



PHARMACEUTICAL CARE NETWORK EUROPE

Working Conference 2011 – Abstract

Does pharmaceutical care impact on the safety of individual patients?

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The above mentioned participant in the PCNE WC 2009 wishes to submit following abstract for a poster or short oral communication (please type & then fax the form to the secretariat). Max. 350 words.

Title Despite of their positive attitude, community pharmacists deliver significant less pharmaceutical care toward people with depression.		
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Type of abstract	<input checked="" type="checkbox"/> Research	<input type="checkbox"/> Practice development <input type="checkbox"/> Practice implementation
Aim of project/study To investigate pharmacists' attitudes, current practice, perceived barriers and training needs concerning pharmaceutical care for patients with depression.		
Method A survey instrument addressed to all pharmacists of the Flemish community pharmacy chain "Surplus Network", consisted of questions on 1) potential roles in order to investigate pharmacists' attitude and current practice in depression care and pharmaceutical care for patients with other disorders; 2) potential barriers in providing pharmaceutical care for patients with depression ¹ ; and 3) training needs. Paired samples t-tests and Wilcoxon-tests were used to compare attitude and current practice scores in depression care versus care for other disorders.		

Result(s)

Although there is no difference in the attitude of pharmacists towards providing care for patients with depression versus other disorders ($p=.315$), pharmacists report to provide significant less care to depressed patients compared to patients with other disorders ($p < 0.05$). The Wilcoxon signed-rank tests indicated significant differences between providing depression care and providing care for other disorders on the following items: maintain a trusting relationship ($Z=-6.18$, $p<.001$); provide information on disorder and symptoms ($Z=-4.43$, $p<.001$) and on medication ($Z=-2.86$, $p=.004$); follow-up symptoms ($Z=-4.95$, $p<.001$) and side effects ($Z=-4.49$, $p<.001$); provide support and listen to the patient ($Z=-2.60$, $p=.009$); advise patient to consult a doctor when recognizing symptoms ($Z=-4.48$, $p<.001$) and when symptoms worsen ($Z=-2.40$, $p=.016$). The main perceived barriers to providing depression care were lack of information about patients and their treatment, and the idea that depression is a difficult condition. The training needs that were most frequently reported by pharmacists were training on basic skills in psychosocial communication ($N=83$, 56.1 %), on the non-medical treatment options ($N=73$, 49.3%) and on the different types of depression ($N=70$, 47.3%).

From these data it can be concluded that, in spite of pharmacists' willingness and positive attitude towards depression care, current practice is far from ideal. Barriers and training needs need to be addressed in order to improve pharmaceutical care for patients with depression.

References:

- 1) Scheerder G, De C, I, Van AC. Pharmacists' role in depression care: a survey of attitudes, current practices, and barriers. *Psychiatr Serv* 59: 1155-60, 2008.

+++ NB: PhD students get 50 Pound reduction on the conference fee if their abstract is accepted ++++