



Effective Tools of Pharma Counseling

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ABSTRACT

Pharma counseling is an important tool for any community pharmacist. With a 110 crore population, there is a tremendous opportunity for Pharma counselling on the Indian subcontinent. This could highlight a new beginning and recognition for pharmacists. Alas, this opportunity is not being explored properly. This article gives in-depth information on how to implement and improve a community pharmacy and serve our society better.

Key words: Adverse drug reaction, bioavailability, pharma counseling, prescriber, pre prandial, prescription only medicines, therapeutic drug monitoring

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INTRODUCTION

In the present scenario of globalization where there is much emphasis on quality of life and life expectancy, society is looking for quality health care. The Pharma industry may be positioned globally in volume. Even at this juncture within the country, pharma counseling still has a long way to go when compared with the west. The society and even many health professionals are not aware of the importance of pharma counseling. When quality and modernization have reached even the petrol stations and supermarkets, very few community pharmacies have achieved good pharmacy practice. If you had to find a pharmacy for yourself with a quality registered pharmacist, counseling, optimum room temperature, hygiene, etc. you would realize the agony. When compared with the pharmacist working in the west, a community pharmacist in India is far behind. One third of the global pharmacy graduates are being produced in India supported by more than 1000 registered pharmacy colleges throughout the subcontinent. Throughout history, the roles and responsibilities of pharmacists

have coincided with the industrial revolution. In the 1930s and 1940s, almost 60% of all medications dispensed in the west were compounded. Physicians prescribe compounded medicines depending on the needs of the patient. Counseling and product information is needed to compounded products. The International Academy of Compounding Pharmacists provides the contact information for compounding pharmacists. Ventures in counseling should limelight so that steps shall be taken to provide better service to our society and to achieve what a community pharmacist really deserves.

What is Pharma counseling?

A very small fraction of our society is aware of Pharma counseling and is able to appreciate its significance. The British counseling association defines patient counseling as “giving clients the opportunity to explore, discover, and clarify ways of living more resourcefully and towards greater well being.” Yet another definition says it is a sympathetic interaction between the pharmacist and patient, which may go beyond conveying straight-forward

information about medicines and its use.^[1]

Society's perception about patient counseling

Many professional organizations like the International Pharmaceutical Federation, Pharmaceutical Society of Australia, and Royal Pharmaceutical Society of Great Britain stress that patient counseling is the pharmacist's responsibility.^[2] Some statistical works were carried out in the states of Karnataka and Kerala. The respondents from Karnataka opined that patient counseling is the shared responsibility of both the doctor and pharmacist, whereas respondents from Kerala mentioned that patient counseling is the pharmacist's responsibility. Young pharmacists responded that patient counseling is their responsibility. Major barriers to counseling were identified as doctor dispensing, lack of knowledge, and non legalization of patient counseling.^[3]

Do patients bother asking questions? If society is aware of the potentiality of a pharmacist whose information is beneficial to them, the inhibition is removed. After all, patients seldom go back to the prescriber after collecting the medicines to get product information.^[4,5]

In India, with a population of 110 crore, the number of doctors is not proportional to the demand. It is hard for doctors to think about providing information about the medicine when they can hardly spend much time with each patient. At this juncture, a pharmacist is the right health care professional to offer pharma patient counseling. In-depth knowledge in pharmacology, therapeutics, therapeutic drug monitoring (TDM), and pharmaceutics is essential. Specializations in the field of pharmacy like a PG in clinical pharmacy, pharmacology, pharmaceutics, and the new introduction of pharm D will be suitable for this aspect. More than 30 pharmacy colleges have been sanctioned for the pharmD program.

Why pharma counseling?

According to the World Health Organization (WHO), patient compliance is the faithful adherence (fulfillment of instructions) by the patient to the instructions.

$$\% \text{ compliance} = \text{NDP} - \text{NME} / \text{NME}$$

NDP = No. of prescribed doses; NME = No. of medication errors

Statistical data shows that 16% of patients registered in the hospitals is based on adverse drug reaction (ADR). Approximately 50% of elderly patients fail to get the full potency of their medications because they are not restricted

to drug therapy or because of alcohol consumption, smoking, lack of exercise, dieting, etc.

Inappropriate use of medicines is called non compliance. Non compliance can be determined by indirect methods and direct methods. The indirect method is more common in practice and consists of self reporting, therapeutic outcome, interview, pill count, and a change in the number of metered inhalations. Direct methods are more reliable and include analyzing the drug concentration in the blood or biological markers or trace components.^[4]

Bioavailability is the rate and extent to which the drug reaches the systemic circulation so that the pharmacological action of the drug is initiated at the site of action. To initiate a drug action, there should be a minimum therapeutic concentration (MThC) of the drug; at the same time, the concentration should not cross the minimum toxic concentration (MToC). The difference between MToC and MThC is called the therapeutic window, which is the safety margin for a drug and this varies from drug to drug.^[5,6]

Formulation variations are one of the major factors influencing bioavailability. Thus intravenous injection can expect 100% bioavailability while an oral tablet may have less bioavailability. The presence of food is another major factor altering bioavailability.^[7,8]

To achieve maximum bioavailability, the drugs mentioned in Table 1 are to be taken on empty stomach or ½ hr before food. Thus, if a patient is not adhering to the appropriate medication regimen, he will not be able to utilize the full potency of the drug. It is the responsibility of the

Table 1: Drugs to be taken pre-prandial^[9-11]

Active pharmaceutical ingredient	General indication
Omeprazole	Antiulcer
Esomeprazole	Antiulcer
Lansoprazole	Antiulcer
Ranitidine	Antiulcer
Famotidine	Antiulcer
Cimetidine	Antiulcer
Pantoprazole	Antiulcer
Domperidone	Antispasmodic antiemetic
Pizotifen	Antiser
Metaclopramide	Antiemetic
Meclizine	Antihistamine
Mebeverine	Antispasmodic
Hyoscine	Antispasmodic
Glibenclamide	Antidiabetic
Repaglinide	Antidiabetic
Gliclazide	Antidiabetic
Amiloride	Diuretic
Azithromycin	Antimicrobial
Ampicilline	Antimicrobial
Thyroxine	Hypothyroidism

pharmacist to pass all this information on to the patient on each dispensing practice.

HOW TO COUNSEL?^[12]

Patient counseling involves the collection of data of the patient as well as the medication that he is taking. The next step is to analyze, incorporate the pharmacist's skills and responsibilities, and pass the information along in terms of the patient and the drug.

Before counseling, the pharmacist must correctly identify the patient, sometimes the bystanders may come for enquires. It is the role of the pharmacist to gather information. Maintaining a patient file will be helpful for the pharmacist to keep track of the patient information. The pharmacist should have good communication skills. Verbal communication is just 10%, whereas 90% is non verbal: how it is said (40%) and body language (50%). He can also use closed- and open-ended questions according to the situation.

A structured approach to questioning will ensure that all the important areas are covered. Priority questions can be summarized and remembered in the following acronym:^[1]

Age / appearance

Self or someone else

Medication

Extra medicines

Time persisting

History

Other symptoms

Danger symptoms

Some drugs such as ibuprofen or lopramide corticostirone are not recommended for patients below 12 years old. Appearance of the patient is an indicator for referral to a doctor. Pediatrics and geriatrics should be considered as the most versatile areas. A persistent dry cough may be because of the drug itself e.g., Enalapril maleate. There are two aspects to the term history: 1) the history of the symptom being presented and 2) previous medical history. The time of the particular symptom can give valuable clues. The attack of heart burn just after going to bed is likely simple reflux whereas when that happens after exercise, it could be related to an ulceration in the intestinal track. Symptoms other than the presented ones also need to be investigated with the patient. Inhibitions from the patient maybe because of embarrassment, so patients experiencing rectal bleeding may only mention that they have piles or are constipated. Maybe a patient taking anti-depressants

may not mention their dry mouth.

Danger symptoms are the warning bells for the pharmacist because immediate referral to the doctor is required. Some of them include blood in the sputum, vomit, urine or feces and unexplained loss of weigh. Referral is also recommended under the following conditions of the patient – losing consciousness, heaviness in the chest, frightened, not able to speak, chest wall drawn in heavy bleeding, respiration rate > 25 (adult) or 50 in children.^[13]

Privacy in the pharmacy

Almost 50% of pharmacy customers feel that there is insufficient privacy to discuss personal matters. The pharmacist must create an atmosphere of confidentiality if sensitive problems are to be discussed. Installation of counseling cabinets will be a good idea.

What information to provide?

It is the responsibility of a community pharmacist to spare time to pass on the patient or drug oriented information regarding why the medicine is being taken, how to remove the drug from the package, how to administer the medicine (external/internal), the frequency of dosing, time of dosing (before or after food), storage conditions, side effects, drug interaction, allergies, refill information, incompatibilities (therapeutical/pharmaceutical/chemical), lifestyle changes, and dietary changes.

Stages in the counseling process

The following is a list of the stages in the counseling process:

- Recognizing the need for counseling
- Assessing and prioritizing the needs
- Specifying the assessment method to be used
- Implementing
- Assessing the success of the process

Suggestions for the pharmacists

Agree on guidelines for referral with nearby medical practitioners. If possible, get feedback from doctors especially if ADR is suspected.^[14] Include over the counter (OTC) medicines in the patient's medical record, develop an OTC formulary, and inform doctors about changes in prescription-only medicines (POM) to OTC. Make sure when and to whom to refer and use referral forms. Arrange seminars and symposiums for the health professionals in

the respective locality regarding neglected tropical diseases, which also facilitates interaction.^[15]

An appropriate technique for gathering information from patients to meet the needs of patient safety in a way that must be acceptable to the public is the key to success for Pharma counseling.

CONCLUSION

India, on its march toward becoming a developed nation, has given much emphasis to the health care sector. In order to make optimal use of the facilities, expertise, and know-how available in these health departments for the benefit of the society, it is necessary that appropriate links be established between them and the community pharmacy. This necessitates systemic interventions and innovative ideas, which could facilitate the development and growth of a new species of community pharmacies so that society will recognize and accept the importance of the role of a pharmacist in a better way. The academic institutions, which are leaders in developing human resources, with some modulation and change in focus, have emphasized pharmacy practice and would then churn out pharmapreneurs on a continuous basis, which would accelerate the process of economic development and growth. Academic institutions must undertake this role and blend their technical inputs with entrepreneurial and managerial skills in their academic programs and train for entrepreneurial challenges.

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