

Pharmacist input benefits MS patients

The National Institute for Clinical Excellence guideline on the management of multiple sclerosis was published this week and emphasises teamwork between health care professionals. However, there is no direct guidance for the part pharmacists should play in the management of the condition. Should pharmacists be more involved? Hannah Pike investigates

NEW guidelines for the management of multiple sclerosis (MS) in primary and secondary care in England and Wales were published this week by the National Institute for Clinical Excellence and the National Collaborating Centre for Chronic Conditions. In addition to the recommendations identified as priorities for implementation (see Panel), the guideline makes recommendations about the diagnosis and treatment of specific impairments that are likely to affect a patient with MS, such as fatigue, bladder and bowel problems, spasticity and pain. Although there is no specific role for pharmacists outlined in the guidance, there are opportunities for pharmacists to support MS patients.

Disease modifying drugs such as interferon beta are usually delivered directly to the patient's home, so it is patients admitted to hospital with a relapse with whom pharmacists most often have contact. In addition to treatment with high-dose steroids, management of other symptoms associated with the condition are assessed, and the pharmacist is able to carry out a pharmaceutical check on these drugs as with any other inpatient.

However, there is scope for more pharmacist involvement than this. Charles Tugwell, neurosciences directorate pharmacist at the Royal London Hospital, is involved in the care of MS patients from the time of diagnosis in the outpatient department. In addition to taking a drug history and performing a pharmaceutical assessment, Mr Tugwell discusses the different treatment options with each patient. He explains the delivery system by which the patient will get their medicine and ensures that the administration technique taught by the MS nurse is understood.

Mr Tugwell then acts as a point of contact with whom patients can discuss any problems they may be having and be referred as appropriate. For example, if there is an administration technique problem Mr Tugwell refers the patient to the MS nurse, or if the problem is medical and he is

unable to resolve it, he would refer the patient to a neurologist.

Mr Tugwell believes more pharmacists should get involved in services like this. He says: "Pharmacists must take opportunities that come their way and should always be on the lookout for areas where their pharmaceutical expertise can be usefully developed to improve clinical management of patients." He explains that his pharmacy department took the lead in liaising with primary care trusts and strategic health authorities to secure the funding required to support the provision of MS services and the use of disease modifying drugs. "I corresponded with key pharmaceutical companies long before beta interferon was licensed for MS to plan from a clinical, as well as financial, perspective," he adds.

Patrick O'Sullivan, neurosciences directorate pharmacist at Charing Cross Hospital, London, says that in his experience many MS patients are motivated to find out more about their condition. The pharmacist's role in answering any questions a patient may have should not be overlooked. Mr O'Sullivan says: "Some people stop taking interferon as a result of side effects, such as 'flu-like symptoms. Advice on how to manage these symptoms might encourage them to continue the treatment which might prevent them from relapsing."

Mr O'Sullivan says that many patients also ask him about alternative remedies. The new guideline states that people with MS should be informed that there is some evidence that complementary therapies such as fish oils, reflexology and massage and magnetic field therapy might be of benefit. Mr O'Sullivan adds: "Pharmacists can give practical advice about being sceptical about some claims made on the internet, for example. It is not appropriate to discourage patients from trying therapies from which they may get benefit, but they may need advice on what is really appropriate. I advise patients to seek advice from MS charities rather than from less reputable sources."

Claire Reed, lead pharmacist in neurosciences at Queens Medical Centre, Nottingham, says that pharmacists have knowledge of medicines that are not necessarily in the BNF, with which junior medical staff may not be familiar. "Pharmacists tend to be the first port of call for these questions," she says.

The community pharmacist also has a role to play. Mr O'Sullivan points out that prescribing for symptom management will usually be through the patient's general practitioner. "The community pharmacist is in a position to form relationships with these patients and advise them on the management of symptoms, or refer them back when appropriate." He also notes that MS patients may well end up with disabilities, which may cause problems with opening medicine bottles, for example. On the other hand, a carer may collect a prescription for an immobile patient and they may be equally in need of advice or support.

David Pruce, director of practice and quality improvement, Royal Pharmaceutical Society, was a member of the MS guideline development group. He says: "On average, each community pharmacy will have five people with MS using its services. For this reason alone, it is worth reading the guidance."

Priorities for NICE guideline implementation

- **Specialised services** Specialised rehabilitation services should be available to every person with MS when they develop a new symptom or other problem.
- **Rapid diagnosis** Patients should be referred to a specialist neurology service and seen soon after all investigations to confirm or refute the diagnosis.
- **Protocols** Each local health area should publish protocols for the sharing and transferring of responsibility for, and information about, people with MS.
- **Responsive service** Services should respond to the unique needs of each person with MS and actively involve them in all decisions.
- **Sensitivity** Health service professionals should consider any "hidden" problem contributing to a patient's situation, such as depression or impaired sexual function.
- **Self-referral** Individuals should be aware of how to make contact with the neurological service after regular treatment has ceased, and when such contact is appropriate.

NICE GUIDELINE

The full guideline, from which the NICE guideline is derived, is produced by the National Collaborating Centre for Chronic Conditions and will be available in January 2004 from the NCC CC website at www.rcplondon.ac.uk or from the NICE website (www.nice.org.uk).