



Original Research

Pharmacist, general practitioner and consumer use of written medicine information in Australia: Are they on the same page?

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Abstract

Background: Providing written medicine information to consumers enables them to make informed decisions about their medicines, playing an important role in educating and improving health literacy. In Australia, standardized written medicine information called Consumer Medicine Information (CMI) is available for medicines as package inserts, computer prints, or leaflets. Consumers want and read CMI, but may not always ask for it. General practitioners (GPs) and pharmacists are an important source of written medicine information, yet may not always provide CMI in their practice.

Objective: To examine and compare the awareness, use and provision of CMI by consumers, pharmacists and general practitioners (GPs).

Methods: Based on previous studies, structured questionnaires were developed and administered to a national sample of consumers (phone survey); community pharmacists and GPs (postal surveys) about utilization of CMI. Descriptive, comparative and logistic regression analyses were conducted.

Results: The respondents comprised of 349 pharmacists, 181 GPs and 1000 consumers. Two-thirds of consumers, nearly all (99%) pharmacists and 90% of GPs were aware of CMI. About 88% of consumers reported receiving CMI as a package insert, however most pharmacists (99%) and GPs (56%) reported providing computer-generated CMI. GPs' and pharmacists' main reason for providing CMI was on patient request. Reasons for not providing were predominantly because consumers were already taking the medicine, concerns regarding difficulty understanding the information, or potential non-adherence. Of the 691 consumers reportedly reading CMI, 35% indicated concerns after reading. Factors associated with reading included gender, type of CMI received and frequency of provision.

Conclusion: Consumers want and read information about their medicines, especially when received from their GP or pharmacist. Healthcare professionals report usually discussing CMI when providing it to patients, although continued improvements in dissemination rates are desirable. Regular use of CMI remains a challenge, and ongoing strategies to promote CMI use are necessary to improve uptake of CMI in Australia.

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Introduction

Written medicine information is an important source of information for consumers and an integral component of their education about medicines.¹ The literature contains evidence of its role and value,² and positive impact on medicine knowledge, satisfaction and health literacy.³ Studies have focused on improving usability⁴ and design⁵ of written medicine information, advocating consumer input into the evaluation process to enhance its usefulness to end-users. Several factors have been shown to influence consumer evaluation and intended use of written medicine information, notably health literacy, comprehension and perceived usefulness, which can impact its benefits in practice.⁶

Consumers want written medicine information in conjunction with spoken information; however, many do not actively seek it.^{7,8} Self-report studies have indicated that healthcare professionals regularly provide both oral and written information,⁹ but this is generally not reflected in consumer studies that report lower provision rates.^{9,10} General practitioners (GPs) and pharmacists are considered the most important, trusted and reliable sources of written medicine information.¹¹ However, despite growing evidence surrounding consumer desire and interest in receiving written medicine information, healthcare professionals in Australia often fail to provide it, and if provided, do so with limited interaction.¹²

In Australia, Consumer Medicine Information (CMI) is a standardized form of brand-specific written medicine information produced by manufacturers according to strict legislation,¹³ essentially with limited consumer input (unlike the European Union). This has led to questions of sufficient independence of information, concerns regarding reliability and credibility, and perceptions of a dominant medico-legal theme within CMI.¹⁴ CMI for prescription medicines is available electronically through dispensing or prescribing programs; from the Internet via government, manufacturer or third party websites; inside the medicine box (package insert); or as loose leaflets through pharmacies (less commonly). The format can vary from a single-page package insert through to several computer-generated pages. In contrast

to the European Union, Australian CMI is not legally required to be inside the medicine's box. Moreover, provision of CMI by healthcare professionals in Australia is not mandatory. Professional practice standards and guidelines to assist healthcare professionals in their legal and professional obligations have been developed but provision rates remain low.^{15–17}

The literature contains numerous studies evaluating the use and impact of written medicine information. However, few studies have been conducted with CMI, which differs in presentation, content, design and readability to other written medicine information. In comparison to many other countries, Australian CMI are standardized and regulated documents produced using the Usability Guidelines,¹⁸ and from templates or 'core CMI' (derived from guidelines first published in 1993) commonly used by manufacturers when writing CMI to meet their legislative obligations and to incorporate essential design and layout principles. This has resulted in Australia having the highest compliance on readability and visual presentation when compared with other English-speaking countries.¹⁹ Furthermore, most studies have focused on consumers, and as such, healthcare professional interaction with written medicine information and more specifically CMI, is essentially an unexplored area that needs further investigation to furnish a more holistic picture. To date, no studies have compared the awareness, use and readership of CMI by consumers to community pharmacists and general GPs, whose responsibility it is to provide this information.

Therefore, informed by the findings of two previous exploratory qualitative studies with consumers¹⁴ and healthcare professionals,²⁰ this quantitative study was conducted which aimed to: (1) determine current awareness and use of written medicine information, specifically CMI, for prescription medicines, (2) examine the reasons surrounding readership and provision and (3) compare both consumer and healthcare professional (community pharmacist and GP) use of CMI.

Methods

The study was conducted between February and April 2009 after approval from the Institution's

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