

COMMUNITY PHARMACISTS' COUNSELLING SKILLS ON OVER-THE-COUNTER (OTC) MEDICATIONS

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INTRODUCTION

Patient counseling is a responsibility of a pharmacist, more so, for a community pharmacist. It has always been attached to the roles and responsibilities of a pharmacist. Patient counselling is a growing demand by patients who purchase medications in pharmacies. In Cebu City, patient counselling has been observed to be rare to none by patients which can be attributed to many reasons. In a study, Issues and Concerns on Utilization of the Pharmacy Workforce in the Philippines by Loquias and Robles (2012), the researchers found that pharmacists in the community setting are hard to fill positions. Pharmacy owners hire even those who have no plans to stay. Due to the fast turnover of pharmacists, training and development has become more costly for owners. This could mean unavailability of pharmacists in the drugstore at certain times of the year to provide counseling service. The community pharmacists are expected to do managerial tasks such as purchasing and inventory, sales monitoring, and even personnel supervision which takes up most of the shift hours of the pharmacists. Patient counseling takes a backseat and is only provided when patients asks for it. In a study on Assessment of Community Pharmacists Willingness and Barriers of Medication Therapy Management (MTM) Focused on Pain Management and Mental Health by Keller, *et al.* (2014), community pharmacists strongly agreed that they will benefit from additional training on pain and depression medication management. This is the expressed concern community pharmacists in the United States of America who have a Doctor of Pharmacy (PharmD) degree and adequate training to manage patients. The Pharmacy degree in the Philippines is mostly Bachelor of Science in Pharmacy and is a 4-year program versus the 6-year program of PharmD. Ramanath *et al.* (2011) looked into the effect of a training module in improving patient counselling in the study. The researchers found significant difference in the pre-post test scores of the pharmacists who participated in the training module. Participants also expressed the need for more of such training in order to gain confidence in patient counselling. The researchers

are looking at the need to retool community pharmacists so that they can be confident to counsel patients, especially those who are buying over-the-counter (OTC) medications. These are accessible to patients without prescription. In a prospective long-term multi-centre study performed by Schmeidl, *et al.* (2014) on self-medication with over-the-counter and prescribed drugs causing adverse-drug-reactions related to hospital admissions, it showed that while self-medication does not really cause adverse drug reaction that leads to hospitalisation, the elderly patients, and those receiving interacting prescribed drugs may benefit with information from the community pharmacists. The commonly seen adverse drug reactions are gastrointestinal complaints caused by NSAIDs.

METHODOLOGY

A list of community pharmacies within Cebu City and selected nearby cities within Cebu province was obtained with permission from a colleague at the Department of Pharmacy in University of San Carlos to begin this cross-sectional study. Each fourth year BS Pharmacy student (class of 2015) of University of San Carlos, Philippines was assigned to three pharmacies to interview using a structured questionnaire through mystery buying. The use of mystery buying, or simulated patient methods was chosen as it has been the most popular method for documenting counseling provided by practicing pharmacists (Mesquita, 2010). The questionnaire covered provision of counseling area, ability of pharmacist to provide counselling service, steps in OTC counselling, level of confidence on counseling provided, agreement on opportunities to upgrade knowledge and skills, and whether those opportunities may improve counselling skills. The mystery buyers were instructed to remember the information that they must gather since they can not bring their questionnaires. The interview was carried out in a conversation without directly asking the questions on the questionnaire. This tool is a mix of open and close ended questions. Upon entry to the drugstore, the interviewer asked to speak with the pharmacist. They bought an over-the-counter medication (e.g. Ibuprofen 500 mg, Mefenamic Acid

250 mg) and sought the pharmacist's advise on how to take the medication. If the pharmacist was not there the mystery buyer goes back at another time. Three attempts were made until they report that the pharmacist was not available. Identities of all community pharmacies and pharmacists involved were protected. The questionnaires were retrieved after two weeks and the data were collated. Results were descriptively reported in the form of frequency distribution and then interpreted.

RESULTS AND DISCUSSION

A total of 257 community pharmacies in the Cebu city and its neighbouring cities in Cebu province were surveyed hence a total of 257 community pharmacists were included as respondents for this cross-sectional survey.

Provision of Counselling Area

The mystery buyer observed the pharmacy for a counselling area. If there is no obviously labeled space, the buyer has to ask. Of the 257 community pharmacies surveyed, less than half 116 (45.14%) had provision for counselling area (Figure 1). There were 90 (35.02%) community pharmacies that did not have provision while 51 (19.84%) were not assessed because the pharmacist was unavailable. Counseling area is one important aspect contributory to the success of patient counseling. Providing privacy and confidentiality are important points in patient counselling so having to counsel where other patients are waiting violates privacy.

Drugstore has provisions for a counseling area (n=257)

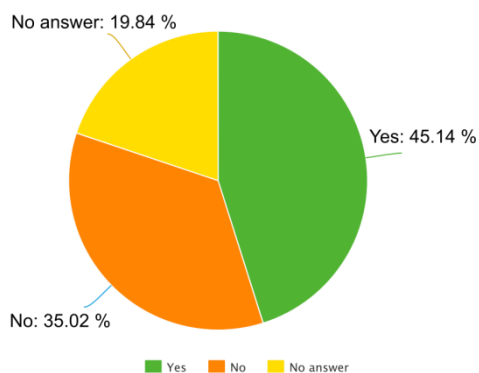


Figure 1. Frequency Distribution of Counselling Area Provision of Drugstores

Pharmacist is Able to Provide Counselling Service

The mystery buyer finds out from the pharmacist during interaction if patient counseling service is provided and in what frequency: all the time, sometimes, or never (Figure 2A). No answer means the pharmacist was unavailable. A number of 100 (38.91%) of 257 respondents said they provide counseling all the time and the same number said they sometimes provide the service. Seven (2.72%) respondents said they never provide the service and

50 (19.46%) gave no answer. Cited reasons as to why they always perform patient counseling are that they are always available to counsel patients (52, 52.0%), that they are eager to entertain customers (36, 36.0%), and that counseling is possible because there are many pharmacists per shift (12, 12.0%) (Figure 2B). Those who said they sometimes provide patient counselling are due to the fact that there are too many customers at a time (37, 37.0%), that the pharmacist is off duty on certain days and they do not have a replacement (35, 35.0%), they only counsel when customers ask questions (15, 15.0%), and that pharmacists are occupied with managerial tasks (13, 13.0%) (Figure 2C). Those who said that they never counsel did not give reasons.

Pharmacist is available to provide counseling service (n=257)

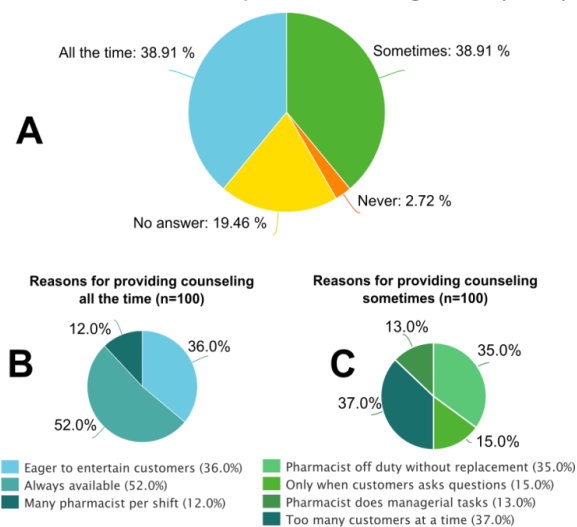


Figure 2. Frequency Distribution of Pharmacists to Provide Patient Counseling Service (A), and Reasons to Counsel All the Time (B) and Sometimes (C)

Pharmacist Follows Steps in OTC Counselling

Over-the-counter medications are available at the pharmacies without prescription. These are accessible and important to alleviate symptoms of common ailments such as cough and colds, fever, or pain. While labels are provided by manufacturers, patients may have questions or there may be salient points that could be misunderstood by patients. The community pharmacist has a big role to play in OTC medication selection to help the patient get its optimum benefit. There are suggested steps on how to successfully counsel patients on OTC medications: (1) assessment of symptoms, (2) recommend nonpharmacologic therapy, (3) recommendation of an OTC medication, and (4) referral to a physician when necessary. An article by Dinkins (2010) points out the role of the pharmacist in extending pharmaceutical care to the community pharmacy in terms of assisting patients on OTC medication selection. The pharmacist is at the point of sale equipped with knowledge on medications to help patients understand their medications and provide

additional information in relation to his choice. This study found that most community pharmacists assess patient symptoms (160, 62.26%) and recommend OTC medications (167, 64.98%) (Figure 3). Nonpharmacologic therapy and referral to physicians were not frequently done.

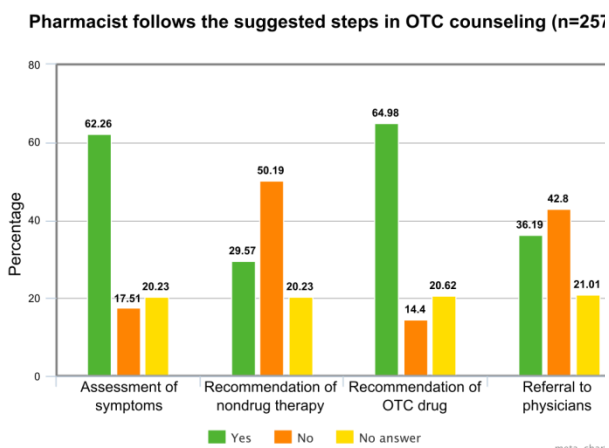


Figure 3. Assessment of Whether Pharmacist Following Steps in OTC Counselling

Pharmacist Confidence Level to Provide Patient Counselling

During mystery buying when the advisee of the community pharmacist is sought regarding the OTC medication, the buyer observes how the pharmacist conducts the counselling session. The ability of pharmacist to answer questions and to offer information is also observed. Overall, the confidence level of the pharmacist to provide counselling is evaluated based on the above-mentioned points. The mystery buyers rated 42 (16.34%) community pharmacists as very confident, 142 (55.25%) as confident and 21 (8.17%) as not confident at all while 52 (20.23%) had no answer which means the pharmacist was unavailable (Figure 4). Adepu *et al.* (2009) conducted a study on attitudes and behaviours of practicing community pharmacists towards patient counselling and revealed that major barriers mentioned were inadequate knowledge and confidence which prevented them from counselling patients.

Opportunities for Pharmacists' to Upgrade Knowledge and Skills

About half of the respondents (146, 56.81%) agreed that there are opportunities to upgrade their knowledge and skills as opposed to 51 (19.84%) who said there are no opportunities (Figure 5). Almost a quarter of respondents (60, 23.35%) did not have an answer. There are opportunities that they know of but they do not avail for reasons not cited. These probably has to be promoted more aggressively and perhaps some convincing may need to be done on the owners of the pharmacies to support these trainings for their personnel. Among the many possible opportunities, seminars/conferences and

trainings (73, 68.22%), reading pharmacy-related books is a far-second at 19 (17.76%), while 15 (14.02%) said updating through research is what they do (Figure 6).

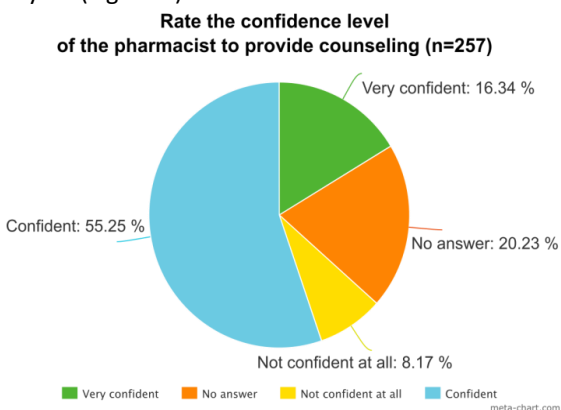


Figure 4. Frequency Distribution of Confidence Level of Pharmacist to Provide Patient Counselling

Since seminars and conferences seemed to be the popular opportunity to upgrade on knowledge and skills, it might be worthwhile to look into the agenda of these events to include some input on OTC medication counselling skills and even new information on these medications.

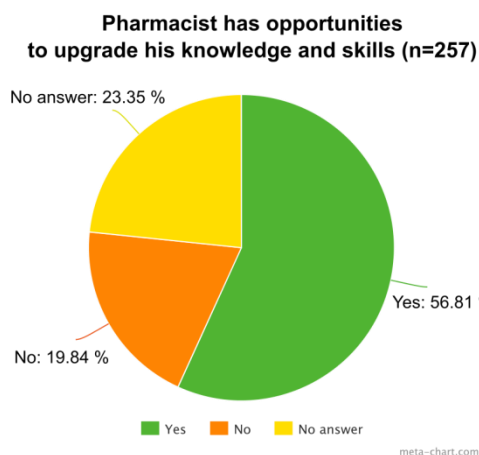


Figure 5. Frequency Distribution of Opportunities of Pharmacist to Upgrade Knowledge and Skills

Opportunities Strengthen Patient Counselling Skills

Majority of the pharmacists said that the mentioned opportunities strengthen their ability to counsel patients OTC medications. About 148 (57.59%) of the respondents said the opportunities do strengthen their patient counselling skills, 35 (13.62%) said it does not and 74 (28.79%) had no answer (Figure 7).

CONCLUSION

With majority of the surveyed pharmacies having a counselling area provided, most of the community pharmacists are able to provide counselling service on OTC medications. They are always available to entertain patients. Some pharmacists say there are times when there are too many customers at one

time so they can not counsel everyone. Most pharmacies follow suggested steps in OTC counselling with room for improvement on recommendation of non drug therapy. Confidence level to perform counselling is high according for most community pharmacists who are aware of opportunities to improve their knowledge and skills.

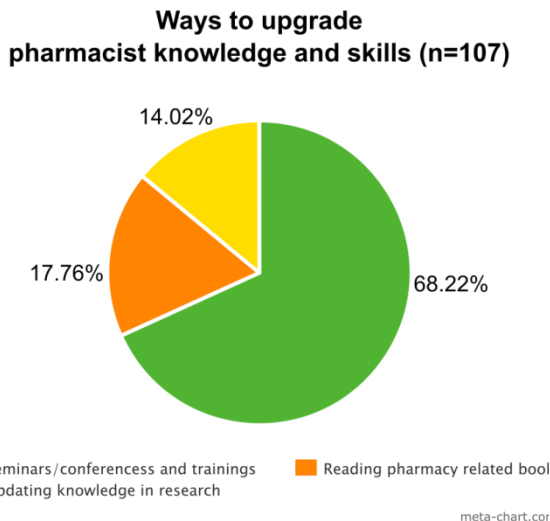


Figure 6. Frequency Distribution on Ways to Upgrade Knowledge and Skills

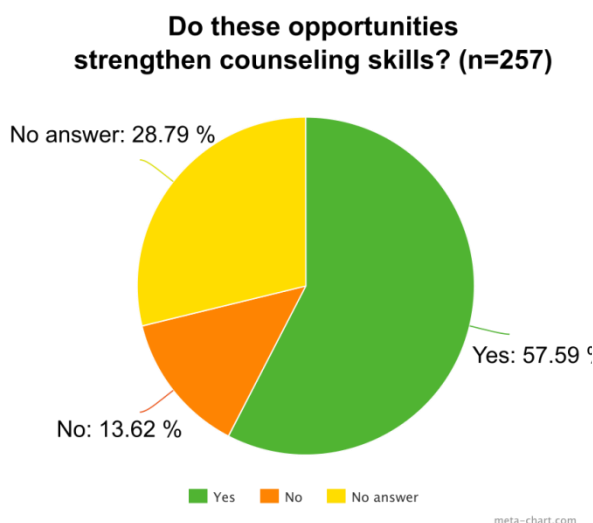


Figure 7. Frequency Distribution as to Whether Opportunities Strengthen Patient Counselling Skills or Not

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