

Emerging Trends in Practice of Patient Counselling- Indian Scenario

Sonal Sekhar M*, Suja Abraham, Revikumar K.G.

Faculty of Pharmacy Practice, Amrita School of Pharmacy, Amrita University,
AIMS Healthcare Campus, Elamakkara (P.O), Kochi, Kerala, India- 682026,

*Address for Correspondence: ask4sonal@yahoo.co.in

Abstract

The profession of pharmacy and concept of pharmaceutical care are developing rapidly all over the world. Along with this, the responsibility of the pharmacist through utilisation of his technical and professional knowledge in promoting rational and prudent use of medicine is also increasing. It is well documented that safe and effective drug therapy occurs when patients are well informed about medications and their use. Patient counselling is an effective tool in educating patients about their medicines and promoting their scientific and proper use. The concept of patient counselling in its modern form originated in India in the mid 1990s. Since then, considerable growth and development occurred in the country in the area. Various factors contributed positively for setting the new trend in pharmacy practice. While matching with the international concepts, the Indian patient counselling practice has established its own characteristic features. From the hospital set ups, the concept has percolated deep into the community set ups in the very recent times. With the introduction of programs like Pharm D, there will be further growth and development in the area of patient counselling during the next decade.

Key words: Patient Counselling, Pharmaceutical care, Patient compliance, Emerging trends in Pharmacy Practice.

INTRODUCTION

Throughout the world, over the past four decades, there has been a consolidated effort to shift the concept of pharmacy practice from its earlier focus on medicine supply to patient care. An important responsibility of contemporary pharmacy practice is to ensure appropriate and safe drug therapy which is cost effective and socially committed. By taking direct responsibility for individual patient's medicine related needs, present day pharmacists are contributing their professional responsibility to the positive outcome of drug therapy and to the patient's quality of life.

The pharmaceutical care implies all pharmacy activities aimed at promoting right use of medicines by patient in the right manner¹. It stipulates that all practitioners should assume responsibility for the outcomes of drug therapy in their patients and encompasses a variety of services and functions. Some of these functions are new to pharmacy while others are traditional. The concept of Pharmaceutical care also includes emotional commitment to the welfare of patients as individuals who require and deserve pharmacists' compassion, concern and trust. The basic philosophy of pharma-

ceutical care is caring for a patient's drug therapy and related needs. Patient counselling is an integral component of pharmaceutical care.

Indian Scenario

India is a developing country with over one thousand lakh population. The country is facing many new challenges in terms of burden of diseases, limited resources, increasing cost of health care and irrational use of medicines. There are thousands of brands in various therapeutic classes of medicines and over one lakh different formulations and their combinations in Indian drug market². Unlike some developed countries like U.S., in India, the prescribers are still practising brand prescription style rather than the generic system. Most of the patients could not understand the information on the labels and package inserts. The concept of bioequivalence and its relevance in promoting cost effective drug therapy is not yet adopted or popularised in the country. Very few hospitals have adopted the hospital formulary system promoting generic dispensing. The culture of professionalism in its real perspective is not widely practiced and followed in community pharmacies, though the trend has already initiated in various parts of the country. The practice of clinical pharmacy designed in the way that is best suited for

indian environment can readdress these problems in the very near future.

Pharmacists being the first point of contact in the community set up and last point of contact in the hospital set up are in a competent position to influence the patient to a large extent. The essential role of a practicing pharmacist, especially, in community and hospital pharmacy set ups, includes much more than the accurate distribution of medicinal products.

Relevance of Patient counseling in India

Apart from the availability of tens of thousands of formulations in the market, many new powerful and effective drugs formulated in specialised dosage forms like aerosols, patches, modified released formulations, etc, were produced and marketed in the country. Medicines are often packed in specialised containers like inhalers, rectal foams, etc., with complicated usage and dosage methods. Patients, to whom these medicines are prescribed, need special information and advice from the pharmacists in the hospital and community pharmacies. Most of the new generation of practising pharmacists in the country consider patient counseling as an essential component of the dispensing activities. Many of them have already proved that through counseling, pharmacists can establish an effective therapeutic relationship with the patients.

Earlier it was obligatory for the physicians to provide all information about the drugs they prescribed to their patients. Till 1960s, the physicians in the country had the time and other facilities for providing such services. Today, the situation is totally different. The physicians are too busy with diagnosis and other related aspects. The doctors' consultation room has become unsuitable for patient counseling for various reasons. The writing of prescriptions is considered as a symbolic act, signifying the end of consultation. The patient is not in a position to listen to all the information given by the doctor related to his medicines because of the physical tiredness, anxiety, worries about the disease or related problems, when he is with the doctor for the first time. In some cases, the prescriber gives excellent and comprehensive information, but because of the stress and tension, the patient fails to take in all the information or retain it. Patient counseling is an essential professional requirement for the hospital and community pharmacies in the country, though presently there is no mandatory requirement for such services in India.

Genesis of the concept of modern patient counseling concept in India

Right from the days of colonial chemists, educated and

qualified pharmacists and chemists were engaged in patient education activities in India, though not in an organised manner. Pharmacists and chemists from other countries who came to India to work in the hospitals or the community pharmacies enjoyed discussions with the patients about their medicines in the early 1900s. Indian chemists and pharmacists who own their own community pharmacies also practiced the 'patient education' activities. Quite often, the public and the patients approached the 'chemists', 'compounders' and apothecaries for their advise on health related matters.

By 1980s, Indian hospital pharmacists became aware of the concept of patient counseling services and their relevance, though the community pharmacists were not educated in that line. The Indian Journal of Hospital Pharmacy (IJHP), the official publication of Indian Hospital Pharmacists Association, contributed considerably in popularising the concept in the country. However, there was no progress in establishing separate patient counseling centers attached to hospital pharmacies or community pharmacies, though some established hospital pharmacies initiated the Drug Information services attached to the hospital pharmacies in the 1960s and 1970s in India limiting their services mainly to the health care professionals.

In 1982, Dr. B.D. Miglani initiated the first M.Pharm program in Hospital Pharmacy incorporating clinical and community pharmacy at Delhi College of Pharmacy which is now known as Delhi Institute of Pharmaceutical Sciences and Research (DIPSAR), a deemed University of Delhi government. Later the Pharmacy Council of India (PCI) managed to incorporate certain principles of pharmacy practice in its revised 4th Education Regulations (ER 1991) for the two year Diploma in Pharmacy (D.Pharm) program. (see **Table 1**). The concept of patient counseling got popularised in the country only in the 1990s when many institutions in the southern states of India initiated post graduate programs in clinical pharmacy. Till then, the idea of promoting patient counseling was hampered by lack of competent and trained personnel. In 1999, when the Pharmacy Council of India celebrated 50 years of its existence, they have revised the Pharmacists Oath, setting new codes of concepts in pharmacy practice. As per the revised pharmacists Oath, the practising pharmacists are responsible for providing patient counselling. Countries like USA and Australia took three to four decades time to develop the skills and other backgrounds required to establish and popularise the concept of patient

counseling in their country³. In India, the concept has got acceptance within a short period of ten years which is considered as a good trend. With the objective of moulding a new generation of practice oriented pharmacy professionals, many institutions started pharmacy programs at the masters level during the period 1997- 2003 (see table 2).

Trivandrum Experiment

In 1996, for the first time, a separate patient counseling center was established in the Govt. Medical College Hospital, Trivandrum, attached to the Community pharmacy services of the department of Pharmacy Practice (Hospital and Clinical Pharmacy). This Department of Pharmacy Practice was the first of its kind in India started in 1992 by the Government of Kerala¹⁰. Starting of Patient Counseling Center was one of the specified objectives of starting the department. The Hospital and Clinical Pharmacy department started a professionally managed community pharmacy services inside the Medical College Hospital premises in 1995. To the surprise of all, the Community Pharmacy has grown and developed to one of the largest community pharmacies in Asia within the next couple of years time and more than one hundred post graduate, graduate and diploma pharmacists were employed there to look after the pharmacy practice activities. The patient counseling center was first started in a separate open area of the Community pharmacy. A team of five young pharmacists comprising of one M.Pharm, one B.Pharm and three Diploma pharmacists lead the counseling activities. These pharmacists were given three months training in the hospital and clinical department prior to their posting. It was started in a humble manner with a table, few chairs and certain essential reference books (see fig 1). Within a short period, people found the services of the center very much useful and beneficial for the right use of medicines. Long serpentine queue started appearing in front of the patient counseling center and by 1997, the center became a 24 hour service. A separate area, with two rooms was constructed for the counseling center and was developed as a training center for all levels of pharmacy students including research scholars (see fig. 2). The services of the center was well acclaimed. Media, both electronic and print, supported the center and reported its yeomen service to the society. The 'Hindu', a national daily, carried a feature on the working of the patient counseling center with photograph. Very soon, counseling centers and activities were started in other hospitals in India like CMC, Vellore; JSS Hospital, Mysore where post

graduate courses were conducted in clinical pharmacy. In the beginning counseling centers were located only in the hospitals wherever clinical pharmacy programme was running. Soon this was spread to community pharmacies as the post graduate students' undertook patient counseling studies in community pharmacy settings. A good number of interventional studies on the impact of patient counseling on chronic illness like diabetes, asthma and hypertension were conducted in community pharmacies during the period 1998- 2008. Counseling centers could make significant impact in the management of many chronic diseases in the country and it helped to popularise the concept of patient counseling in India. Some professional organisations like Indian Hospital Pharmacists Association (IHPA), Indian Pharmaceutical Association (IPA) and Association of Pharmaceutical Teachers of India (APTI) encouraged the concept through their official publications. In some states like Karnataka, Kerala and Maharashtra, the Pharmacy Councils also took steps to popularise the counseling activities in the community set ups.

Counseling centers as problem solving stations

In the case of many Indian hospitals, pharmacists contributed towards patient compliance through prescribers for simplification of drug regimens. Patient counseling enabled the pharmacist to identify or understand the usual medication habits of patients and their knowledge regarding drug therapy. In some cases, patients found it difficult to swallow big tablets like paracetamol 650 mg tablets and certain antibiotics. The pharmacists could easily suggest solutions for such issues.

At the counseling centers, pharmacists, through one-to-one talk and discussion, ensure that the patient understands both directions and the need to follow them. Patients are told about the adverse drug effects which can cause considerable inconvenience to them and explain what remedial action should be taken if such adverse effects occur (e.g. Co-trimoxazole). Patients are also educated about the foods or drugs that are to be avoided while taking the prescribed medicine (e.g. avoiding alcohol while taking metronidazole or avoiding cheese, yeast, etc. when MAO inhibitor drugs are taken). Clinically significant interactions alone are mentioned to the patients without unduly alarming them. Pharmacists in hospital and community pharmacies quite often provide written materials and audiovisual demonstrations including computer aided programs as a part of counseling activities.

Focus points in patient counseling

Practicing pharmacists in India come in contact with more patients than any other health care professionals. The number of pharmacists to deliver the health care needs is quite promising in the country where, about 7 pharmacists per 1,00,000 population are currently available. This is against the average of 3.4 in the world⁵. The main objective of patient counseling is to provide information about the drug as per the prescription and then motivate the patient to adhere on the treatment. Counseling helps to improve the quality of pharmaceutical service and builds up the confidence of patients, which in turn increases motivation in the community to receive care services and to accept therapy. Like other parts of the world, in the past, pharmacy professionals in the country were against the concept of educating patients regarding their medicines. They believed that if patients are educated about their medications that can promote self medication and other hazards. Now there is no place for such concepts in the Indian health care sector.

The main focus point of patient counseling in India, like other parts of the world, is to educate the patient about the prescribed medicines and then motivate them to comply with the treatment and related aspects. It helps the patient to take the medication in a manner that is most likely to achieve the desired therapeutic response. The changing needs of the patient are also given due weightage. The counseling pharmacists uphold the principle that knowledge is power and great power never comes without responsibility.

The hospital pharmacists get many opportunities for patient counseling in the hospital from admission to discharge and afterwards in the out-patient clinics and dispensaries. They have the advantage of access to a lot of information about the patient like the disease, current therapy and home circumstances. Moreover, they get the opportunity to approach the counseling in a more formal manner than the community pharmacists. The hospital pharmacists are often in an advantageous position compared to their counterparts in the community set up in matters relating to the availability and choice of space for counseling, facilities like reference books, etc., for making the service efficient. Hospital pharmacists are also often subject to pressure and time constraints. This is more in the case of hospital pharmacies attached to private hospitals. In some hospitals, the pharmacists screen the patients once admitted and identify those who need counseling on a priority. In general, the Indian

patients want basic information about the disease state being treated, duration of treatment, cost, availability in the market, drug interactions and side effects in counseling session.

The sale of medicines from the community pharmacy is based on a direct request for a named medicine or a request for advice on the treatment of a symptom of minor ailment by a patient. This gives an exclusive opportunity for the Indian community pharmacists to initiate counseling as a part of sales of medicines. Community pharmacists alone get the chance to know about the OTC medicine practice of patients. However, compared to hospital pharmacists, the Indian community pharmacists are still weak in properly utilising the opportunity they get for providing counseling both in active and passive ways. Some times (about 10 %) the patients or their relatives appear not interested in spending additional time in the pharmacy for information about their medicines. Computer aided counseling system is not yet popularised in the country.

Problems and issues in Indian situation

The important factors adversely affecting counseling in India include busy pharmacies, lack of time, non availability of suitable counseling area and absence of training in skills like communication and interview techniques. The benefits of patient counseling promises not only improvement in the quality of life for patients but enriches the profession of pharmacy. The pharmacists give preference to provide counseling to specialized patient population such as uneducated patients with specialized dosage forms like insulin injections, insulin pens, inhalers, rotahalers, spacers, suppositories and pessaries. Both in the hospital and community set ups, pharmacists are often taking certain steps to make counseling more fruitful and effective (see table 3).

Compared to developed countries, patient compliance is not satisfactory in India. On an average, compliance is less than 50 %. Education and financial problems are the important factors contributing to the issue. More than 70 per cent of the Indian population live in the villages, where compliance is a major health problem. Compliance is more among the educated middle class and upper class families. Patients from poor families are less compliant to medication mainly because of money. However, in many cases where medicines are supplied free of cost from hospitals, compliance is not good. Illiteracy, poor socioeconomic status and poor

knowledge about the disease and its treatment are found contributing negatively to compliance. Hospital pharmacies in general are doing better services in the area of patient education in the country. The medical insurance schemes are yet to be popularised in the country. It retains the unaffordable population as such facilities are lacking in the case of non communicable diseases like diabetes, hypertension or asthma. It also contributes for poor compliance as the patients are too poor to buy the medicines. Due to lack of examination and diagnosis. It also helps in many ways to

improve the quality of healthcare system with better patient care and therapeutic outcomes. Indian hospitals are fully aware of the importance of patient counseling and drug unaffordable in the case of medicines. Though government support and assistances are available for the treatment and prevention of communicable diseases, information services. With the introduction of Pharm.D program by the end of 2008, one can expect a bright future for patient counseling in India in the very near future.

Figure 1: First patient counselling center in Medical College, Trivandrum, when started near the premises of the community pharmacy of the department of pharmacy practice in 1996.



proper job avenues, postgraduate pharmacists are found reluctant to take up the jobs in community and hospital pharmacies⁹. The financial constrains of Indian community pharmacies often make them unaffordable to utilise the services of highly qualified pharmacists.

CONCLUSION

The concept of patient counseling is getting popularised in India during the last ten years. Pharmacists in many parts of the country started providing patient counseling with the objective of improving patient compliance. Patient counseling by pharmacists also enabled the doctors to spend more time on patient

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Figure 2: The counselling center in 1997 with separate cabins and library facilities working on round the clock basis. Patients take their dispensed medicines to the center for proper advice and information. It also helps to detect and avoid medication errors at the prescription or dispensing centers



Table No. 1: Factors helped for the genesis of patient counselling in India

Sl. no	Factors / Events
1.	Starting of M. Pharm, Hospital Pharmacy, in Delhi University in 1982 by Dr. B.D.Miglani, incorporating clinical and community pharmacy.
2.	Starting of the first department of Pharmacy Practice (Hospital and Clinical Pharmacy) in India at Govt. Medical College, Trivandrum, in 1992 by K.G.Revikumar.
3.	Education Regulations (ER) 1991 of the Pharmacy Council of India for D.Pharm course incorporating the principles of hospital, clinical and community pharmacy.
4.	Introduction of one year post graduate diploma in clinical pharmacy at CMC, Vellore, in 1995- 96 by Ms Chandra who was trained in UK.
5.	Starting of the first independent patient counselling center in Medical College Hospital, Trivandrum, in 1996, attached to the department of Hospital and Clinical Pharmacy Services
6.	Starting of M.Pharm, Pharmacy Practice, programs and its popularisation in the country during 1997-2002 period.
7.	Revised Pharmacist Oath adopted by Pharmacy Council of India in 1999.
8.	Gazette notification to start Pharm.D by Health Ministry of India in May 2008 .

Table No. 2: Some of the early Institutions which initiated Masters program in Pharmacy Practice

Sl.no	Name of Institution and year of starting
1.	Delhi College of Pharmacy (Delhi University) 1982
2.	JSS College of Pharmacy, Mysore 1996- 97
3.	JSS College of Pharmacy, Ooty 1997
4.	K.M. College of Pharmacy, Madurai 1997
5.	Periyar College of Pharmacy, Trichy 1998
6.	College of Pharmacy, Sri Ramakrishna Institute of Paramedical Sciences, Coimbatore 1998
7.	KLE College of Pharmacy, Belgaum 1999.
8.	Annamalai University, Chidambaram. 2001
9.	Al-Ameen College of Pharmacy, Bangalore 2001
10.	Govt. Medical College, Trivandrum 2001
11.	College of Pharmaceutical Sciences, Manipal 2001
12.	The National Institute of Pharmaceutical Education and Research(NIPER), Mohali 2003
13.	Visveswarapura Institute of Pharmaceutical Sciences, Bangalore 2003
14.	The Vinayaka Mission's College of Pharmacy, Salem 2003
15.	Sri Ramachandra college of Pharmacy, Chennai 2003
16.	KMCH College of Pharmacy, Coimbatore 2003.

Table No: 3 Factors needed for effective counselling in Indian scenario

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1. An area free from distortions and suitable for face to face discussions.
 2. Providing information in a concrete and simple manner.
 3. Avoiding medical terminologies and provide reasons for advise and cautions.
 4. Friendly behaviour and approach to the patient.
 5. Giving the patient chance and opportunity to ask questions related to their problems.
 6. Developing a trustworthy relationship with the patient.
 7. Developing a positive attitude in the patient.
 8. Providing required information about the disease and medicines.
 9. Suggesting changes in life style of patient, explaining reasons.
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