

How to optimise specialist heart failure services is reviewed in *IJPP* for March

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

One of the two review articles published in the March issue of *The International Journal of Pharmacy Practice* aims to identify methods for evaluating specialist heart failure patients. Tracey-Lea Hargraves *et al* discuss how efforts are being made to increase the optimisation of disease management programmes for heart failure patients. Since such patients may be taking more than four medicines daily and have other illnesses, there is an increased risk of adverse events. It is suggested that pharmacists may have the most relevant training with regards to educating patients about the safe use of medicines, improving adherence by simplifying regimens and monitoring for adverse drug events.

The authors' objective was to "identify appropriate methods to evaluate a specialist pharmacy service for heart failure patients". A literature search of several databases was limited to studies between 1996 and April 2003. Seventeen studies were identified but only six evaluated outpatient pharmacy services for heart failure. All six addressed patient education regarding the importance of prescribed medicines and compliance, and four also emphasised non-pharmacological management and self-monitoring. From two studies, patient knowledge of prescribed medication had improved after pharmacist-led education but compliance varied. A valid method for measuring non-compliance is needed in compliance research and remains a barrier to results otherwise.

The authors discuss identifying whether different settings for means of delivery would be associated with defined study endpoints and look at the optimum number of pharmacy services and length of follow-up which produced "sustainable benefit". Primarily, they recommended identifying the specific components that had "the most impact on outcome measures" in order to deliver a time- and cost-efficient outpatient pharmacy service for heart failure. Issues and recommendations highlighted from this review may also be applied to outpatient services as for diabetes and hypertension.

Repeat dispensing

The second review article focuses on the impact of repeat dispensing in community pharmacies. In light of the new community pharmacy contract, which includes repeat dispensing as an essential service in England and Wales, Morecroft *et al* assess the quality of published evidence, since there are few published randomised controlled trials in the pharmacy practice research and service development field. Several electronic databases



were searched from 1992 to May 2005, as well as electronic catalogues from three libraries, online editions of *The Pharmaceutical Journal* and the *IJPP* and abstracts.

Four RCTs and a before-and-after study were identified. All four RCTs lacked details about how sample size was determined and other "quality criteria" were absent from the published data. Thus, each RCT "failed to meet the Health Development Agency standards of transparency and systematicity [sic]". The authors note that only two RCTs reported outcome measures relating to the impact of repeat dispensing on quality of care and discuss the different perceptions of repeat dispensing from various stakeholders, including community pharmacists and patients.

Three RCTs were poorly reported, which had implications for the conclusions that the review was able to draw. Key findings from the review indicated patient satisfaction with repeat dispensing as a service, due to increased convenience and the reduction of time required to obtain prescribed medicines. Health care professionals' satisfaction was influenced by the workload involved and several studies indicated cost savings for the NHS drug budget. It was noted that comparisons between the intervention and control groups were not stated in most RCTs and different intervention strategies could impact on the study outcomes. Smaller studies that did not meet the inclusion criteria for the review were excluded as a limitation and "publication bias may have influenced the findings of this review". Certainly, the key outcome is a lack of robust evidence and "future research should address this by more transparent reporting of outcomes". In summary, Morecroft *et al* highlight the need to explore the quality of patient care now that one system of repeat dispensing is being introduced.



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HOMER RCT measures

The Home-based Medication Review trial (the HOMER trial, first published in the *BMJ*) reviewed whether home-based medication review by pharmacists could lower hospital readmission rates in older people. The trial recruited 872 participants (control and intervention) aged over 80 years and the primary outcome was the "total number of emergency hospital admissions" occurring in a six-month period. The results saw an increase in hospital readmission rates.

The recruited review pharmacists were provided with further training in medication review before being allocated patients. Pharmacists were expected to "review the discharge medication, considering the dose, frequency, length of time it would be prescribed for [and] likely side effects" and consider the patient's regimen as a whole (following a basic assessment of the patient). Pharmacists asked patients which over-the-counter medicines they took and for each drug used pharmacists were to ascertain if patients knew why they were taking it. First and second visits were detailed on a medication review form. The follow-up visits were used to establish if recommendations had been implemented, whether those recommendations had helped the patient, and if new problems now existed for the patient. The results of issues such as ADRs noted during visits, medicines storage and hoarding, and recommendations to GPs and local pharmacists are all discussed.

Limitations included pharmacists' availability in terms of time, the information available to the review pharmacists provided limited clinical information, and the lack of direct access to GPs to discuss recommendations and the difficulty of ensuring whether GPs had implemented the recommendations.

Comparison with other medication review studies saw the authors conclude that the HOMER intervention was conducted similarly. Yet a comparison of recommendations made saw similarities to studies involving multiple pharmacists but "fewer recommendations were enacted than in those studies involving single pharmacists in close liaison with prescribers". The authors voice concern that the NHS is about to implement an approach whereby community pharmacists review patients "at a distance from the GPs who make the patient's treatment decisions" and feel that there is an "urgent" need to refine this intervention, investigate the patients' perspective, identify a location for the intervention's delivery and develop training to ensure the best delivery.