Supporting self-management of type 2 diabetes: is there a role for the community pharmacist

Ines Krass 1, Teerapon Dhippayom 2.
1University of Sydney. 2Naresuan University, Phitsanulok, Thailand

Background: Community pharmacists are uniquely placed to deliver a range of services to support clients with type 2 diabetes (T2D). However successful uptake of new services depends on consumers’ willingness to access these. An understanding of consumer perspectives is thus pivotal to designing appropriate services and to developing strategies to promote uptake. To address this gap, we recently developed and validated a measure to quantify consumers’ attitude to pharmacist diabetes services.1 However, to explore consumers’ experiences and opinions in greater depth, we conducted a follow-up qualitative study.

Purpose: 1) to investigate consumer self-management practices and experiences of health services including pharmacy to identify potential unmet needs in disease management support and 2) to explore consumer preferences for a T2D support model to be delivered in Australian community pharmacies.

Method: A focus group study was conducted in Sydney, Australia between 21 August and 17 September 2013. Participants were members of the Australian Diabetes Council and recruited through a survey on medication use in T2D. Each focus group was recorded, transcribed and thematically analysed. Focus groups were continued until saturation was reached.

Findings: Five focus groups with a total of 32 T2D consumers were conducted. A wide diversity in both diabetes self-management practices among T2D consumers as well as experiences of receiving community pharmacy services were identified. Although unmet needs were not overtly expressed, participants’ self-management practices suggested some gaps in understanding, and some degree of non-adherence to aspects of lifestyle and medication and self-monitoring regimens signalling a need for additional monitoring, motivational support and education. Although consumers generally had positive views about pharmacists’ services, many had very limited experience of any enhanced diabetes support services. As a result, many consumers perceived that the main role of pharmacists in diabetes care should centre on medication administration, with some enhancements to support adherence and continuity of supply. Consumers identified several potential barriers to an enhanced role in diabetes care including time constraints; a perceived lack of knowledge and skills and interest by pharmacists.

Conclusion: Given the unmet needs in diabetes self-management, opportunities exist for pharmacists to become more involved in diabetes care. The challenge is for pharmacists to upgrade their diabetes knowledge and skills, organise their workflow and become proactive in promoting their capacity to deliver enhanced diabetes care support. 1 Krass I, Costa D, Dhippayom T. Development and validation of the Attitudes to Pharmacist Services for Diabetes Scale (APSDS). Res Social Adm Pharm 2014;pii: S1551-7411(14)00063-1.