

Ask your pharmacists

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INTRODUCTION

In their everyday practice pharmacists in pharmacies deal with patients that need prescription medicines as well as with other visitors that want non-prescription medicines. The immediate packaging of a medicine bears a mark which denotes whether the medicine affects user's psychophysical characteristics. That means that when dispensing a prescription or non-prescription medicine a pharmacist in a pharmacy has an opportunity to warn a patient of the possible effects of the medicine received on psychophysical characteristics, even though the legislation in force does not oblige pharmacists to do it.

PHARMACY SERVICES IN SLOVENIA

The pharmacy service has a relatively long tradition in the territory today known as Slovenia. The first community pharmacies date back to the 15th and 16th century.

In Slovenia pharmacy service is a part of health care services.

On 31st December 2006 pharmacy services were provided by pharmacies (units) organised under 24 public institutions and by private pharmacies. Among 273 units there were 79 private pharmacies. The density of pharmacy network in Slovenia was 1 pharmacy/7339 inhabitants.

Community pharmacies had 782 pharmacists (masters' degree) and pharmacy technicians employed. In 27 hospitals there were 60 pharmacists and pharmacy technicians.

Pharmacy network in Slovenia

- 7339 inhabitants/1 community pharmacy
- 19,000 prescriptions/pharmacist
- 2562 inhabitants/1 pharmacist (1)

Regarding the availability of pharmacists (university education) Slovenia reaches the average of approximately 50% compared to other EU member states (2).

PHARMACIST'S DUTIES AND COMPETENCES REGARDING DISPENSING PRESCRIPTION AND NON-PRESCRIPTION MEDICINES PRESCRIBED BY A DOCTOR

Regulations in the area of pharmacy activities and health insurance precisely define duties and competences of pharmacist in pharmacy activities, as well as EU directives define them for liberal profession of master of pharmacy (3). The referred directives determine the range of

knowledge and skills and areas that fall under pharmacist's responsibility. In this framework every member state has a possibility to precisely determine duties and competences of certain profiles of health activities.

Tasks that a pharmacist has to perform at dispensing prescription medicines are the following:

1. Review of the Rp heading
2. Review of the "ordinario" medical - Ordering
3. Accepting
4. Analysing
5. Searching professional records
6. Filling
7. Stocking shelves
8. Controlling series
9. Checking expiry date
10. Preparing for hand over handing the medicine over
11. Classification
12. Instructions for use
13. Record keeping
14. Professional administrative work (4)

All these tasks are more medicines-oriented than patient-oriented. The tasks under number ten and twelve give pharmacist a possibility to perform more patient-oriented tasks.

REGULATION OF MEDICINES

According to the Medicinal Product Act (2006) medicines in Slovenia are divided in two groups: prescription medicines and non-prescription medicines. Some of the medicines from the "non-prescription medicines" group can also be sold in specialised stores. Regulations are specifically determining a content of primary and immediate packaging, as well as a content of a package leaflet which is intended for the user. Among obligatory warnings on the package there's also a warning about medicine's effect on psychophysical characteristics of a person that takes the medicine. On the territory of Slovenia there is a long-established practice regarding the warnings on a package, which derives from legislation of the former country.

The regulations (5) determine the following markings and contents indicated on immediate packaging regarding the medicine's influence on psychophysical characteristics:

- **full triangle stigmatically reduce ability to drive or operate machine**
- **empty triangle may reduce ability to drive or operate machine**

PHARMACIST'S OPTIONS WITHIN THE PHARMACY FOR ENSURING PATIENT SAFETY AND SAFETY OF OTHER ROAD-TRAFFIC PARTICIPANTS FROM PHARMACIST'S POINT OF VIEW

At dispensing medicine pharmacists often give patients a cautionary warning of effects of the medicine on one's psychophysical characteristics, even though the said warning is not listed among pharmacist's tasks or duties in the process of dispensing prescription medicines.

Pharmacist's duties are only to give written and oral instruction on taking medicines or their use, while the content of the instruction is not defined in greater detail.

In view of the above we may find that drawing the attention of the patient on the effects of the medicine on psychophysical characteristics is not pharmacist's duty but is mainly pharmacist's sense for responsible performance of the profession within his/her qualifications.

A new model of pharmacy practice – pharmaceutical care has been applied in several pharmacies in USA since 1970, in EU since 1992 and in Slovenia since 1996.

Pharmaceutical care is **a patient-centred, outcome oriented** pharmacy practice that requires the pharmacist to work in concert with the **patient** and the patient's other **healthcare providers**.

Pharmaceutical care is the responsible provision of medicine therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. These outcomes are cure of a disease; elimination or reduction of a patient's symptomatology; arresting or slowing of a disease process; or (iv) preventing a disease or symptomatology.

Pharmaceutical care involves the process through which a pharmacist cooperates with a patient and other professionals in designing, implementing, and monitoring a therapeutic plan that will produce specific therapeutic outcomes for the patient. This in turn involves three major functions: (i) identifying potential and actual drug-related problems; (ii) resolving actual drug-related problems; and preventing drug-related problems.

Pharmaceutical care is a necessary element of health care and should be integrated with other elements. Pharmaceutical care is, however, provided for the direct benefit of the patient, and the pharmacist is responsible directly to the patient for the quality of that care. The fundamental relationship in pharmaceutical care is a mutually beneficial exchange in which the patient grants authority to the provider, and the provider gives competence and commitment (accept responsibility) to the patient.

The fundamental goals, processes, and relationships of pharmaceutical care exist regardless of practice setting. (6)

In Europe, the model of pharmaceutical care was introduced by Europharm Forum. The members of the Forum are society or association of pharmacists of community pharmacies. This Forum was established under WHO Regional Office for Europe more than 15 years ago. In the year 2006 the Forum was excluded from WHO, because of financial restrictions within WHO.

The main goals of this Forum are:

- to promote health
- to prevent disease
- to assess, monitor, initiate, and **modify medication use to assure that pharmacotherapy regimens are safe and effective.**

In the context of the new model of pharmacy practice – pharmaceutical care many projects were introduced by the Forum, such as Ask About Your Medicines, Pharmacists Against Tobacco, Hypertension Management, Diabetes Care, Asthma Care, Pharmacists and HIV/AIDS.

The project Ask about Your Medicines was established very early in 1992.

The main purpose of this project is to teach inhabitants what they have to know about their medicine. And the Forum prepared so called key questions which are:

- What does this medicine do?
- How and when do I use it?
- For how long do I have to use it?
- **May I drive when I take this medicine?**
- **What side effects or risks should I know of regarding this medicine, and what do I do if they occurred? (7)**

Slovenia became a member of Europharm Forum in 1995. Since 1995 the Slovene Chamber of Pharmacy has begun to implement some of the projects listed above. In 1997 the Chamber started to educate pharmacists for being able to carry out projects such as Pharmaceutical Care for Hypertension and Diabetes Care.

In the year 2004, The Chamber started with the project Ask about Your Medicines. The main goal of this project was to motivate patients/inhabitants to ask pharmacists about their medicines. Within this project The Chamber prepared information leaflets and medication cards. The content of information leaflets was an appropriate usage and storage of medicines. And the purpose of medication cards was for the patients to make a list of prescribed and non-prescribed medicines used by a patient. The card was fulfilled by a pharmacist in cooperation with a patient, individually. The card was designed to keep information such as the commercial name of medicine, its INN, dosage and there was also an empty place where a pharmacist could make remarks or keep detailed information. (8)

CONCLUSIONS

We may conclude that there are real possibilities to include pharmacists in national projects to raise mass awareness of medicines' effects on driving (drug – driving), because pharmacists have adequate knowledge, unique position to have an overview of prescribed and non prescribed medicines, are easy accessible (no need to make an appointment) and they are the last ones in health care provider's chain. The real possibility exists that pharmacists would inform patients/inhabitants on medicines' effect on one's psychophysical characteristics. To inform citizens as efficient as possible it is necessary to review and amend regulations and to draw up plan of activities that would associate health workers and specialists from different areas and would especially include pharmacists in operation plans when projects for road safety are being prepared.

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