

**WOMEN AND OPTIMAL
WELLNESS CONTINUED: DRUG
THERAPY**

**PRESENTED ON DAY 2 OF THE WOMEN'S
LEADERSHIP SEMINAR BY:**

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IRRATIONAL DRUG USE

- Irrational drug use is a major problem.
- Can lead to drug-related problems (DRP), which can cause patient morbidity and/ or mortality
 - Ernst and Grizzle's (2001) study: the cost of DRP for ambulatory patients in the USA in 2000 was greater than \$177.4 billion
- Can occur due to errors on the part of prescribers, pharmacists, patients and others who may be involved (e.g. nurses, family members of patients)

RATIONAL DRUG USE

- Is medication (prescription/ OTC/ complementary) appropriate for a specific patient?
- In terms of:
 - Drug-disease interactions?
 - Drug-drug interactions (with other medication, including OTC and complementary medicine)?
 - Drug-food interactions?
 - Allergies/ hypersensitivity reactions?

RATIONAL DRUG USE

- Dosage?
- Frequency of administration?
- Dosage form?
- Duration of therapy?
- Age?
- Weight?
- Pregnant or breastfeeding? Or other special-risk population (e.g. elderly, renal failure)?
- Possible effects of excipients?

PHARMACEUTICAL CARE

- Pharmaceutical care is “a practice for which the practitioner takes responsibility for a patient’s drug therapy needs and is held accountable for this commitment” (Cipolle, Strand & Morley, 1997 cited in van Mil, Schulz & Tromp, 2004: 303)
 - Could decrease the potential for DRP
 - Involves taking responsibility for a patient’s health outcomes
 - Not just the domain of pharmacists! Doctors and other health-care professionals can and should play an invaluable role in the provision of pharmaceutical care.

PHARMACEUTICAL CARE

- The Good Pharmacy Practice (GPP) standards published by the South African Pharmacy Council (SAPC) outline various standards for the provision of pharmaceutical care – pharmaceutical care is not just the technical function of processing a prescription and issuing medication.
- These standards include (SAPC, 2010):
 - Ensuring that pharmacotherapy is appropriate
 - Detecting drug interactions
 - Detecting adverse effects of drugs

PHARMACEUTICAL CARE

- Assessing whether patients are compliant with their pharmacotherapy
- Counselling patients (providing information and advice) so that medication is used correctly and safely
- Counselling patients about possible dietary modifications
- Liaising with other health-care professionals (such as doctors) when necessary

PHARMACEUTICAL CARE

- Performing a medication review (includes assessment phase, development of a care plan and a follow-up evaluation to assess patient outcomes)
- Generic substitution (unless not permitted to do so in terms of the Medicines and Related Substances Act 101 of 1965)
- A recent study (Cassim and Dlodlu, 2012) found that one retail pharmacy, from the perspective of patients, was always compliant with only 2 out of 10 GPP standards

SCHEDULING OF DRUGS

- In terms of the Medicines and Related Substances Act 101 of 1965, drugs in South Africa are classified into schedules (S0-S7).
 - To all intents and purposes, we would only deal with S0-S6.
 - S0-2: OTC
 - S3 and above: Need a prescription
 - Purpose of scheduling is to regulate the access that the public has to different types of drugs:
 - For patient safety

SCHEDULING OF DRUGS

- For different schedules, various rules in terms of how they should be stored in pharmacies
- Examples:
 - S2: Decongestant combinations, cough syrups
 - S3: Antihypertensive medication, oral contraceptives
 - S4: Antibiotics, antiretrovirals
 - S5: Sedative-hypnotics, antipsychotic medication, certain pain-killers
 - S6: Strong opioids (e.g. morphine)

SOME GENERAL ADVICE

- Always use medication exactly as it has been prescribed
 - Timing is NB
 - If you are not sure, ask your doctor or pharmacist
- Potential for dependence and abuse with certain drugs (e.g. S2 codeine-containing formulations)
- Before taking any new medication (including OTC and complementary/ traditional medicines), always ask your doctor or pharmacist first

SOME GENERAL ADVICE

- Be compliant with your pharmacotherapy – e.g. antibiotics, chronic medication
- Non-pharmacological approaches to treatment are also very NB (e.g. dietary modifications, exercise, physiotherapy)
 - Useful website: www.gifoundation.com

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THANK YOU VERY MUCH FOR YOUR TIME!

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