

## Evaluation of clinical pharmacist mediated education and counselling of systemic lupus erythematosus patients in tertiary care hospital

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### ABSTRACT

**Objectives:** To assess the knowledge of systemic lupus erythematosus (SLE) patients before and after clinical pharmacist's education and compare the same with the control group.

**Methods:** In this study done on patients with SLE, the test group patients were provided with education regarding SLE and its management including lifestyle modifications, via the distribution of patient information leaflets (PILs), while the control group were continued with conventional therapy. Validated knowledge assessment questionnaire was administered at baseline, first follow-up and final (second) follow-up to assess the medication knowledge of SLE patients. The Modified Morisky Scale (MMS) was used to assess the adherence at the final follow-up to study the influence of education.

**Results:** Forty-five patients completed the 2 months follow-up study out of 50 enrolled patients. A significant ( $P < 0.001$ ) improvement in the medication knowledge scores and medication adherence was seen in test group compared to the control group. The reasons for non-compliance included patients forgetfulness, high cost of medications, patients lack of access to hospital/drug store, lack of family support/motivation, fear of side effects, and fear of becoming dependent on treatment.

**Conclusion:** The finding of this study showed that a well-structured SLE patient counselling by clinical pharmacist's intervention will result in improved medication knowledge and better medication adherence.

**Keywords:** medication adherence, medication knowledge, non-compliance, patient education, SLE

### INTRODUCTION

Lack of communication with healthcare professionals including pharmacists has been identified as one of the reasons why patients do not adhere to the prescribed medication [World Health Organization (WHO) 2003]. Pharmacists are crucial focal points for healthcare in the community. A significant proportion of the community comes in contact with a pharmacist at some point in time. Thus, pharmacists have tremendous outreach to the public. Therefore, here is the need that

pharmacists must realize the importance of patient counselling and consider it among their primary duties as pharmacists. This motivates the pharmacists to counsel patients, interact and discuss their needs, provides information on medicines, diseases, and offer psycho-social support.<sup>1,2</sup> Pharmaceutical counselling is an important tool for any community pharmacist. With a 1 billion population, there is a tremendous opportunity for counselling in India. Though this opportunity is not being explored properly, this could highlight a new beginning and recognition for pharmacists.<sup>1</sup>

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Many professional organizations like the International Pharmaceutical Federation, Pharmaceutical Society of Australia and Royal Pharmaceutical Society of Great Britain stress that patient counselling is the pharmacist's responsibility. Some statistical works were carried out in the states of Karnataka and Kerala. The respondents from Karnataka opined that patient counselling is the shared responsibility of both the doctor and the pharmacist, whereas respondents from Kerala mentioned that patient counselling is the pharmacist's responsibility. Young pharmacists responded that patient counselling is their responsibility. Major barriers to counselling were identified as doctor dispensing, lack of knowledge and non-legalization of patient counselling.<sup>1</sup> In India, with a population of 1 billion, 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 healthcare professional to offer patient counselling.

Systemic lupus erythematosus (SLE or lupus) is a chronic autoimmune connective tissue disease that can affect any part of the body. As occurs in other autoimmune diseases, the immune system attacks the body's cells and tissues, resulting in inflammation and tissue damage.<sup>3</sup> We know that many more women than men have lupus. Lupus is 2–3 times more common in African-American women than in Caucasian women and is also more common in women of Hispanic, Asian and Native-American descent. African-American and Hispanic women are also more likely to have active disease and serious organ system involvement. In addition, lupus can run in families, but the risk that a child or a brother or a sister of a patient will also have lupus is still quite low.<sup>3</sup>

Conceptualised psycho-educational support may produce a significant and sustained improvement in coping skills of SLE patients and hence in their quality of life (QoL).<sup>4</sup>

Cardiovascular disease (CVD) is a major cause of morbidity and mortality in SLE patients. Patient counselling regarding CVD in SLE patients has an important impact on patients' awareness of SLE as a CVD risk factor and their self-perception of CVD risk. SLE is an autoimmune disease that predominantly affects women of reproductive age. Pregnancy and its outcome is a major concern to most SLE patients. Queries regarding the risk of disease flares during pregnancy, chance of foetal loss and the safety of various drugs are often raised.<sup>3,5</sup> Uncertainties about the risk of childbearing to both the mother and the foetus have become a major worry from couples during clinic consultations. Appropriate individual-based advice is helpful for couples during pre-pregnancy counselling.<sup>3,6</sup> Patient education, especially using the Treatment Counselling approach, has shown to be effective for improving the functional status of

persons with SLE. Another review of the pharmacy literature demonstrates that pharmacist–patient communication can increase the patient medication knowledge and therapy compliance.<sup>5</sup>

## METHODOLOGY

### Study setting

The study was conducted in a tertiary care hospital at Belgaum over a period of 8 months.

### Ethics committee approval

The study protocol was prepared and submitted to the institutional ethics committee on human subject research for ethical clearance. The study was approved by institutional ethics committee and issued ethical clearance certificate for the same.

### Study design

The study was a prospective randomised controlled study.

### Study criteria

The patient was enrolled into the study as per the inclusion and exclusion criteria stated in the study protocol.

### Inclusion criteria

- Patients diagnosed and undergoing SLE treatment.
- The SLE patients visiting Clinical Immunology, Medicine and Dermatology Departments of KLES Dr. Prabhakar Kore Hospital and Medical Research Centre.
- The SLE patients admitted to KLES Dr. Prabhakar Kore Hospital and medical research centre.

### Exclusion criteria

- SLE patients not willing to participate in the study.
- SLE patients with advanced lupus nephritis.
- SLE patients with severe cardiological manifestations.
- SLE patients with neuropsychiatric lupus.
- SLE patients admitted to ICU.

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