

**TABLE 4** Description of the difficulties involved in medication reconciliation. Codes and discourse of nurses and primary care doctors.

Storyline	Code	Dating	Role	Discourse
<b>Difficulties</b>	Drug format change	2	Nurse	<i>“Sometimes, it is people’s level of education, not all cases are the same. An important handicap is the changes to generic drugs; sometimes, as I told you, we have people who were taking double the medication thinking they were different drugs.”</i>
			Doctor	<i>“I would like to comment on the issue of prescriptions by active ingredient in the elderly. In many cases, the brand or laboratory that supplies them can vary according to when the temporary purchase is made, so the container or the tablet itself may vary, and that leads in many cases to confusion in patients. I have had patients who have stopped taking their antihypertensive medication, or antidiabetics because it is not the pill they were taking before. On many occasions in the pharmacy, they do not stop to explain that it is the same as what they were taking before and that only the brand has changed. For all these reasons, I think that the prescription for the active ingredient is, of course, necessary, but I think it should be modified; for example, the same active ingredients should have a similar packaging, and that there are no significant differences between them, so that they can facilitate understanding. Bear in mind that we have older patients, many with sensory difficulties and who sometimes have a hard time identifying medications.”</i>
	Patient-specific characteristics	7	Nurse	<i>“A person’s cognitive level is also influential; people who start to suffer memory lapses, or Alzheimer’s. That’s why we are more on top of these people, and also their relatives, to make them more alert to them taking the medication correctly.”</i>
			Doctor	
	Patient communication	4	Nurse	
			Doctor	<i>“Among the biggest drawbacks that I find, and why I have had to call patients and sit them down in the consultation and explain the medications one by one, is the way in which they are given information on medication. I receive a discharge report, but sometimes, and especially in elderly and polymedicated people with memory deficits and so on, they can confuse the medications they have to take. I think the origin of all this is that somebody tells them very quickly what they need to do, they give them a paper, a document, that they tell them to show the doctor, but when you talk to them, you see that they are not taking the medicines correctly; then you</i>

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*have to sit them down and take a little time to go through each of the boxes and explain how they have to take the medicines. I've found that on several occasions."*

Lack of medication reconciliation training	1	Nurse	<i>"Over the years, I have done many primary care courses, some of them deal with medication in chronic patients, how to help patients with their medication, etc., but nothing specifically on medication reconciliation."</i>
		Doctor	
Work stability	3	Nurse	<i>"The lack of stability in the hiring of doctors results in a big turnover, and this has a big influence. Nurses are in the same situation."</i>
		Doctor	
Patient attention time	6	Nurse	<i>"Yes, but there is no time, time is very limited, I have 15 minutes in consultation to instruct a patient on how to inject insulin for the first time, for example; that is ridiculous, and you know that if you take longer, you have less time to make an outside visit."</i>
		Doctor	
Medication reconciliation	30	Nurse	<i>"If you look, the portfolio of services we offer is growing, more and more things. And it is true that performing all these things excites me, but there comes a time when you have no material space and you need more hours in the day to carry out everything you want to do. Therefore, I think it is a matter of time and personal resources."</i>
		Doctor	

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Medication control	70	Nurse	<i>"I think the same about phone consultation; the patient tells the doctor that they have understood, then they come to you, and it happens that sometimes we have had many changes of doctor, little staff stability, so they come to us, as nurses are a more stable presence, to ask us, since they were in a hurry to go to the doctor who they did not know. They had more confidence in us and asked us more questions to resolve their doubts. Then you realize that they did not understand the things that were being explained to them by the doctor."</i>
		Doctor	<i>"One factor is the old age of the population. This complicates explanations about treatments, medication, etc."</i>

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