

Self-management can empower patients and improve health care

Our BPC coverage continues. Here, **Pamela Mason** reports from a session on patients' and professionals' joint responsibilities

Heart failure is a condition which lends itself to self-management, and pharmacists are ideally located to help, Jonathan Silcock, pharmacy practice and medicines management, University of Leeds, said. Self-management is increasingly being promoted as a tool to empower patients and improve health care. A familiar feature in the care of diabetes mellitus and asthma, self-management may also be feasible in heart failure. However, in the case of heart failure, it is not done as well as it might be, he added.

Explaining that little is known about patients' and professionals' attitudes to self-management of heart failure, he went on to describe a study he had conducted whose aim was to investigate this. During interviews with 21 patients, all from one general practice in Leeds, he explained that he found that although all had similar symptoms (eg, shortness of breath, tiredness and ankle swelling), many did not know they had heart failure. "There seems to be professional reticence about telling patients of this diagnosis, possibly because of the term 'heart failure', which may frighten patients," he said.

He went on to say that patients in the study who had suffered a heart attack or other acute event tended to be better informed about their condition than those who had not. However, less well informed patients showed better adherence to their medication, he added.

Highlighting some cases from the study, he told conference participants that most patients said they would self-manage their condition, but only if asked to do so by a doctor they trusted and, even then, some would do it

reluctantly. However, they did not commonly express an active desire to self-manage without prompting. "The relationship between the doctor and patient is vital," he said. "Patients want to see the same doctor and have continuity of care."

Going on to describe interviews set up with 19 health professionals, of whom five were pharmacists, he said that health professionals' views on self-management of heart failure varied but were largely positive. In this study, pharmacists were the least well informed and, although they are well placed to help in the self-management of heart failure, they seem to be poorly prepared, he concluded.

Medication review

Abdul Mohammed, of Medway School of Pharmacy, presented a study which looked at the impact of a community pharmacist medication review service compared with the GP practice's usual repeat prescribing system on the quality and cost-effectiveness of repeat prescribing.

He explained that the study involved 37 accredited pharmacists and 460 patients over the aged of 65 on four or more medicines. Among patients in the medication review group, two thirds of drug therapy problems identified at the start of the study remained resolved after a year, compared with only 25 per cent in the group that had no review. "This study suggests that medication review carried out by competent community pharmacists can have a positive impact. This has significant implications for the new pharmacy contract," he concluded.

Role of patients' beliefs

Rob Horne, of the centre for health care research, University of Brighton, presented the results of two studies looking at the role of patients' beliefs in influencing their adherence to medication. The focus of the first trial was to see if there were any differences in self-reported adherence to antihypertensive medication between patients in a clinical trial and those not in a trial.

"Clinical trial volunteers are often considered to be untypical of patients as a whole, which may mean that findings from clinical trials cannot be generalised," Professor Horne said.

Going on to describe the study, which involved 230 participants in the Brighton arm of the Anglo-Scandinavian Cardiac Outcomes Trial (ASCOT), he said that, contrary to expectations, there was no significant



Abdul Mohammed: positive impact of medication review by pharmacists

difference in self-reported adherence to medication between the trial and non-trial samples. Although patients in the trial tended to have a stronger belief that antihypertensive treatment worked, and had fewer concerns about side effects, these differences were small, he added.

What was significant, he explained, was the influence of patients' beliefs in both trial and non-trial populations about high blood pressure and its treatment on self-reported adherence to medication. Those who were concerned about high blood pressure tended to report taking their medicines whereas those who were worried about side effects reported reduced adherence.

In conclusion he said that the study provided further evidence of the need to identify and address the beliefs underpinning patients' decisions to take their medicines because this could be a means to improve adherence. "However, clinical trial patients may not be as unrepresentative of general clinical populations as people think," he said.

Professor Horne then went on to tell conference participants about another study conducted at Brighton which had examined the value of a specific model — called the necessity-concerns framework — in identifying the influence of patients' beliefs on their uptake and adherence to highly active antiretroviral therapy (HAART). "The high levels of



Jonathan Silcock: self-care in heart failure not as good as it could be

The 2005 British Pharmaceutical Conference and Exhibition "A common vision for health" took place at Manchester International Convention Centre from 26 to 28 September

adherence needed for efficacy with HAART make it an ideal model to study adherence.”

In this study involving 136 participants, declining to take HAART was associated with doubts about its necessity and concerns about potential adverse effects, he explained. CD4 counts and high viral load did have an influence but beliefs about the value and side effects of the medication predicted uptake and adherence independently of patients’ clinical status. Adherence was high to start with but dropped off over a period of six months. This was related to a decline in the perceived necessity for, and concerns about, the medication. These perceptions were in turn related to patients’ interpretations of their symptoms and personal beliefs about HIV and medicines in general.

“Beliefs do predict adherence,” he said. “The necessity-concerns framework can be used to explain uptake and adherence to HAART and it could be employed in a pharmacy intervention to support adherence to HAART,” he concluded.

HOMER trial

In another presentation, Richard Holland, school of medicine, from the health policy

and practice at the University of East Anglia, focused on some of the less well publicised findings of the HOMER trial (*BMJ* 2005;330:293). He began by reminding participants that this randomised controlled trial, involving 22 pharmacists and 872 patients, showed that pharmacist medication review in patients’ homes increased the rate of hospital admissions.

“However, this should not be taken to mean that the pharmacists were doing a poor quality job,” he said. “They were doing everything they should have been doing. Compared with similar studies, they identified a similar proportion of adverse drug reactions and made a similar proportion of recommendations. The proportion of their recommendations that were acted upon was also similar.”

However, he did go on to say that far fewer pharmacist recommendations were acted on in the HOMER trial, which involved a number of pharmacists, than in studies involving one pharmacist or where there was close liaison between the pharmacist and doctors. Moreover, the type and experience of the pharmacist had no impact on hospital admission, he added.



Richard Holland: issues raised by HOMER trial

“The HOMER trial raises issues about the distance between pharmacy and [GP] primary care, the need to refine medication reviews and the need to be open minded that they may cause more harm than good,” he concluded.