it again if I had symptoms.....Normal body was the body that I could easily work, not the body that I could work with difficulties" Tam

"When blood sugar level was down, I had symptoms such as faint and dizzy. I felt I would be dying. However, when blood sugar level was high, I had no symptom" Sanae

For patients, symptoms signified particular meanings and were used as the most effective indicator to confirm both illness exacerbation and recovery. For some chronic illness, such as hyperlipidemia, that its abnormal symptom was not vividly presented, patients were prone to ignore their illnesses and interpret that their chronic conditions were resolved. Afterwards, self-care and appropriate medication-taking behaviors were periodically compromised. For this reason, many professionals chose to inform their patients about some terrifying symptoms of heart disease derived from unmanageable hyperlipidemia to encourage patients to monitor and control their non-symptomatic conditions.

4. Meanings of medication use in chronic conditions. In medical professional's

perspective, medicine is an appropriate tool that can manage several chronic illnesses promptly and efficiently. In order to achieve its maximum potential to control patient's condition, constant regimens need to be encouraged. However, in patient's perspective values of medicine were assessed by patient's lived experiences. If patients felt relieved or controlled after taking their medication regimens, they were inclined to identify their medication as "a magic bullet" which was worth using. For example, while suffering from several chronic illnesses, Sanae perceived that medicine can help him stabilize many of his symptoms. Thus, he defined his medications as the efficient tool to help him control these chronic conditions, and was willing to take his medicine regularly. Nonetheless, this decision was not everlasting because he told me that if he perceived of steady condition, he would like to try discontinuing some medicine.

On the other hand, if patients perceived of abnormal symptoms after taking particular medication regimens, negative meanings were labeled. Experiences and significances of chronic medication use can be clarified by case studies of Kamlai and Bua, who have perceived of sufferings after taking their medication. Even though medical professionals defined these symptoms as only "side effects" that should be tolerated, patients tended to interpret their medication regimens as "pollutants or chemicals" which were unsafe to use and decided to minimize or discontinue imme-

diately without consulting their physicians.

"Doctor prescribed anti-hypertensive drug to me...I tried to take it...but it gave me side effect. A minute after I took a yellow pill, I was weak and my pulse was very fast. I was so weak that I could not press the buttons of telephone to call other people to help me. I became so tired that I can't even hold my hand. Other pill, white pill in black blister....after I took it...I felt hot...very hot and I could not bear. First, I did not suspect this drug. I tried to confirm in the next day but it still had same symptom, so I brought it back to the doctor to change medicine" Kamlai

"I would not like to take white pill (anti-hypertensive drug). I always had dizziness until I could not go to work. But I did not tell doctor and community nurse. I stopped taking this drug. I took it someday because I was afraid of doctor blaming me if I stopped taking it completely" Bua

Results revealed that patients had their own agency or free will to opt for their practical and appropriate way of medication use. They decided to follow, adjust or discontinue drug regimens by weighing drug benefits they perceived against disadvantages or harm they experienced. They monitored their symptoms periodically to adjust the proper doses of medication regimens by themselves. The more their symptoms were fluctuated or aggravated, the more their doubt about effectiveness of medicine was intensified, and medication were defined as pollutants that should be minimized

or discontinued. If abnormal symptoms were relieved, medications were glorified as magic bullets that can alleviate symptoms, prolong lives, and restore working capacity, and it was worth continuing as a routine or habit.

Conclusion and Recommendation

From patient's life world, meanings of medication use in chronic conditions usually interrelated with experiences of chronic illnesses. Moreover, symptoms experienced from illnesses and perceived from drug regimens were the most influential factor to convince patients to continue, minimize or stop their medication regimens. After some particular medication regimens were taken, if abnormal symptoms were perceived, these regimens were interpreted as pollutants that should be modified or stopped. By contrast, if symptoms were controlled, medicine became magic bullets that should be continued. However, opportunity of medication discontinuation always happened whenever symptoms were not perceived, and patients tended to interpret their chronic conditions as "cured". Hence, medical professionals, including pharmacists, should listen to patient's stories carefully to grasp their life context and their interpretations

regarding experiences and significances of their symptoms, their chronic conditions and their medication use in order to design the practical and proper options for their patients.

This should be recognized that symptom is one of the most vital factors for patients, not only my informants in this community but also other patients, to encourage or impede patient's search for further diagnosis or treatment because they influenced patient's perceptions and interpretations of their illhealth. When facing with both negative and positive experiences of medication use, symptoms again played an important role in medication use decision making process. Thus, symptoms are crucial linkage between chronic illnesses and medication use.

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