

## Opportunities for Pharmaceutical Care in Patients with Chronic Diseases



### Master Thesis

Barbara Slejska, January 14<sup>th</sup> to June 6<sup>th</sup> 2008

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## Abstract

### *Background and objectives*

Chronically ill patients are often faced with complex pharmacotherapeutic regimens with multiple drugs several times daily and therefore self-management and patient's knowledge and awareness poses an important challenge to avoid risk factors in medication therapy. The aim of this study was to investigate opportunities for pharmaceutical care in patients after transplantation and in diabetes type 2 patients.

### *Methods*

Patients recruited through a direct contact have been observed during home visits. Medication-related risk factors, drug-related problems and patient's knowledge and awareness were identified at patient's homes.

### *Results*

A total of 61 home visits were analysed (22 patients after transplantation, 39 diabetes type 2 patients). The most often detected medication-related risk factor in transplanted patients was poor adherence (77.3%) and in diabetes type 2 patients no medication administration routine (74.2%). An adverse drug reaction was reported in 86.4% of all transplanted patients and in 19.4% in diabetes type 2 patients. Knowledge and awareness about potential drug interactions were much higher in transplanted patients (100%) than in diabetes type 2 patients (12.9%).

### *Conclusions*

This study showed major opportunities for pharmaceutical care in diabetes type 2 patients to promote the persistence with the regimen, to support them in a prudent medication management and to minimise medication-related risk factors. The opportunity for patients after transplantation is less expressed due to the rigid care through a special care team; unless such a setting is available and used. Home visits are a feasible and meaningful service which could become implemented into community pharmacy practice. Such services and corresponding protocols however should be tailored to specific diseases

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