

New approach to medication counseling highly effective

By David Stauth
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CORVALLIS – It takes about one minute longer, but pharmacists who employ an unconventional, interactive patient counseling technique can more than double the chance that people will properly take, understand and manage their use of prescription drugs.

A new study just published in the *Journal of the American Pharmacists Association* provides compelling evidence that this technique could significantly improve the understanding of drug use and storage, possible side effects, what to expect from a medication and what to do if something isn't working.

"This approach to prescription drug counseling has now been shown to be a dramatic improvement over conventional methods," said Robert Boyce, director of pharmacy services in the Student Health Center Pharmacy at Oregon State University, and corresponding author on the study. "This is the first real analysis to prove that it works, and that the approach could be extremely important for health care in America."

Historically, pharmacists who provided patients with information about their prescription medications — when that was done at all — most often used what was called a "lecture format," essentially a one-way form of

communication that was often referred to as reading off the label. The efficacy of this system varied widely, and gave little assurance that patients had heard and understood a range of details about the drug they were preparing to take.

By contrast, Boyce co-developed an alternative approach during a 21-year career with the Public Health Service pharmacy program of the Indian Health Service, a federal health program for American Indians and Alaskan natives. It emphasizes a questioning of patients about the drug they have been prescribed, and answers questions about whatever they don't understand. It's a discussion, not a presentation.

The concept, Boyce said, was released in 1991 to every school and college of pharmacy, and is now gaining much wider acceptance across the nation. This study, which included a survey of 500 participants at four community pharmacies in Oregon, is the first of its type to confirm the value of the new approach. A lead author was Naomi Lam, a pharmacy resident at the OSU Student Health Center Pharmacy at the time of the research.

In this approach, patients are asked three basic, open-ended questions, relating to the name and purpose of the medication; how to use and store it; and what possible side effects there might be, and what to do if they occur.

The new study found that 71 percent of patients using the new counseling approach could answer all three questions correctly, compared to 33 percent of patients who were instructed with the conventional system.

With either approach, most people understood what medication they were taking and what it was for. However, with the new system, four times as many people understood how and when to take their medication, and also could answer basic questions about adverse effects.

According to this study, the average time it took pharmacists to use the new counseling system was a little over two minutes, compared to 75 seconds for conventional counseling.

"For a busy pharmacist, some might suggest this is a significant additional amount of time," Boyce said. "But when you compare that to the risks of something not going right when a patient does not understand what the specific directions are, or what to expect from their medication, the additional effort seems minimal."

Patient counseling about medications, Boyce said, is still an evolving aspect of health care. Prior to federal legislation that became law in January, 1993, which mandated pharmacist counseling for Medicare patients receiving new prescriptions, pharmacist counseling was quite

variable, and often not done at all.

Since that time, all but three states in the country have enacted laws that require patient counseling on medication, or an offer to counsel, be made available. As a result, the activity of counseling is far more common. The alternative system being proposed, however, has the ability to take such counseling and make it far more effective, Boyce said.

"This approach to counseling can find out what a patient does and doesn't understand," Boyce said. "It's especially important when it comes to drug efficacy and side effects. If a medication isn't working properly, patients learn what actions to take. If they experience side effects, they know better how to handle it and when to contact their doctor or pharmacist."

The conversational, interactive approach also becomes highly favored by patients once it is implemented, Boyce said. People better remember what they heard and discussed, feel as if they are being listened to, and they appreciate the attention, he said. Gaps in understanding are addressed during the conversation and before moving on to the next question.

Some common sense concerns can also be immediately identified with this format, which may be less obvious in conventional counseling. A patient may have hearing

problems; language barriers; or cognitive circumstances that must be considered. An immediate understanding of that can significantly improve the level of communication.

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Previous research has shown that when people do not understand the proper use of their medications, adherence rates plummet. Also, studies show that patients are most interested in information on adverse effects, but that this topic historically was one of those least discussed by both doctors and pharmacists.

The study suggested that additional research with more groups be done to verify the value of the new system. It also outlined stages of improvement as pharmacists adapt to the new approach, become more comfortable with it and increase both their speed and communication effectiveness.

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