

Patients with pharmacotherapy changes as a potential target group for medication use review: a study plan

Janež Ana, Locatelli Igor, Kos Mitja.

Background Medicines use review is the pharmacist's contribution to the care of individuals in order to optimise medicine use and improve health outcomes. These services have to be rational and efficient to ensure successful implementation and sustainability. Therefore, it is reasonable to identify target patient groups that would benefit from services the most. One of these can be patients experiencing pharmacotherapy changes. Those may be difficult for patients since they need to incorporate newly introduced therapy into everyday life. In this respect, ensuring patient adherence, their sufficient understanding and correct use of prescribed therapy represent a great challenge. Hence, patients who underwent therapy changes may be at higher risk for drug-related problems and negative consequences on their health outcomes.

Purpose We are planning to run a prospective cohort study with the aim to explore whether therapy changes lead to drug-related problems, such as poor medication adherence and adverse drug reaction, and poor blood pressure control in patients with hypertension.

Method We plan to recruit 400 patients with arterial hypertension in the community pharmacies at the time of dispensing of their medications containing angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers. Prescriptions for other antihypertensives are allowed. Patients with heart failure, chronic renal disease, atrial fibrillation, angina and history of myocardial infarction or stroke will be excluded. We will compare patients who had no changes in therapy at the current visit and those who were introduced a change, including a switch from one antihypertensive to another, initiation of new antihypertensive medication or a change in dosage regimen of current antihypertensive therapy. At the first visit we will identify changes in therapy, evaluate medication adherence using 8-item Morisky Medication Adherence Scale (MMAS-8) and measure blood pressure with automatic blood pressure monitor. Patient understanding and perception of the therapy as well as occurrence of adverse drug reaction of antihypertensive medications will also be evaluated. At follow-up visit that will take place 8 weeks later we will evaluate medication adherence by MMAS-8 and pill count, presence of adverse drug reaction, patient's perception of therapy change and blood pressure.

Findings

Conclusion The results will show whether patients who experienced any kind of therapy change face drug-related problems more frequently and have poorer blood pressure control and are therefore those who represent one of the target groups for the medication use review.