Overview of pharmacist consultant practice in the Community Health Center Murska Sobota in Slovenia

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Background Clinical pharmacist - consultant was a development project supported by the Health Insurance Institute of Slovenia aiming to evaluate clinical data available medication reviews (i.e. type 2b or 3) performed by clinical pharmacists. The project lasted between November 2012 and December 2015 and was firstly introduced in the Pomurje region (Murska Sobota). Patients were referred to medication review by their own GPs, who also stated the reasons. The pharmacist consultant practice took place in community health centres on a weekly basis and in nursing homes on a monthly basis.

Purpose To overview clinical data available medication reviews performed under pharmacist consultant practice in outpatient setting in the Pomurje region. The overview included the management of optimisation of medicines use, detection of drug related problems and interventions recommendation.

Method In this observational study, patient characteristics (gender, age, patient interview, reasons for referral, number of diagnoses and medicines) were collected. The data regarding presence of drug related problems (presence of vertigo, hypersensitivity to medicines, clinically important potential drug-drug interactions) and recommended interventions (changes in dosing regimens, newly introduced medicines, and medicine discontinuation or replacement) were considered.

Findings In total, 495 medication reviews were obtained. Patients’ interviews were feasible in 35% cases (type 3 medication review). Mean age was 71 years, 62% were female. Several reasons for referral to medication review were stated. Polypharmacoterapy was the main reason (76%), followed by possible adverse drug effects (25%) and patient specific health state (9%). Mean number of prescribed medicines per patient was 12.5 (range: 1 to 31). Mean number of evaluated diagnoses per patient was 6.6 (range: 1 to 19). Hypersensitivity was recorded in 20%, primarily to penicillins and sulphonamides. Vertigo was present in 8% patients, in 70% of cases it was related to medicines use. Furthermore, 159 potential drug-drug interactions type X and 947 interactions type D were identified. In the recommendations only 19 type X and 232 type D potential drug-drug interactions were left. Other recommendations included 790 medicines discontinuations, 780 therapy replacements and 210 newly introduced medicines. Mean number of prescribed medicines was reduced by 1.4 medicines per patient. Changes in daily doses and dosing intervals were recommended for 46% and 75% of the patients, respectively.

Conclusion This study reveals that significant changes in patients’ pharmacotherapy are recommended in order to optimise medicines use. However, studies aiming to link such optimisation proposal to realisation in GP’s practice and further to improved health outcomes are warranted.