

# June *IJPP*: cardiac rehabilitation and HIV/AIDS prevention in South Africa

Research published in the June issue of the International Journal of Pharmacy Practice is highlighted by **Natalie Lane**

Cardiac rehabilitation (CR) programmes are a “secondary prevention strategy” for individuals who have exhibited signs of coronary heart disease (CHD). Such programmes are aimed at modifying the risks factors for CHD and will involve input from groups such as pharmacists, nurses, cardiologists, dietitians and social workers. However, a published review article has noted that studies have shown that there is a large variation in CR programmes and a significant proportion of eligible patients fail to receive CR, such as minority groups, women and the elderly. The publication of standards for the prevention and treatment of CHD attempts to redress this variation. Pharmacists are commonly involved in CR programmes but their involvement is also variable.

A literature search was undertaken in order to identify published reports which include the involvement of pharmacists in CR, and considered the findings with regards to the future opportunities for pharmacists in the multidisciplinary provision of CR. Electronic databases were searched using key words, and e-mail alerts identified new papers. Reports included were those that made specific reference to a CR programme or CR patients, and included reference to the involvement of pharmacists or pharmacy practice research.

The 13 reports identified for review were either descriptive or evaluative. All reports were evaluated for their evidence and graded accordingly. The six descriptive reports simply described the pharmacist’s role in CR programmes, and did not make any evaluation of the pharmacist’s involvement. The descriptive reports were graded as examples of good practice. Two of the evaluative reports were each allocated a higher evidence grade than the descriptive reports. One of these reports assessed whether medicines education met the needs of patients and providers, ie, what medication information was important and how complete that information was for inpatients. The second study assessed the impact of pharmacist involvement in CR in health economic terms. The remaining five evaluative reports were more than purely descriptive but were abstracts, instead of full papers, which had not been published and so evaluation was brief.

In discussion, the authors argue that the limitations of the small quantity of these reports and the lack of high-quality studies should not be discounted for future research



and developments in CR programmes. Yet, the main finding of the review is the lack of evidence regarding the effectiveness of the pharmacist in CR. The authors note a “paucity of high-quality research among the reports of pharmacist involvement in CR, a lack of meaningful outcome measures”, and the tendency of authors to be over-optimistic about the benefit of pharmacists in CR. Further research is needed, particularly with future opportunities, such as pharmacist prescribing, that could provide greater involvement in CR.

## HIV/AIDS in South Africa

Another published study explores the current and future role of pharmacists in South Africa and their role in the prevention and management of the HIV/AIDS epidemic. It is noted that there is a potential for pharmacist involvement in this area and many community pharmacies in South Africa already have private areas for consultations, which offers an ideal space for HIV/AIDS management and prevention activities.

The study uses three sources for information: documentary analysis, telephone survey, and interviews with three key informants. Documentary analysis included both governmental and pharmacist reports. The government’s health sector strategic framework for 1999–2004 clearly acknowledged the importance of the pharmacist in the management and prevention of HIV/AIDS, tuberculosis and sexually transmitted infections — decreasing the incidence of these would help to lower the mortality rate of AIDS-related deaths. The HIV/AIDS and STI strategic plan has four areas where pharmacists can contribute: prevention; treatment, care and support; human and legal rights; and research, monitoring and surveillance. The telephone interviews with pharmacists addressed their current HIV/AIDS-related activities with 82 per cent involved in “some sort of HIV/AIDS-related activity”. However, the study notes the division between private and public health care sectors in South Africa; community pharmacies form part of the pri-

vate sector. Thus, currently, the majority of activity is based on the treatment of patients with access to private health care facilities. Some pharmacists are involved in public sector activities, such as family planning, but doctors will provide the remainder of the treatment, counselling and monitoring.

The government’s strategic framework would target pharmacists having a more independent and comprehensive role in the treatment of STIs. However, it is a fact that pharmacists do not play a significant role in preventive efforts, and while some HIV/AIDS-related activities take place in community pharmacies in Johannesburg, they fall short of aims of the strategic framework. Responding to the government’s objectives for pharmacists, a programme for AIDS resource centres in pharmacies was established. Pharmacies providing support, counselling and other services to those living with AIDS were urged to comply with requirements and become accredited as AIDS resource centres. Pharmacists were interviewed following the launch of the programme, and the findings disappointingly show that only 54.5 per cent had heard of the programme, with 33 per cent of these having only little knowledge about it.

This study discusses the opportunity available to pharmacists in South Africa to reclaim their full professional role. Analysis shows the commitment of the professional pharmacy establishment to develop the profession’s role within the government’s strategic framework. Yet, this study shows a low level of awareness “suggesting knowledge dissemination and/or inadequate uptake of information by the community pharmacist on the ground”. Pharmacy in South Africa has the potential to place itself at the centre of the professional team working to confront the HIV/AIDS epidemic but only with adjustment, communication and goodwill.

## IJPP online

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