

# MI-CRE 2026 Annual Research Symposium and Policy Forum

## ***Co-designing the Coordinated Medication Prescription and Adherence Support System (COMPASS) for Survivors of Stroke: Preliminary Results***

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**Is the presenter an HDR student?** No.

**Has this research been submitted or presented elsewhere? If so where and when?** No.

### **Abstract**

**Background and Aims:** About one quarter of patients do not understand information about secondary prevention medications prescribed after stroke, increasing the risk of non-adherence and stroke recurrence. We aimed to co-design the Coordinated Medication Prescription and Adherence Support System (COMPASS), a text message program delivering personalised education and behaviour change support to improve medication adherence after stroke.

**Design and Methods:** An iterative co-design process was conducted (22/Apr/2026–4/Jun/2026) with two separate cohorts: people with lived experience of stroke and health professionals. Participants were recruited via the Stroke Foundation, professional networks, and social media. Each cohort participated in four 60-minute online focus groups, with lived experience sessions co-facilitated by a person with lived experience. Discussions explored barriers and facilitators to adherence, and shaped the content, delivery, and design of the program. Focus groups were recorded (with consent) and supplemented by online chat contributions and follow-up surveys. This enabled ongoing reflection and feedback throughout the co-design process. Data were analysed using a directed qualitative content approach.

**Results:** Nine people with lived experience (median 5 years post-stroke; 44% female) and six health professionals (general practitioner, neurologists, pharmacist, acute nurses; 100% female) participated. Multiple barriers to medication adherence after stroke were identified, including: routine disruption, medication changes, medicine access issues (including out-of-pocket costs), poor communication between healthcare providers, misinformation, information overload, side effects, prior experiences with medications, and stroke-related cognitive and physical challenges. Key facilitators included: maintaining routines, medication organisation aids, electronic prescribing (including 60-day prescriptions), strong clinician relationships, access to trusted information, reminders, family support, and Home Medicines Reviews. Participants emphasised the need for clear, personalised information covering medication purpose, administration, side effects, interactions, and consequences of non-adherence. There was strong support for a “choose your own adventure” style of personalised digital support, which incorporated medication reminders, simple explanations, motivational messages, and links to further information.

**Conclusions:** Insights from co-design will inform development of COMPASS to deliver tailored medicines information via text message after stroke. A final evaluative focus group will be conducted where these participants can test and provide feedback on a prototype, followed by a feasibility trial in 2027.