

Ensuring the appropriate use of medicines

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The safe and effective use of medicines requires the ongoing collaboration of the various health care professionals involved in patient care. Pharmacists are crucial in ensuring the appropriate use of medicines both in the community and in hospital. The large number of medicines available and the constant efflux of new information, be it safety or regulatory, makes it practically impossible for any one health care professional to be updated on all aspects.

Since our aim is the well being of the patient, it is our professional responsibility to proactively seek unbiased information about medicines and their appropriate use. We have, for some time now, realized that the choice of medication is not only based on the disease but we need to select the right drug for the patient with a health-related problem, bearing in mind that the patient has a particular life style, possibly has concomitant conditions, is treated with other medicines and/or self-medicates. The selected medicine must also be accepted by the patient. Our choice, therefore, needs to

be by far more refined, making the process more demanding. Hence, appropriate drug use is not a simple issue.

The Malta College of Pharmacy Practice is committed to contributing to the appropriate use of medicines by facilitating the provision of medicines information to both pharmacists and medical doctors through its meetings and publications. Having access to the same information, communicated in the same style will help us speak the 'same language' in terms of medicines use and enhance inter-professional collaboration for the eventual

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benefit of the patient. We have therefore formed an alliance with the Medicines and Poisons Service at St. Luke's Hospital and with the Medicines Authority to fulfill our aim of ensuring patient care through medicines use.

The paper by van Mill, a pioneer in research on drug-related problems (DRPs), gives us a well-defined and practical overview of DRPs. While some DRPs are unavoidable, others are preventable. The article clearly differentiates between a medication error and a DRP. These problems may originate when the drug is prescribed, dispensed or administered. It is the pharmacist's responsibility to identify any DRPs at the point of dispensing. Prescription verification should follow if there is reason to believe that a DRP, especially one which could lead to morbidity, may result from dispensing such a drug. This, however, may prove to be a rather monumental, unachievable task when the prescriber's name and registration number are not identifiable. Pharmacists are often faced with the problem of being unable to identify a prescriber due to an illegible signature and the absence of the prescriber's contact details, making it impossible to determine who is responsible for prescribing the drug and to verify the prescription. The pharmacist must practice in the best interest of the patient, and may be placed in a position to exercise the right to refuse dispensing (Medicines Act, Part III, 80).

The importance of pharmacovigilance and post marketing surveillance is highlighted by Zammit in the paper entitled 'The rise and fall of cyclo-oxygenase 2 (COX-2) inhibitors'. The paper outlines the identification of the problems associated with COX-2 inhibitors, the published studies leading to regulatory action and the emphasis on more cautious and appropriate use. When a drug is given a license for use in a particular indication/s, information would have been provided regarding its therapeutic and safety profile. However, it is only when it is used in the 'real' world that new and possibly unforeseen problems start to emerge, that could lead to drug related morbidity and mortality. Considering the significant problems emerging when drugs are used appropriately for an indication for which they have been licensed, the use of a

medicine for an unlicensed indication should be a rare event, and ethical issues should be factored in to such a decision. It is therefore clear that *all* medicines should be used with caution and a risk/benefit analysis should be performed before their use. Monitoring of the patient to determine if the positive desired outcome has been achieved, to identify the emergence of any negative effects and to ascertain if the patient's expectations of the therapy are being met, is essential.

Vella focuses on the problem of drug induced peptic ulcer disease. The paper provides an evidence-based update on the main classes of drugs, which contribute to GI morbidity. Practical information as to how to reduce this type of drug-related morbidity has also been included. Preventing drug related morbidity not only contributes to enhancing patient care but also reduces the costs of treating these events.

At times it appears that medicines have become such an integral part of our lives that we tend to over look the fact that every time we introduce a xenobiotic into a person's system we are potentially also introducing a negative effect. Medicines have lost their 'mystical' powers and hence at times we tend to use them without due attention. We have also, unfortunately, transmitted this false sense of security to society, conveying the message that there is a 'pill for every ill' and introducing a quick fix mentality.

Our restricted ability of communicating to patients both the benefits and risks of medicines by using terms such as 'this is very mild' in order to enhance 'compliance' (as opposed to the current trend of concordance) is backfiring. Patients may either choose to believe these statements and take their medicines without a second thought, getting their refills without being monitored or procure information through various means including the internet and finding out that their medicine invariably does have negative effects. At this point they may lose faith in their health care professionals and choose to stop their medication on their own accord. Some may seek a solution through the less conventional means of alternative and complimentary medicine. Herbal

preparations are a current favorite, as they are aggressively marketed as being perfectly safe and causing no harm since they are natural.

Another favorite approach is telling patients who have chronic disease that they have to keep taking 'THIS' medicine for the rest of their lives. What is actually meant by this statement is that the condition cannot be cured but can be managed on a long term basis by using medication. The medicine selected would be the most appropriate when taking into consideration the patient's condition, the current state of general health of the individual, the patient's response to therapy, the knowledge currently possessed regarding the management of the condition and about the medication itself, and the availability of medicines. When one or more of the above factors change it is very likely that the therapy may also need to change. Therefore the statement that any one particular medication must be taken for the rest of one's life is inaccurate and may lead to confusing the patient when the time inevitably arrives to alter therapy.

We should, once again, start to treat medicines with respect and transmit this to patients by providing correct information in a manner in which they can understand.

The College has recognised the importance of communication skills in forming and enhancing relationships with other health care professionals and with patients. We have therefore invited Juliet Higdon, an expert in communication and counseling skills to share her experience with us through an article in the Journal and an interactive session to be held as part of the Autumn professional development programme.

Pharmacists are the key health care professionals involved in the provision of safe and effective use of medicines. Inter-professional collaboration is essential to ensure appropriate medicines use. Pharmacists and medical doctors both at community level and in a hospital setting should seek constructive and effective ways to form a working relationship that will put the interest of the patient first and lead to the safest and most appropriate use of medicines.