

RATIONAL DRUG THERAPY FOR THE  
EFFECTIVE MANAGEMENT OF  
DISABILITIES: GETTING MORE OUT  
OF PHARMACEUTICAL SERVICES

PRESENTED ON DAY 1 OF THE DISABILITY  
IMBIZO BY:

**DR LAYLA CASSIM**

B.PHARM. (CUM LAUDE), PHD (PHARMACOLOGY)  
(RHODES), MBA (CUM LAUDE) (UNISA)

FOUNDER: LAYLA CASSIM ERS CONSULTANTS CC

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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, certain anti-epileptics
  - 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
  - Do not skip doses of chronic medication
  - 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](http://www.gifoundation.com)
- Family support is NB, but ultimately you need to take ownership over your pharmacotherapy

# REFERENCES

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**THANK YOU VERY MUCH FOR YOUR TIME!**

Dr Layla Cassim

[www.laylacassim.co.za](http://www.laylacassim.co.za)

[lcassimers@gmail.com](mailto:lcassimers@gmail.com)

0749995847