

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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Conflicts of interest

- This work was supported by unconditional research grants of the Royal Dutch Association for the advancement of pharmacy (KNMP) and AstraZeneca.

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 aware of the lung disease at the start of the ns- β -blocker?
 - Pharmacists: was the contra-indication signaled 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

Mediciestatus Medicatiehistorie **Receptverwerking**

Medicatiebewaking

CI 044 : ASTMA - PROPRANOLOL HCL PCH TABLET 10MG (1.1T)
Kans op bronchospasmen.

1. Ernstige vorm van astma/COPD

A. Vervang zo mogelijk niet-selectieve betablokker door alternatief.

Indien vervanging niet mogelijk:

Afleveren: Adviseer patient om bij verergeren van

B. luchtwegklachten contact op te nemen met de voorschrijver

Methods - Design

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

Astma/COPD

[Webrapportages](#) > [Praktijkondersteunend Programma Astma/COPD](#) > [FPZ](#) > [FPZ controles](#)

Let op: Bij het voorleggen van patiëntgegevens aan voorschrijvers wordt u geacht de [privacy van de patiënt](#) te waarborgen.

FPZ-patiëntenoverzicht

A. Suboptimale afleveringen

In onderstaand FPZ-patiëntenoverzicht vindt u alle patiënten die geselecteerd zijn voor het gekozen aandachtspunt in de afgelopen maand. Klik op het individuele beoordeling of de geselecteerde patiënt in aanmerking komt voor interventie.

Het gebruik hiervan kan ongewenst zijn omdat het bronchoconstrictie kan veroorzaken. Meer informatie over de farmaceutische achtergronden van di

Onderaan het FPZ-patiëntenoverzicht vindt u een uitwerking van [mogelijke acties](#) die u kunt ondernemen.

	Naam patiënt	Patiëntnummer	Geslacht	Geboortejaar	Huisarts	Voorschrijver laatste medicatie	
						Soort	AGB/Specialisme
1	100041	.....	M	1945	Huisarts	
2	102392	.....	V	1946	Huisarts	
3	107455	.....	V	1939	Huisarts	
4	107639	.....	V	1937	Huisarts	
5	107754	.....	V	1933	Huisarts	
6	108067	.....	M	1948	Huisarts	
7	108082	.....	M	1937	Huisarts	
8	108541	.....	M	1950	Huisarts	
9	110803	.....	M	1931	Huisarts	
10	90539	.....	M	1937	Huisarts	
11	90540	.....	V	1940	Huisarts	
12	99168	.....	M	1921	Huisarts	
13	99726	.....	M	1947	Specialist	

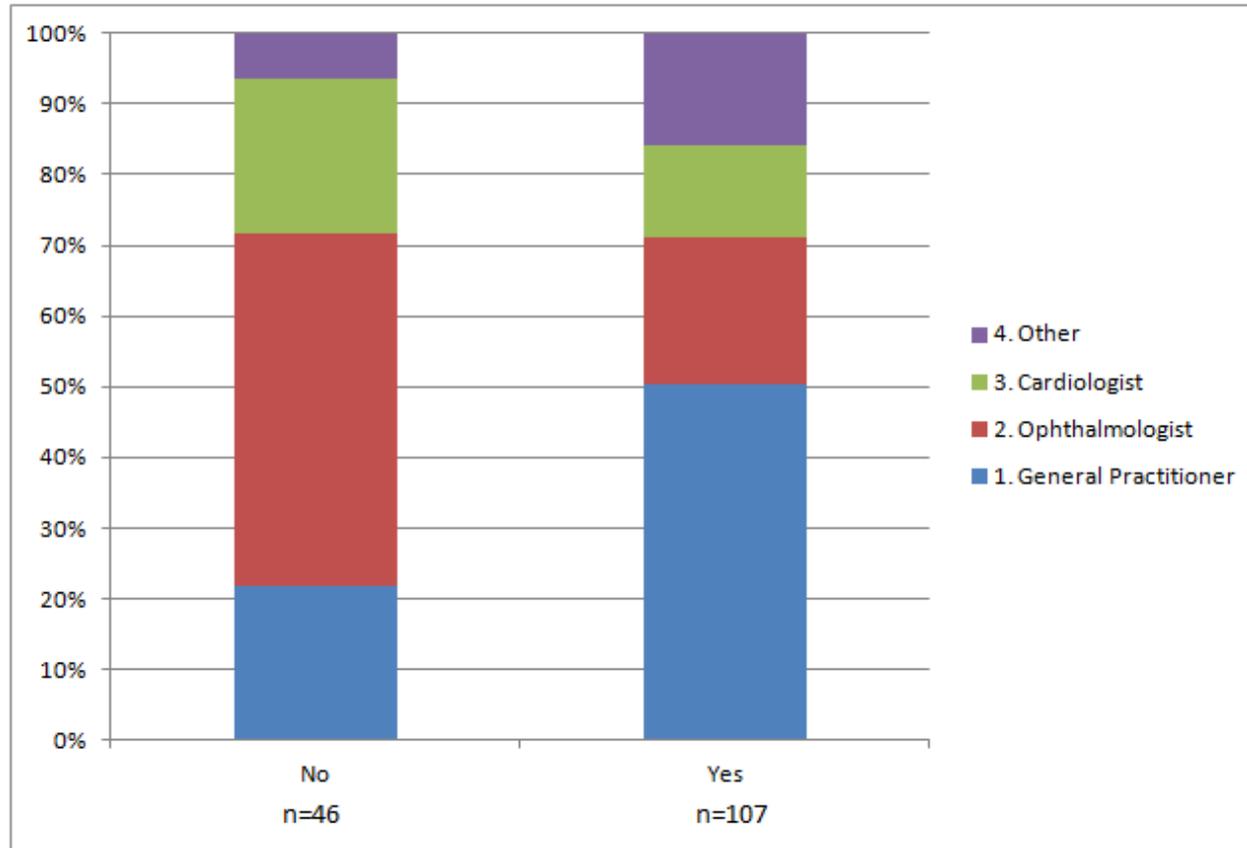
Methods – Interview prescribers

- 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

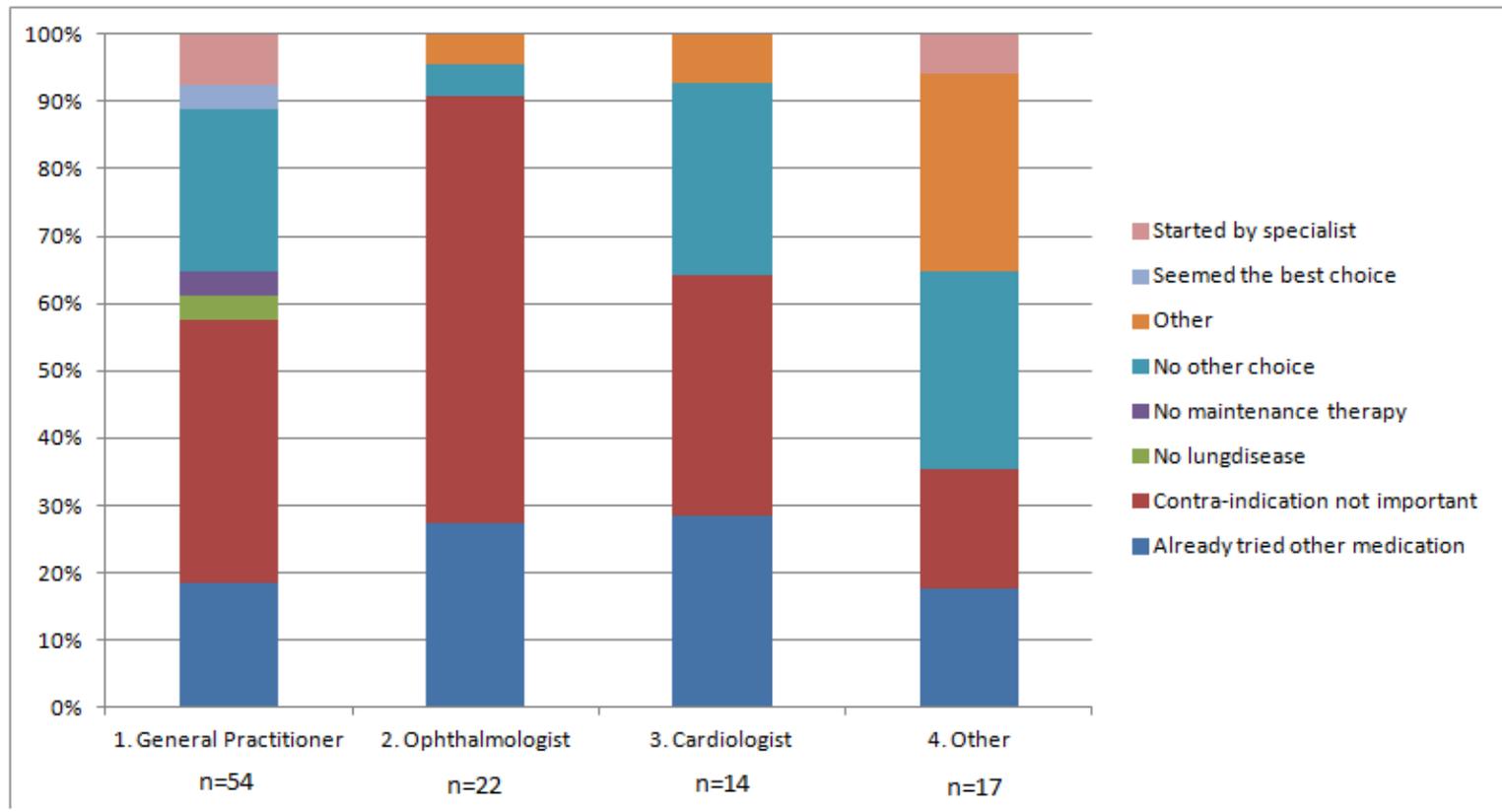
- 827 patients selected
- Prescribers: 153 ns- β -blocker initiators were interviewed
 - 64 general practitioners (GPs), 45 ophthalmologists, 24 cardiologists, 20 other prescribers (neurologists, psychiatrists, etc)
- Pharmacists: 299 medication surveillance signals were screened

Results – Were prescribers aware?



15 of 46 prescribers (33%) would have chosen alternative medication

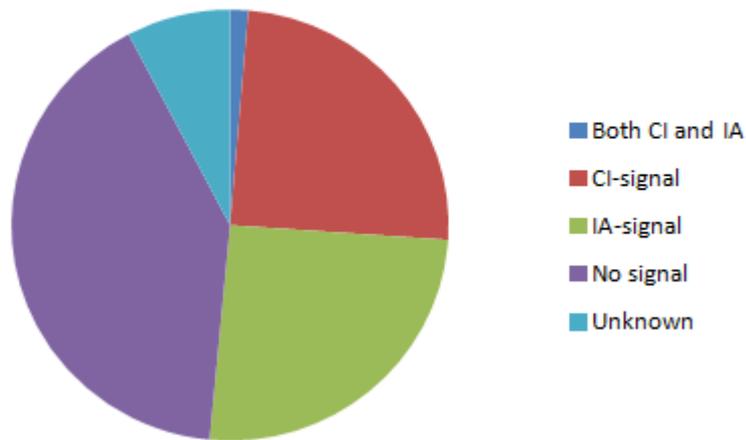
Results: Reasons for prescribing (n=107)



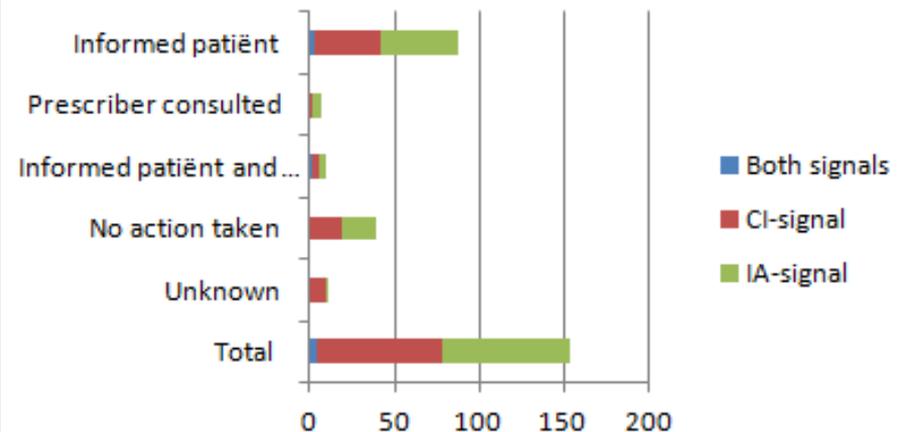
Results: Pharmacists' signals & actions

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

Generated Signals (n=299)



Actions (n=154)



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?

