

Good Pharmacy Practice in Chronic Disease Management

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Abstract

Chronic diseases have been reported to be leading cause of death in world. The WHO report had proposed the global goal to reduce the projected trend of chronic disease death rates by 2% by 2015. Various individual, institutional & organizational healthcare interventions in academic, hospital and community settings are required and have been reported to achieve this aim. Ironically, the provision of pharmaceutical care to the patient of chronic diseases by community pharmacist in community settings had remained a far reality on one hand and on the other hand the escalating healthcare costs, unstable disease state, changing disease patterns, multiple complications requiring administration of multiple drugs, complex dosage regimens, non compliance to therapy, associated multiple psycho social problems make chronic disease and chronic disease therapy management problematic. Quality of life of the chronic disease patients and reduction of chronic disease death rates depends not only on the quality of drugs supplied by community pharmacies but also on the necessary psycho social support and pharmaceutical care of pharmacist. It is proposed that, community pharmacies should be projected as places where the chronic disease patients can get pharmaceutical care. Adherence to good pharmacy practices by community pharmacies is viable intervention required to maintain the quality of therapy received by the patients of chronic diseases.

Key words: Chronic diseases, pharmaceutical care, Quality of life.

INTRODUCTION

Chronic diseases have been reported to be leading cause of death in world. The WHO report had proposed the global goal to reduce the projected trend of chronic disease death rates by 2% until 2015. Various individual, institutional & organizational healthcare interventions are required and have been reported to achieve this aim. To achieve this aim;

1. Good manufacturing practices are required to be followed to produce cost effective quality drugs for this segment.
2. Adherence to good pharmacy practices in community pharmacies is required to maintain the quality of therapy received by the patient. It is because community pharmacy is the end point of the channel of distribution & a vital link between suppliers of quality drugs & the patients. If the pharmacist in-charge of the Community Pharmacy follows Good Pharmacy Practices, then the benefits of the medication therapy received by the patients are maximized while the adverse side effects are minimized. This is followed by reduction in the number of unnecessary hospitaliza-

tions due to adverse drug reactions leading to reduction in overall healthcare cost and agony of chronic disease patients. In other words, the focus of the community pharmacy practice should be oriented towards quality pharmaceutical products first, then to a well informed patient equipped with necessary knowledge of medication prescribed by him/her & lastly to provision of pharmaceutical care.

Ironically, the provision of pharmaceutical care to the patient of chronic disease by community pharmacist had remained a far reality. It is because of the minimum eligibility of qualification for a registered pharmacist is D.Pharm and Diploma Holders in India receive practical training which is inadequate to train them in the provision of pharmaceutical care to the patients. They are theoretically ill equipped due to teaching of obsolete subjects in the light of slow curricula revisions. Majority of the retail pharmacy outlets are either owned by diploma holders or run by diploma holders. Hence, it is common practice to witness the absence of two vital elements of pharmacy practice i.e. patient and professional practice.

Traditionally, retail pharmacies are the community pharmacies where OTC and non OTC products for chronic disease are sold. The pharmacist in-charge of

community pharmacies, though theoretically well versed lack the necessary competencies and skills to educate the patient about the therapy received for the chronic disease and to provide pharmaceutical care through services like pharmacovigilance. Even if the retail pharma outlets/community pharmacies are manned by pharma graduates, the situation remains more or less the same. It is because though theoretically better equipped than diploma holders, they show total lack of clinical orientation due to industrial orientation of B.Pharm syllabi & lack of clinical training. Though introduction of Ph.D. programme is heartening yet it is required to give clinical training to the large pool of existing registered Pharmacists running community pharmacies.

Good community pharmacy practices

Since Chronic Disease Management is problematic due to the administration of multiple drugs to the patients, it requires speciality pharmacies dedicated to various chronic diseases like Cancer, AIDS, Diabetes etc.. This highlights the need of having super special community pharmacies. Such Pharmacies will demand pharmacist with clinical training in super-specialities of chronic diseases. Though a structured continuing educative programme for registered pharmacists in India is missing yet by attending various workshops in clinical training, symposia, conferences etc. and by means of internet, the registered pharmacist can stay in touch with latest advancement in chronic disease management. The super-speciality pharmacies catering to particular chronic disease patients should provide the related medicines and information to the patients. The patients should get individualized information on therapy. Such pharmacies should have the element of professional pharmaceutical care where pharmacist can act as a warrior and keep under check the unwanted adverse drug reactions due to polypharmacy in chronic diseases. These pharmacies should cater to the disease specific pharmaceutical needs of chronic disease patients, should have A to Z of the requirement of all drugs, diagnostics and other accessories for routine and emergency management of chronic diseases.

All chronic diseases lead to psycho-social problems like anxiety about hospitalization, restricted diet, disease progression, financial problems, anger, depression, restricted movements etc. These psycho-social problems and the complex dosage regimens of the drugs administered, the unstable/serious disease state, non adherence to therapy highlight the need of pharmaceutical care and psycho social support of

pharmacist. The community pharmacies should be projected as places where the chronic disease patients can get the necessary psycho-social support and pharmaceutical care. The Pharmacist should identify and mobilize the strength and resources of patient to endure and manage their health concerns. This requires a vigorous training of such pharmacist for patient counseling. The retail pharma outlets should put up posters or distribute pamphlets to patients of chronic disease to inform them about special patient counseling services of the pharmacy. Such pharmacies should build the public opinion on the accessibility and approachability of the community pharmacist as a well informed health care professional. These should also act as platform to spread awareness about the significance of the super-speciality pharmacies in provision of professional pharmaceutical care in chronic diseases like health care screening services in detection and prevention of chronic diseases at early stages by referring them to referral services.

The patients should be given computer generated information on the medications and the therapy received by the patients. The pharmacist should give spontaneous or planned detailed individualized medication information and answer the queries of the patients of chronic diseases related to prescribed therapy and the drug product as per individual requirement. The pharmacist should do value addition to the knowledge of the patient regarding proper and safe use of medicines for specific chronic disease. The pharmacy should impart planned education to chronic disease patients on the medications received in groups. The education of the groups of Patients of such diseases can take place through an interactive learning experience between the pharmacist & patients. Besides, the pharmacist should be groomed to carry out detailed discussions to guide the patients in management of their disease state and the therapy prescribed for the same.

The focus of counseling to the patients of chronic diseases should be on active participation of the patients in safe and proper use of medications & management of specific disease states rather than passive participation. It is very important because of the agony suffered by chronic disease patients and the huge healthcare costs involved. This shifting of foci can lead to tremendous reduction in their agony and healthcare cost involved. The Pharmacist should encourage the filling of self reporting forms of adverse drug reactions of drugs prescribed to chronic disease patient so that these can be

checked in time & unnecessary hospitalizations can be avoided. These forms should form an essential tool for providing pharmaceutical care to such patients along with medication cards issued to the patient. The Medication cards should contain the information on medications taken by these patients and their dosage regimen. This can help the patient in recovering the medication. The physicians in the area of super-speciality pharmacies should be contacted to publicize their professional services of patient counseling on disease state and medication management of chronic disease patients. The advice of physicians can be used for further improvement of the counseling services of the Pharmacy. Further, the Community Pharmacies should adopt the nearby community where the chronic diseases are more prevalent. The Pharmacist should educate the patients and susceptible patients of chronic disease on the various aspects of these diseases. A host variety of activities can be stated by the pharmacy to promote healthy life styles and curb unhealthy practices in the community, to screen masses for early detection of diseases and to give psychosocial reassurance to the patients of chronic diseases. A to Z of pharmaceutical care should be provided to the patients of chronic diseases in adopted community. The Pharmacist should help the patient to develop understanding on the role of medicines to promote good health, to take suitable decisions related to the medications (their dosage regimen) prescribed, to manage adverse side effects and drug interactions and to become a well informed partner in the management of his/her chronic disease state.

Conclusion

If these good pharmacy practices are adopted in Community Pharmacy settings, then the mortality rate due to Adverse Drug Reactions of the drugs administered to patients of chronic diseases will be reduced. It is because, the community pharmacist by virtue of good counseling skills will ensure proper and safe use of drugs by patients of such diseases. This in turn, will maximize the benefits of therapy and quality of life of chronic disease patients will improve. The added benefits will include public recognition of the role of the pharmacist in the management of their diseases and medication. Moreover, due to health promotion and health screening activities, the spread of chronic disease in susceptible masses can be brought under control. The net result of these good pharmacy practices in community pharmacies will be reduction in death rates due to chronic diseases in India, achievement of national goals and

global goals (proposed by WHO) of reduction of death rates due to chronic diseases by 2% until 2015.

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