

# A qualitative study on consultations for non-prescription sildenafil in Northern Ireland

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**Background** Many diseases and treatments can lower sexual function, an important but often ignored factor for quality of life. A pharmacy service providing non-prescription sildenafil was introduced to the United Kingdom in 2018 and may offer an opportunity to discuss sexual adverse drug reactions (sADRs).

**Purpose** This qualitative study, using a theory-based approach, aimed to evaluate the views of community pharmacists on providing non-prescription sildenafil, and their perception of the barriers and facilitators to provide this service and to discuss sADRs.

**Method** Face-to-face interviews were conducted between October 2019 and January 2020. Community pharmacists were purposefully sampled in Belfast, Northern Ireland, followed by snowball sampling. Written informed consent was obtained prior to commencing data collection. The semi-structured interviews used a piloted topic guide based on the 14-domain Theoretical Domains Framework (TDF), informed by a literature review on sexual health services in community pharmacies. The TDF is widely used to understand pharmacists' behaviour. All interviews were audio-recorded, transcribed verbatim and anonymised. Data was analysed using NVivo® 13. Transcripts were analysed deductively, utilising the TDF domains as coding categories. Within each theoretical domain, content analysis was utilised to identify barriers and facilitators.

**Findings** Ten pharmacists were interviewed to reach data saturation. Interviews lasted on average 48 minutes. Eight pharmacists had experience with dispensing OTC sildenafil, receiving approximately 1-2 requests per week. They considered non-prescription sildenafil an additional valued service (?Social/professional role and identity?). Training, concise product guidelines and private consultation areas were important facilitators (?Environmental context and resources?). The anonymous service required trust (?Optimism?), with concerns about abuse and men not visiting their GP. With experience, pharmacists had developed their communication skills and had become more confident dealing with difficult situations such as patients being vague about their medical history or having other causes for erectile dysfunction (alcoholism, mental problems) (?Skills? and ?Beliefs about capabilities?). In general, pharmacists were satisfied with the professional recognition, using their clinical knowledge or helping patients resume sexual relationships (?Beliefs about consequences?). They hoped it would lead to more services (?Goals?). Pharmacists considered awareness of sADRs and lifestyle causes of erectile dysfunction important, but would not discuss sADRs during routine encounters outside the consultation area.

**Conclusion** Several barriers and facilitators to provide non-prescription sildenafil were identified. Although the awareness of sADRs had increased, outside this service, the influence of medication on sexual function remained undiscussed. These findings may guide the development of interventions to discuss sADRs in community pharmacy.