

Exploring the possibilities of implementing the Medication Use Review service in Eastern Europe and Iran

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Background Polypharmacy and drug-related problems are common in both the elderly and patients with chronic diseases. Medication Use Review (MUR) is a structured evaluation of a patient's medicines in order to optimize medicines use and improve health outcomes. In the on-going international project (January 2019 - March 2021), the MUR standard adapted from Pharmaceutical Care Network Europe 2013 statement (1) and amended in Estonia is piloted in community pharmacies in Estonia, Latvia, Lithuania, Poland, Croatia, Bosnia and Herzegovina, Hungary, Romania, Bulgaria, Slovakia and Iran (MUR network).

Purpose The aim of this study was to gain insights into developments of the community pharmacy sector and map factors encouraging and hindering MUR service in Eastern European countries and Iran.

Method In September 2019 the MUR network countries performed document analysis and qualitative interviews to identify community pharmacy sector indicators, current and future competencies and roles of community pharmacists, and factors encouraging and hindering MUR service in a particular country. The collected information together with the results of the piloting of MUR service allows to evaluate the possibilities of implementing the MUR service in the future.

Findings Current community pharmacist competencies in MUR network countries were more related to traditional services such as dispensing and counselling of prescription and OTC medicines and compounding of extemporaneous medicines. In most network countries reporting of adverse drug reactions, patient education on disease prevention and health promotion, and some point-of-care testing were available. Most often named future competencies included provision of different extended services (e.g. medication review, immunization, diabetes screening, smoking cessation, INR measurements, and new medicines service). Main factors encouraging MUR were increase in polypharmaco-therapy and pharmaceutical waste and access to patients' health data by pharmacists. Most often named hindering factors were MUR being unfamiliar among physicians, pharmacists and patients, financing of MUR and lack of private consultation possibilities at some community pharmacies.

Conclusion Key stakeholders in Eastern Europe and Iran are exploring possibilities to apply extended pharmacy services into practice. As polypharmaco-therapy is an increasing concern in MUR network countries, it is important to routinely assess patients' medication use. Pharmacists are well placed to provide MUR, however more health professionals and patients need to be introduced to MUR and it is necessary to find an opportunity for financing the service in Eastern Europe and Iran. REFERENCES 1. PCNE statement on medication review 2013.

https://www.pcne.org/upload/files/150_20160504_PCNE_MedRevtypes.pdf