



Why this is important for you

It's important as part of our role of ensuring the safe and effective use of medicines that pharmacists provide patients with the necessary guidance to enable them to manage their medicines. This role is exemplified in the new medicines service which aims to assist patients with certain long term conditions who are prescribed a new medicine. This is expected to be launched later in 2011 in England. However all pharmacists, through medication counselling interventions, can improve patients' understanding of the role medicines play in maintaining their well-being thereby enabling patients to make appropriate decisions regarding their medicines.

Who needs to read this?

This guidance is for pharmacists that carry out counselling on medicines as part of their daily role.

What this guidance will tell you?

This guidance will highlight questions pharmacists need to consider when undertaking medication counselling. These include:

- Whom to counsel?
- When can medication counselling be initiated?
- What information should be included?

KEY POINTS

- You should be aware of patient and medication factors that would determine the need for and the type, and amount of medication counselling required.
- The opportunity to counsel patients on medication can arise from different pharmacy interactions.
- The information provided should be individualised to meet patients' needs.

What are the aims of medication counselling?

Pharmacists should aim for a concordant approach founded on encouraging patient involvement in the counselling process.

As the first step you should explore patient's knowledge, understanding and concerns regarding their medicines. This would enable you to identify any misunderstandings or possible barriers to adherence.

Once this is established you can share with the patient information that addresses the issues identified. The pharmacist in conjunction with the patient can then develop strategies aimed at assisting patients with the medication related issues that have been identified and agreed upon by both parties in order to improve medication adherence.

Whom to counsel?

The need for medication counselling and the type, and amount of information to be supplied will vary from patient to patient.

Factors you will need to consider when identifying patients for medication counselling include:

1. Patient characteristics

i. Age:

Elderly patients, particularly those with several medicines, may require additional assistance with managing their medicines

ii. Patient's understanding of language:

Patients with language/literacy barriers may require extra assistance

iii. Patient medication history:

Patients who have been prescribed new medicines may require more information than those on regular long term therapies.

2. Medicines taken

Medicines that may prompt the need for counselling include:

- Medicines with high potential for interactions with other medicines, supplements, herbal products and food, eg, warfarin
- Medicines with common or significant side effects which can affect adherence or treatment continuation, eg, aminosalicylates associated with blood disorders and ACE inhibitors associated with dry cough
- Medicines with complex administration requirements
- Medicines with special storage requirements
- Medicines where adherence is key, eg, narrow therapeutic index drugs, anti-tuberculosis drugs
- Medicines recommended for additional medication counselling in the BNF

When can medication counselling be initiated?

Medication counselling opportunities should not be limited to when a supply of newly prescribed medicines is made to a patient.

You can also use the following interactions with patients to initiate medication counselling (not exhaustive):

- I. Point of sale for over the counter medicines
- II. Medicines use reviews
- III. Diagnostic testing and screening
- IV. Patient group directions
- V. Minor ailment schemes
- VI. Patient request for further information
- VII. Medication history taking
- VIII. During a hospital stay
- IX. Point of discharge
- X. Outpatient clinics
- XI. When a change has been made to current medicine

What information should be included?

When counselling you should as a minimum consider providing the following information:

- I. What the medicine is and why it's being taken ,ie, impact on medical condition and how it might alleviate symptoms, eg, this is an anti- hypertensive that will reduce your blood pressure and prevent further complications
- II. How and when to take the medicine
- III. How much to take and what to expect ,eg, antibiotics need to be taken regularly and the course completed even after symptoms subside
- IV. What to do if the patient misses a dose
- V. Likely side effects and how to manage them
- VI. Any lifestyle/dietary changes that need to be made or that can affect treatment if applicable

The level of detail supplied should be tailored to the patient's requirements.

Additional information relating to storage requirements, expiry dates, disposal and monitoring requirements can also be included where appropriate.

You should refer to the patient information leaflet, standard reference resources, e.g. BNF, and local and national guidelines for additional counselling information.

Additional points to consider

1. Ensure you are familiar with the medicine you will be providing counselling on
2. You should aim for a clear structured approach and tailor the language used to the patient
3. Where appropriate medication counselling aids should be used, e.g. medication cards/pictograms
4. Protect patient privacy by ensuring that conversations cannot be overheard in the consultation area or in the area designated for this purpose
5. Medication counselling should be a two way interactive process not simply a list of facts about the medicines. Patients should be given the opportunity to ask questions

Where to go for further information

RPS Support: 0845 257 2570

Email support@rpharms.com or complete an online web form at www.rpharms.com

- Medicines adherence: NICE implementation guidance for pharmacists
- NICE guidance Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence link
- RPS Quick reference guide: Clinical Checks
- RPS Quick reference guide: Medication History
- BNF