

Abstract

Analysis of consultations provided to patients in pharmacy I.

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Introduction and aim: Providing of individual consulting activities (ICA) to pharmacy clients (CL) is one of the options how to improve understanding of their health condition. The objective of this thesis was to analyze ICA focused on blood pressure (BP) measuring in given pharmacies and management of drug-related problems (DRP) associated with used pharmacotherapy.

Methodology: The data was collected in community pharmacies in Poděbrady, Česká Lípa, Praha, Moravská Třebová and Kralovice in 2012–2016 period. Data collection consisted of 4 parts. First part was structured interview between CL and the researcher. During this interview, CL was asked for socio-demographic variables, risk factors (RF) for arterial hypertension (AH) or atherosclerosis, presence of other illness in anamnesis, medicines taken and also personal experience with BP measuring and CL's opinion on health problems related to BP. Then, the BP was measured based on valid recommended procedure defined by Czech Chamber of Pharmacists with calibrated tonometr. When measuring was finished, researcher's intervention followed. DRP related to antihypertensives for each CL with AH were analyzed. Then, all potential DRP were discussed with a clinical pharmacist and classified according the modified classification V5.01 Pharmaceutical Care Network Europe (PCNE). The data was described by descriptive statistics and evaluated by Regression Tree Method (CHAID analysis) and generalized linear model, always using significance level $p < 0.05$.

Results: Data from 1023 CL was analyzed (mean age 53.8 years with standard deviation ± 16.1 years), of whom 583 (57.0 %) CL were without AH diagnosed and 440 (43,0 %) CL were already treated with AH. BP corresponding with AH was found in 258 (25.2 %) CL. In 108 cases AH was not treated. RF for risk of AH in group of CL without diagnosed AH were: increasing BMI ($p < 0.001$), increasing age ($p < 0.05$) and nicotine abuse in anamnesis ($p < 0.05$). In a group of CL with already diagnosed AH, the strongest predictors were not obtaining the target BP, increasing age, increasing BMI, alcohol abuse and ignorance of their BP. A total of 266 DRP were retrospectively identified in relation to AH therapy.

Conclusion: ICA in pharmacy together with BP measuring can help to detect AH, which is not diagnosed yet. ICA focused on BP screening should be preferably offered to CL with overweight and obesity, age

of 60 years and older or smokers and ex-smokers. Alongside with capture of undiagnosed AH, ICA can be considered as a method for optimization of pharmacotherapy e.g. identification and solution for DRP including non-adherence to medication.

Key words: Individual consulting in pharmacy, pharmaceutical care, arterial hypertension, blood pressure measuring.