Considerations of prescribers and pharmacists for the use of non-selective β-blockers in asthma and COPD patients: an explorative study

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Esther Kuipers, Michel Wensing, Peter de Smet, Martina Teichert
Conflicts of interest

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Background

• Prevailing guidelines: avoid the use of non-selective (ns) β-blockers in patients with asthma or COPD.
• Daily practice: 10 ns β-blocker users with asthma/COPD monthly per community pharmacy
Aim

• To assess reasons for prescribers and pharmacists to treat asthma and COPD patients with ns-β-blockers
  • Prescribers: were they were aware of the lung disease at the start of the ns-β-blocker?
  • Pharmacists: was the contra-indication signalized and how was dealt with these monitoring signals?
Methods - setting

- February - July 2016
- 53 community pharmacists
- Professional and legal responsibility for the drug treatment of their patients
  - Surveillance signals
  - Registration medication → national database
Methods - Design

• All participating pharmacists selected:
  • 3 prescribers (different disciplines) for an interview
  • 5 cases to check surveillance signals
Methods – Interview prescribers

• Was the initiator aware of the airway disease when starting the ns-β-blocker?
  • Yes
    • Explore reasons for prescribing.
    • Would the choice have been reconsidered if the patient would suffer from exacerbations after the start of the ns-β-blocker? ➔ Motivation
  • No
    • Explore reasons for the unawareness
    • Would another choice have made if the contra-indication was known? ➔ Motivation
      • If not, would choice have been reconsidered in case of an exacerbation? ➔ Motivation
Results

• 827 patients selected
• Prescribers: 153 ns-β-blocker initiators were interviewed
  • 64 general practitioners (GPs), 45 ophthalmologists, 24 cardiologists, 20 other prescribers (neurologists, psychiatrists, etc)
• Pharmacists: 299 medication surveillance signals were screened
Results – Were prescribers aware?

15 of 46 prescribers (33%) would have chosen alternative medication
Results: Reasons for prescribing (n=107)
Results: Pharmacists’ signals & actions

- 122 cases (40.8%): no signal
- 39 cases: signal, but no action taken
Discussion and conclusion

• Contrast daily practice and guidelines
• Pharmacist should play active role
  • Providing actual medication overview
  • Information on morbidities should be exchanged better to enable prescribers and pharmacists to make a conscious choice
  • Informing patients + monitoring side effects
• “Further research is needed.”
Questions?