

Counselling on extemporaneous preparations containing dronabinol or cannabidiol

Courage to use our professionalism for the benefit of patients. An intervention study of counselling on extemporaneous preparations containing dronabinol and cannabidiol. #Becausewemakeadifference

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Background

According to the Danish Pharmacy Act the pharmacy staff is required to counsel the patients about any dispensed medicine.[1,2] In Denmark there is no leaflet or Summary of Product Characteristics (SmPC) for extemporaneous preparations (EP).[3] This challenges pharmacy staff when looking for easy accessible, correct and relevant information when counselling about EP.

Our motto at Glostrup Pharmacy is "Because we make a difference". In this context, we aim to utilize the professional competence of the staff, hence offering competent and relevant counselling to all patients.

In 2016 Glostrup Pharmacy began producing EP with dronabinol and cannabidiol. During 2017 and 2018 the number of people being treated with medicine containing cannabinoids rapidly increased,[4,5] as did the number of redeemed prescriptions for EP with dronabinol and cannabidiol.[5]



At morning meetings staff were instructed on the preparations with dronabinol and cannabidiol to prepare them for counselling, but still there was a request for more knowledge about the subject.

Aims

As a result of the development described above, we set up the following aims:

1. To clarify the staff's general knowledge on extemporaneous preparations containing dronabinol and cannabidiol.
2. To identify the areas where the counselling on extemporaneous preparations containing dronabinol and cannabidiol needed to improve.
3. To provide the staff with an easy accessible counselling tool with correct information relevant to the counselling situation.
4. To test and evaluate the developed counselling tool.



Methods

A preliminary literature search on the subject yielded no relevant results. Quantitative and qualitative methods were applied.

For aims 1 and 2 we developed two questionnaires. To determine the staff's general knowledge, we designed questionnaire 1 with open ended questions. To identify which topics staff touched upon when uncovering patients' need for counselling and topics counselled about, we designed questionnaire 2 with multiple choice and optional elaboration on answers.

The structure of both questionnaires, were inspired by a Danish model for needs-analysis called SMART and our statutory information duty.

Pilot tests were performed on both. Development of the counselling tool was a dynamic process based on requests and feedback from the entire staff. Semi-structured interviews were used to support the development of the counselling tool and evaluate it afterwards.

Results

We got 20 replies on questionnaire 1, which showed that pharmacy staff had a sufficient level of general knowledge on storage, practical usage and standard dosage.

Uncertainty consisted in various degrees on topics such as side effects, interactions and special precautions. This was consistent with the results of questionnaire 2, when staff were tested before development of the counselling tool (n=23) (Figure 1 and Figure 2).

Based on feedback from staff the counselling tool was structured in a way similar to that of the Danish medicine database www.pro.medicin.dk. To increase accessibility of the counselling tool it was integrated into the pharmacy's intranet, which is well-known by staff and used on a daily basis.

Evaluation of the tool using questionnaire 2, on a small intervention group (n=6), indicated an improvement of both needs analysis and counselling (Figure 1 and Figure 2).

However, interviews about the user experience (n=2) revealed that the design of the intranet turned out to limit the overview of the information (Figure 3).

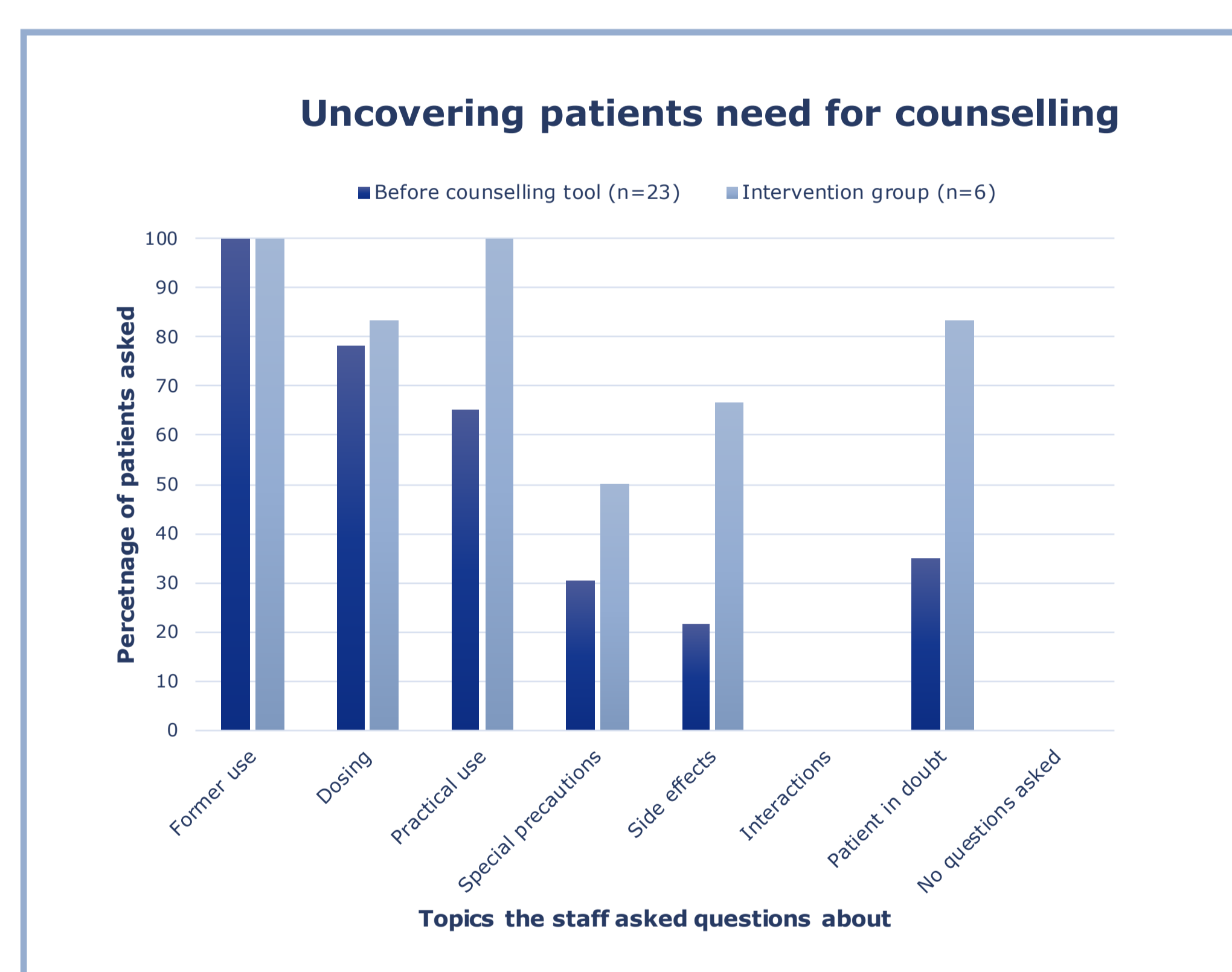
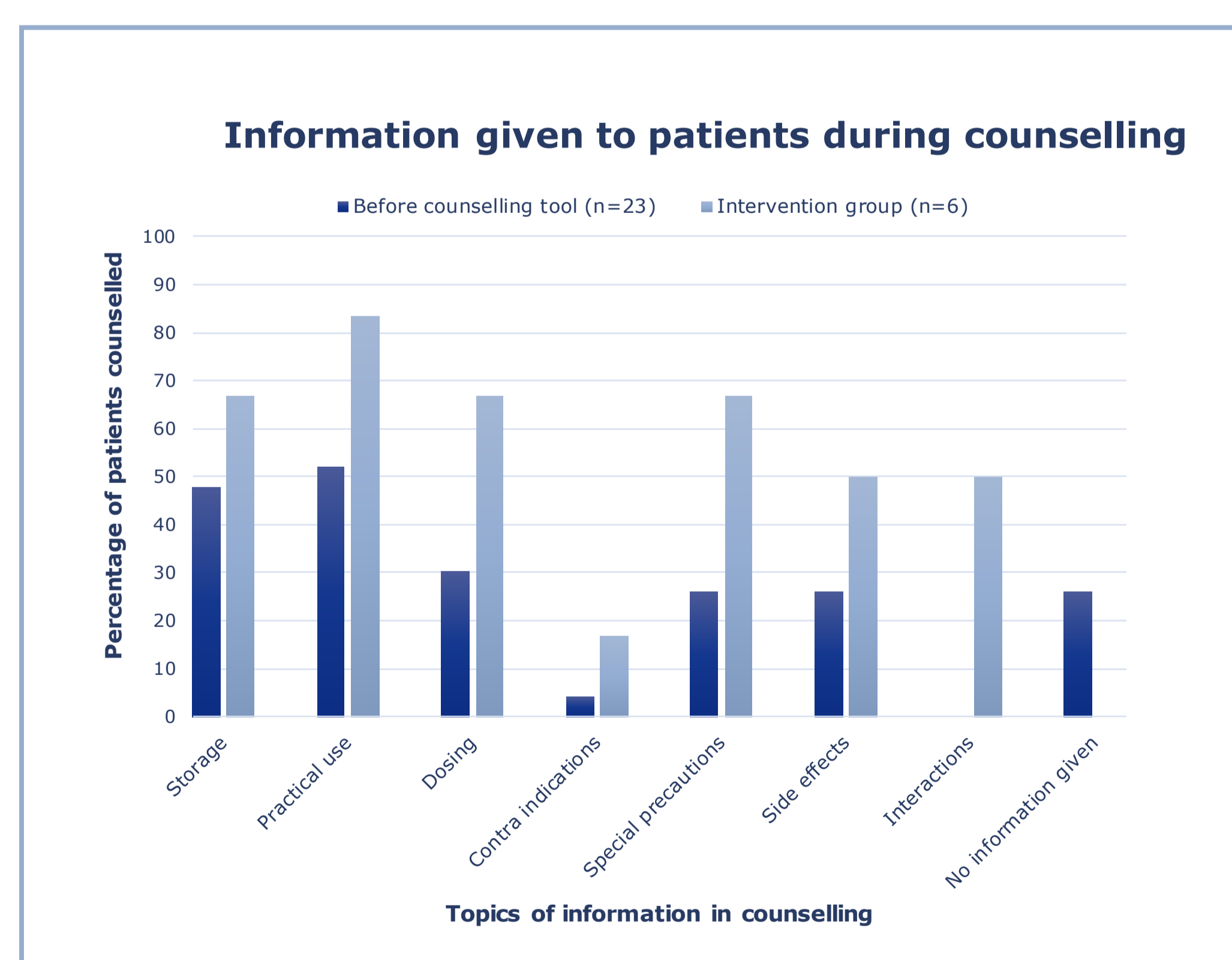


Figure 1: Uncovering patients need for counselling in relation to topics derived from the Danish needs analysis model SMART and the statutory information duty. The portion of patients that pharmacy staff uncover need seems to rise in the intervention group using the developed counselling tool.

Figure 2: Informing patients about different topics during counselling. The portion of patients receiving counselling seems to rise in the intervention group using the developed counselling tool.



Conclusion

Counselling on extemporaneous preparations containing dronabinol or cannabidiol was at a satisfactory level concerning storage, usage and standard dosage regimes before the intervention. The intervention group was very small, nevertheless the developed counselling tool seems to improve both needs analysis and counselling: The proportion of patients receiving needs analysis and counselling rose on all topics. It is our clear impression that the counselling tool supports a more thorough dialogue with patients, where staff feels more confident to ask questions and invite the patient to a competent dialogue about their extemporaneous preparation containing dronabinol and cannabidiol.

The developed tool is easy to access on our local intranet. However, the design of the counselling tool has room for improvement as it affected the user experience negatively. A design with a better overview is desirable, and an independent website could be a solution to this problem. With an improved overview, it would be possible to add more extemporaneous preparations to the counselling tool, and perhaps in time, develop an information service to other Danish pharmacies.

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"For example, if you have to find the side effects quickly, I think it is a bit difficult, because then you have to go all the way up again and see which column the side effects are in."

Figure 3: Quote of informant 1. Revealing limitations to the developed counselling tool.

Acknowledgements

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