

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

A brief theory driven patient education video to reduce potentially harmful regular over-the-counter NSAID use

Priority 1 (Research Category)

Patient Education/Adherence

Presenters

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Abstract

Context: Nonsteroidal anti-inflammatory drugs (NSAIDs) are common medications with numerous well documented adverse effects, leading many professional organizations to recommend that certain patient populations avoid regular use. Previous efforts to decrease potentially harmful NSAID use have generally focused on prescription NSAIDs vs. over-the-counter (OTC) NSAID use and have failed to leverage the patient as a change agent. Objective: To assess the effectiveness of a novel electronically delivered education video in reducing regular OTC NSAID use in high-risk patients (ie. chronic kidney disease (CKD), heart failure (HF), and/or hypertension (HTN)). Study Design: Randomized controlled trial (RCT). Participants with an email address on file were invited to participate. Those who self-identified as regular NSAID users were randomized into either video or control and completed electronic assessments before, immediately after, and 4-weeks after education. Setting: Large health system in Virginia. Population Studied: High-risk patients (>18 years) who self-identified as regular OTC NSAID users. Intervention/Instrument: Video- novel, 4-minute electronic education video addressing OTC NSAIDs. Control- the FDA Drug Facts label for NSAIDs. Outcome Measures: Intent to decrease OTC use (11-item behavior change ladder), actual OTC NSAID use. Results: 912 participants (58% female, age 59.7±12.1) completed the study (463 video and 449 control). Baseline intent to decrease regular OTC NSAID was 4.1±3.6 (video) and 4.2±3.5 rungs (control) (p=0.6). Intent increased in both groups immediately after education, but significantly more for video (1.3±2.8 rungs) vs. control (0.6±2.0 rungs) (p<0.01). Intent continued to rise at 4 weeks in both groups: 1.9±4.4 rungs (video) and 1.4±3.5 rungs (control) (p=0.1). Self-reported actual OTC NSAID use was similar between groups at baseline, 29.3±13.4 and 29.1±14.1 dose days per month for video and control, respectively (p=0.9), with both decreasing at 4 weeks: -9.6±18.3 and -10.7±17.4 dose days per month, respectively (p=0.5). Conclusions: A brief education video was associated with a near 2-level improvement on the behavior change ladder (intent to reduce) and a

10 dose day per month decrease after 4 weeks. Interestingly, the OTC NSAIDs label had similar impact. Our findings suggest that brief, electronically administered education can improve OTC medication safety, which may have population health application.

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