

## OSTEOPOROSIS

# How pharmacists can make a difference in managing osteoporosis and falls

*The work that pharmacists in community and primary care settings can do to make a difference to patients suffering from problems resulting from osteoporosis, fractures or falls was described in a session on 24 September*

Community pharmacists who have developed an osteoporosis treatment programme in Barking and Havering, north east London, have gained national media coverage and persuaded the local primary care trust that pharmacists should be involved in projects for other chronic diseases.

HEMANT PATEL, secretary, North East London Pharmaceutical Committees, described the establishment of the osteoporosis programme (*PJ*, 30 March, p419). Patients are identified by community pharmacists on the basis of a risk-factor questionnaire and any medicines that they are taking. Those believed to be at risk of osteoporosis have bone scans of their heels done in the pharmacy by a trained nurse.

At present, those identified as having osteoporosis from the scan are referred to their general practitioners for treatment, but Mr Patel said that he wanted to see patients being treated by community pharmacists working under a patient group direction. However, he had been frustrated in this in the early stages of the project and it would be introduced in a second wave of the programme.

Mr Patel said that talking to the local GPs and getting their support had been crucial to making the programme a success. He had been helped in this by the support given to the programme by a hospital consultant. He had provided the scanning equipment and the nurse.

MOHAMED KANJI, pharmaceutical adviser, Barking PCT, said that the success of the osteoporosis programme "has highlighted the important role of community pharmacists in screening". As a result, the PCT is keen to have pharmacists involved in other projects, including warfarin monitoring and diabetes screening. "The osteoporosis programme has opened up paths for pharmacy at the PCT."

Mr Kanji added that the PCT is developing its own local pharmacy strategy, to build on the national pharmacy plan, which it hopes to have in place by the end of the year.

## FALLS AND FRACTURES

Osteoporosis, falls and fractures are all part of the same problem, RICHARD LONG, pharmacy falls project manager, Greater Glasgow Health Board, said. "Falls are a massive public health problem. While 90 per cent do not result in a fracture, they do lead to other problems, such as isolation. Last year, £1.7bn was spent in England on



*Mohamed Kanji: osteoporosis project has opened doors for pharmacy at the PCT*

hip fractures and one-third of these patients die within one year."

He said that the health board had identified a group of patients, known as "free living older fallers", who were not being adequately dealt with by the current system. These were patients who had had a fall while living at home. They had attended accident and emergency departments but had not been admitted to hospital. There was poor follow-up of this group, despite the fact that "once you have fallen you are likely to fall again". A project had been set up to deal with these patients and to add a pharmacist's input to the multidisciplinary team. Money for this has come from the Scottish model pharmaceutical care schemes funding.

Mr Long said that these patients were now visited by an occupational therapist (OT). The OT sent a list of each patient's medicines to a pharmacist at the health board. The pharmacist consulted the patient's medical notes and then visited the patient at home to review the medicines and look for drug-related problems that could be solved or referred on.

JANET BLACK, falls project pharmacist, Greater Glasgow Health Board, described what she looks for during the medication reviews: "I consult the patient's

notes and repeat prescriptions list, focusing on the medicines being used at present and in the past. I also look at the laboratory test results. The aim is to get an overall profile of the patient."

During the interview with the patient, which can be conducted over the telephone if it is not possible to arrange a home visit, Ms Black said that she aims to advise the patient on the use of their medicines. She assesses the need for additional calcium or vitamin D supplements and tries to reduce polypharmacy and adjust doses where necessary. She also assesses whether the patient should be referred to a GP so that a bone scan can be arranged.

She listed a number of risk factors for falls, several of which could be related to the medicines the patients were taking. These include a previous history of falls, being on more than four medicines a day, alcohol intake, postural hypotension and poor thermoregulation, poor walking, gait or mobility, confusion and drowsiness, impaired eyesight or hearing, and dementia.

Following the medicines review, Ms Black refers any identified care issues to the patient's GP. The GP signs a form to show agreement with all or some of the issues and those agreed on are taken care of by the pharmacist. A copy of the care issues document is placed in the patient's notes and a letter is sent to the community pharmacy used by the patient detailing any changes made to the medicines being prescribed. The patient is given a new prescription if necessary.

Ms Black said that since the scheme started in March last year, 632 patients have been seen by an OT following a visit to accident and emergency. Of these, 200 have been referred for a pharmacist visit and 190 visits have been made. The services is being expanded to additional local health care co-operative areas and referrals are now being accepted from patients' carers.

## BUCKINGHAMSHIRE PROJECT

In a discussion session after the presentations, details were given of a similar scheme involving pharmacists in falls prevention which had been set up by Buckinghamshire Local Pharmaceutical Committee.

Initially, this had used community pharmacists to undertake home visits but this had not proven to be cost-effective. A second phase of the scheme used community pharmacists to identify patients at risk and give advice on medicines and lifestyle to patients while they were in pharmacies.

## BPC coverage

The reports on this and the following nine pages conclude *The Journal's* coverage of this year's British Pharmaceutical Conference.