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Sikkim Manipal University



SMU Medical Journal

ISSN : 2349 – 1604 (Volume – 1, No. 2, July 2014) Review Article

Focusing on Community Pharmacist's Role in Diabetes Care in Arab Countries and Well Developed Countries

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Manuscript received : 24.05.2014

Manuscript accepted: 25.06.2014

Introduction

The prevalence of diabetes is on the increase and an estimated 239 million people worldwide are expected to have the condition by the year 2020 ¹. Diabetes mellitus is a serious health care challenge. It is a heterogeneous disorder characterized by varying degrees of insulin resistance and insulin deficiency, which leads to disturbances in glucose homeostasis ². The mortality rate in patients with DM is eleven times higher than in persons without disease ^{3,4}. DM is the leading cause of blindness, renal failure and foot and leg amputations in adults in developed countries ¹. There is now irrefutable evidence that strict control of type 2 diabetes can delay the onset of the complications of this disease ⁴, is cost effective and brings about improvements in overall quality of life ⁵. These findings highlight the need for disease state management (DSM) approaches which focus on intensive management of type 2 diabetes involving regular monitoring, follow-up, and continuity of care ⁶. Such approaches have been shown to be effective in improving disease control in a recent meta-analysis of disease management programs ⁶.

Pharmacists, as highly trained and accessible health care professionals, are well placed to contribute to DSM programs in diabetes. Such programs may include a range of services: support of self blood glucose monitoring (SBGM), monitoring and promoting patient adherence with medication and other components of self-management, identifying and resolving drug-related problems, providing targeted education, monitoring blood pressure, weight, and lipids, reminding patients of the importance of regular examinations for the presence of diabetic complications, for example, eye and feet examinations or drug therapy management⁷.

Comparison between well developed countries and Arab countries

Although the contribution of community pharmacists to the care of diabetic patients in a systematic way have been well established in many well developed countries e.g. US , UK, Australia, this is not the case in Arab countries in which the role of community pharmacists is mainly focusing on the dispensing process and not paying more attention to the role of the community pharmacy practice as clinical health care provider , and this mainly owing to either lack of time or layout facilities or even lack of clinical knowledge which means absence of a systematic way to provide the care for diabetic patients . The care of community pharmacist for diabetic patients has been studied in many research articles. I have selected the following papers to present different aspects of dealing with that research point in different well-developed countries:

1. Utrecht Institute for Pharmaceutical Sciences, the Netherlands, they designed a qualitative research using SWOT analysis to explore the role of community pharmacist in the field of providing information at the moment of initiation of T2DM oral medications, then they end up with the conclusion that Pharmacists are challenged to increase their visibility as health care provider while keeping logistic service on a high level and improving cooperation with other health care providers⁸.
2. University of Sydney, Australia, they designed one questionnaire for the purpose to be used in diabetes disease state management. Their main objective is to

3. develop and validate an instrument to measure patient satisfaction with diabetes
4. disease state management (DDSM) services delivered by community pharmacists. They end up with results that support the validity and reliability of the DDSM-Q as an instrument to measure patient satisfaction with DDSM services in community pharmacy with further research will be needed to validate the instrument in different populations ⁹.
5. University of Maryland, School of Pharmacy, United States, they did a nice research focusing on the association between diabetes patient's knowledge about medications and their blood glucose control and they conclude that Patients with greater understanding and knowledge of their diabetes medications demonstrated better glycemic control. This cross-sectional association of medication knowledge and A1c was more pronounced in women than in men ¹⁰.

In Arab countries, there are some researches done regarding community pharmacy but they did not focus on the role of community pharmacist towards certain disease condition, they were rather focusing on assessment of patients' satisfaction with the community pharmacy services that already offered, I will present here few selected studies:

1.The study of University of Sharjah (College of Pharmacy),United Arab Emirates, which was the first study to use patient satisfaction tool (5-point likert-type scale) developed specifically for the Arabic context and they end up with the suggestion that patients have unmet expectations with community pharmacy services in the UAE ¹¹.

The study of King Saud University, Riyadh, Saudi Arabia, Which was one of the distinguished study concerned with patient perceptions, views and satisfaction with the pharmacist's role as a health care provider in community pharmacy setting at Riyadh, Saudi Arabia. It was performed throughout about 125 community pharmacies across the city using eight-item questionnaire with the conclusion that the image and professional performance of community pharmacist are improving in Saudi Arabia. The Saudi patients show better satisfaction, perception and appreciation of the pharmacists' role in the health care team. However, extra efforts should be

paid to improve the clinical skills of the community pharmacists. Community pharmacists need to be able to reach out to patient, assess their hesitations and promptly offer solution which was appreciated by the patients as the survey indicates. They should play a pro-active role in becoming an effective and indispensable part of health care. Furthermore, they should be able to advice, guide, direct and persuade the

2.patient to comply correct usage of drugs. Finally, community pharmacists should equip themselves with appropriate knowledge and competencies in order to tender efficient and outstanding pharmaceutical health care ¹²

Conclusion

From the previous studies, we can conclude that despite the effort exerted to assess patient satisfaction with the community pharmacy service in some Arab countries, it is still no well-structured patient specific services has been offered or even being tested. Community pharmacists should try to develop patient- specific community pharmacy service to meet diabetic patients' expectations and needs while assessing what the community pharmacist needs to provide proper services that meet those patient expectations. Many research studies should be carried out in order to assess the needs of diabetic patients regarding community pharmacy services, to assess the community pharmacists' views, opinions and needs in order to provide pharmacy services the meets diabetic patients' expectations, to design an interactive pharmaceutical care tool that help facilitating the care role of community pharmacist towards diabetic patients and to redefine the role of community pharmacists towards diabetic patients. These research studies should try to measure impact of the newly designed pharmaceutical care tool on diabetic patients with the aim to assess how it will affect various health care outcomes e.g. clinical, functional and economic outcomes. We have to provide practical solutions for overcoming the challenges faced by community pharmacist regarding offering outcome-oriented pharmacy services which was mostly the challenges of time and challenge of clinical knowledge. Finally If we can address the issue of the

proper contribution of the community pharmacist to play an important role in the caring process of patients with chronic diseases, we will achieve a dual benefit in our countries by optimizing patient care and helping the health care system to make the best use of the available resources in order to achieve better health care outcomes.

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Authors Column

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