

# IJPP GIVEN A NEW LOOK AND IS NOW FULLY AVAILABLE ONLINE

*The latest issue of the International Journal of Pharmacy Practice has a new look and will be fully available online. This article, by Joanna Lumb, managing editor, IJPP, highlights some of the research covered*



Asking three simple questions when asthma patients collect their prescriptions can help community pharmacists to identify patients with poor disease control, researchers from Bradford University report in the March issue of the *International Journal of Pharmacy Practice*.

They tested whether the Jones Morbidity Index (JMI) can be used in community pharmacies. This index, which to date has only been validated in clinics, involves asking three questions:

- Have you been in a wheezy or asthmatic condition at least once a week?
- Have you had time off work/school because of your asthma?
- Have you suffered from attacks of wheezing during any night?

A high morbidity score (two or three "yes" replies) was found to be significantly associated with factors that imply sub-optimal asthma management, eg, under-use of preventer inhaler and over-use of reliever inhaler, and was linked to greater use of short courses of oral steroids and antibiotics.

The researchers suggest that the JMI could be used as part of routine pharmacy practice. Asking the questions takes little time and could be a useful outcome moni-

toring tool, they say. Patients with high morbidity could then be assessed in more detail, with follow-up questions on asthma knowledge, compliance, satisfaction with inhalers and a review of inhaler technique.

#### PHARMACY STAFF AND OTC SALES

Another paper reports how the behaviour of community pharmacy staff differs depending on whether or not customers request an over-the-counter medicine by name. Customers who requested an H2-receptor antagonist or alginate by name were less likely to receive advice about the product, to be referred to a doctor and to be given lifestyle advice than those who did not request a named product.

Are pharmacy staff making assumptions that those who ask for a product by name already know how to use it?

The researchers comment that previous use does not necessarily indicate that a product is appropriate or safe for a particular patient. They suggest that more emphasis should be placed on referral by

pharmacy staff and on providing lifestyle and product-specific advice, but acknowledge that the acceptability of these actions to customers is not known. Taking both groups together, only 30 per cent of patients who met guideline criteria for general

practitioner referral said that referral was advised.

#### NHS DIRECT

The issue also includes an evaluation of the first pilot scheme of NHS Direct "referral" to community pharmacists. In the pilot, carried out in Essex, pharmacy referral was added to the existing range of triage endpoints. The scheme was only partially implemented, and the number of pharmacy referrals made by the NHS Direct nurses declined over time. The authors make recommendations to increase the likelihood of successful national implementation. They predict that the scheme could have a "small, but worthwhile" effect in reducing the number of NHS Direct callers who go on to consult their GP.

#### PRESCRIBING ERRORS

In the area of hospital pharmacy, a research paper has assessed the impact of a clinical pharmacy service on prescribing errors on

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Articles in March issue of *I<sub>J</sub>PP*

- Evaluation of NHS Direct "referral" to community pharmacists (J. Munro, A. O'Cathain, E. Knowles and J. Nicholl)
- The influence of education on the interpretation of pharmaceutical pictograms for communicating medicine instructions (R. Dowse and M. S. Ehlers)
- Prescribing errors on medical wards and the impact of clinical pharmacists (A. Dale, R. Copeland and R. Barton)
- Internet networking for pharmacists: an evaluation of a mailing list for UK pharmacists (S. Whitaker, A. R. Cox and A. M. Alexander)
- Are customers requesting medicines by name less likely to be advised or referred — provision of over-the-counter H<sub>2</sub>-receptor antagonists and alginate products from pharmacies (D. N. John, J. Krska and D. Hansford)
- The Jones Morbidity Index as an aid for community pharmacists to identify poor asthma control during the dispensing process (T. Nishiyama and H. Chrystyn)
- Novel provision of pharmacy services to a deprived area: a pharmaceutical needs assessment (T. Porteous and C. Bond)
- Feminist theory and pharmacy practice (J. Morgall Traulsen, P. Bissell and L. Stig Haugbølle)

medical wards. Errors were identified on two wards over 12 weeks. In the intervention ward, clinical pharmacists made recommendations to the medical team on correcting the errors; in the control ward, theoretical recommendations were devised but the pharmacists took no action to implement these, unless they were seen to be life-threatening. Around 80 per cent of recommendations were implemented on the intervention ward, including 88 per cent of

those predicted by a consultant to have major impact on patient outcome. On the control ward, only 18 per cent of recommendations (11 per cent of those predicted to have major impact) were spontaneously implemented by the medical team.

**INTERNET CPD?**

Another paper reports an evaluation of the use of Private-Rx, an internet mailing list for

United Kingdom pharmacists. Forty-four per cent of survey respondents reported that their practice had changed as a result of information gained from the mailing list. Qualitative data indicated increased self-perceived competence, confidence, knowledge and skills. "Internet discussion enables continuing professional development without the restriction of time or place and reaches pharmacists who are under-represented in formal education programmes," the researchers conclude.

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