Introduction To Community Pharmacy

Community Pharmacy: means any place under the direct supervision of a pharmacist where the practice of pharmacy occurs or where prescription orders are compounded and dispensed other than a hospital pharmacy.

Community pharmacists are the most accessible healthcare professional, where no appointment is needed to council a pharmacist and the patient can receive a free advice anywhere without long waiting times at clinics or at other health facilities.

Community pharmacists play a role in the assessment and management of common conditions. For example, coronavirus disease (COVID-19) pandemic permits a remote consultations with pharmacists by telephone and video, which has enhanced the role of and increased access to community pharmacies.

Types of medications

Medications include **prescription only medications (POM)** as well as **Over-The-Counter medications (OTC)**. Nonprescription (or OTC) products are a group of pharmaceuticals considered to be sufficiently safe for use without the intervention of a physician.

Note: in UK, there are three main categories for medicines:

- **Prescription-Only Medicine (POM)** : has to be prescribed by a doctor.
- **Pharmacy (P) medicines** : can be bought only from pharmacies and under a pharmacist's supervision.
- **General Sales List (GSL) medicines**: where they can be bought from pharmacies and can be sold anywhere else, such as supermarkets.

Differences between prescription and over-the-counter medications.	
POM medications	OTC medications
Require a **written order or prescription** from a physician, dentist.	Can be bought **without a prescription.**
Are prescribed for the treatment of a **minor or major** medical problem.	Are intended for relief of **minor ailments.**
Are usually **more powerful** and have more side effects than OTC medications.	Are considered **safe** if warnings and directions are followed.

For pharmacists to safely and effectively manage minor ailments requires considerable knowledge **(**about the diseases and their clinical signs and symptoms) **and** skill **(mainly** communication **skills).**

The switch of prescription-only–medicine (POM) to OTC status.

The availability of drugs over the counter varies from country to country. Generally drugs will be accorded OTC status if they fulfill various criteria:

1-The condition for which they are used can be reliably self-diagnosed for example head lice and menstrual cramps.

2-Where there is no evidence of irreversible or serious adverse reactions.

3-Where their use does not require medical supervision or monitoring by a doctor.

example of drugs that were switched from POM to OTC: oral ibuprofen and Omeprazole

Table 2: History of switching from POM to OTC (للاطلاع)

Year	Examples
1983	**Oral ibuprofen,** Loperamide**.**
1991	**Nicotine gum.**
1992	**Vaginal imidazoles, Nicotine patches.**
1994	**H2 antagonists , Minoxidil , Beclomethasone nasal spray.**
2001	**Emergency hormonal contraceptive.**
2004	**Omeprazole,** Simvastatin***.**
2005	**Chloramphenicol eye drop.**
2006	**Sumatriptan.**
2010	Tamsulosin**.**
2013	**FDA approved** Oxybutynin **transdermal patch for women with** of **overactive bladder (OAB).**
2014	**Nexium 24 HR (esomeprazole magnesium)**
2016	**The FDA has approved** adapalene **(a** retinoid-like drug**) (Differin® Gel 0.1%) for OTC use. It is the first** retinoid-based acne **treatment to be made available OTC.**
2017	**-Reclassification of Viagra (**sildenafil**) in the UK o treat erectile dysfunction. (New Zealand made the move in 2014, and Poland in 2016).** **-Reclassification of (a**tovaquone/proguanil**) in the UK for malaria prevention.**

Note**: when certain drug being OTC, not means that it is OTC in all** strengths**, in all** dosage forms**, for all** indications**, for all** ages**, in all** countries**, and in the same** maximum dose **or** duration **as when it is use by Rx (as POM) (table 3)**

Table-3

	Examples
Not in all strengths	**Omeprazole 10 and 20 mg are OTC while 40 mg is POM**
Not in all dosage forms	**Omeprazole tablet and capsule are OTC while injection is POM**
Not for all indications	**Omeprazole is OTC for gastro-esophageal reflux disease (GERD) while for ulcer it is POM**
Not for all ages	**Omeprazole is OTC for adults over 18 years. However, it can be used by Rx (as POM) below this age.**
Not in all countries	**Simvastatin (10 mg tablet) is OTC in UK but not in USA, Canada…**
The maximum dose **and** duration **of the drug may be lower than that allowed with its POM use**	**The max. Daily dose for OTC Omeprazole is 20 mg for max. 4 weeks. However, larger doses for longer duration are allowed with its POM use.**

Note: **the process of switching may occur in** reverse way **(i.e.** from OTC **to** POM**).**

The UK has had two recent reclassifications return to POM (domperidone and oral diclofenac) due to cardiac risks.

Responding to symptoms in Community pharmacy

Responding to symptoms is a major activity for the community pharmacist. Many patients visit the community pharmacies each day with various symptoms for which they are seeking advice. This requires a greater focus from the pharmacists on illness management, rather than on product selling.

Pharmacists will consider 1 of 3 recommendations during each encounter involving symptom presentation:

(1) Provide assurance that drug therapy is unnecessary.

(2) Suggest treatment with non-drug measures, OTCs, or both.

(3) Refer the patient to appropriate medical personnel.

As a general rule, the following indicate a higher risk of a serious condition and should make the pharmacist consider referring the patient to the doctor:

1-Long duration of symptoms.

2-Recurring or worsening problems.

3-Severe symptoms.

4-Failed medication (one or more appropriate medicines used already, without improvement).

5-Suspected adverse drug reactions (to prescription or OTC medicine).

6-Danger symptoms (Blood in the sputum, vomit, urine or feces would be examples of such symptoms, as would unexplained weight loss).

The Following points are important to make a consultation more successful from the patient's perspective:

• Introduce yourself with unknown patients.

• Keep eye contact.

• Take your time; do not show your hurry.

• Treat patients as human beings and not as a bundle of symptoms.

• Pay attention to psychosocial issues.

• Take the patient seriously.

• Listen – do not interrupt the patient.

• Show compassion تعاطف .

• Be honest without being rude فظ.

• check if the patient understands.

• Offer sources of trusted further information (leaflets, web links, etc.).

Getting information from the patient:

The following **steps** highlight the key considerations you should think about when someone asks for your advice (as a pharmacist) about a particular symptom or condition they have.

1-Picking up on non-verbal cues: تلميحات غير لفظية

Assessment of the patient begins the moment the patient enters the pharmacy and this 'first impression' can be very helpful in giving you clues to their state of health. For example, does the patient look well or poorly? For people who appear in

discomfort or look visibly poorly, this might influence your decision to treat or refer.

2-Questioning: Arriving at a diagnosis is a complex process. In medicine it is based on three kinds of information: **patient history**; **physical examination**; and **the results of investigations**. Currently, physical examination and using diagnostic tests are rarely used in community pharmacy practice. Pharmacists rely almost exclusively on questioning patients when deciding whether to offer treatment or perhaps refer the patient for further evaluation.

Acronyms

Acronyms have been developed to help pharmacists remember which questions should be asked. **WHAM** is the best known and simplest acronym to remember and has been used by many as a useful tool in gaining information from patients.

W–Who is the patient and What are the symptoms?

H–How long have the symptoms been present?

A–Action taken? (Any action taken by the patient should be established, including the use of any medication to treat the symptoms).

M– Medication being taken? **There are four obvious reasons for this:**

• A medicine may be causing the symptoms.

• A medicine may indicate a disease state the patients have.

• The patient may already take a medicine the pharmacist is about to recommend and which is not providing relief.

• Medications that are recommended may **interact** with existing treatment

3-Outcomes from the consultation:

The final step in prescribing for minor ailments is telling the patient what course of action is most appropriate. This could be **referral** to another healthcare professional, giving **advice** or supplying a **product**.

A-Treatment and advice: For many therapeutic groups there is a wide variety of products available, often in various combinations. The pharmacist should take into account the **efficacy, potential side-effects, interactions, cautions and contraindications**. When selecting a product, **the patient's needs** should be borne in mind. Factors such as prior use, formulation and dosage regimens should be considered. **For example**, antacids are available in both tablets and liquid form. Liquids tend to have a quicker onset of action than tablets but can be inconvenient for a patient to carry around with them or take to work. **Non-drug treatment** should also be offered where appropriate. For example, advice on increasing dietary fiber and fluids is an essential part of the management of conditions such as constipation and hemorrhoids.

B-Timescales: One of the key things is telling the patient what action to take if the symptoms do not improve. Here, a defined treatment timescale should be used (this is the length of time for which the problem might be treated before the patient sees the doctor). The timescales given to each condition can vary.

Children and the elderly

These two patient groups have the highest usage of medicines per person compared with anyone else. Care is needed in assessing the severity of their symptoms as both groups can suffer from complications. For example, the risk of dehydration is greater in children with fever or the elderly with diarrhoea. Children should be offered sugar-free formulations to minimize dental decay and elderly

people often have difficulty in swallowing solid dose formulations. It is also likely that the majority of elderly patients will be taking other medications for chronic disease and the possibility of OTC-POM interactions should be considered.

Pregnancy

The potential for OTC medicines to cause teratogenic effects is real. The safest option is to avoid taking medication during pregnancy, **especially in the first trimester.** Many OTC medicines are not licensed for use in pregnancy and breastfeeding because the **manufacturer has no safety data or it is a restriction on their availability**

Interactions of OTC medicines with other drugs: Medicines that are available for sale to the public are relatively safe. However, there are some important drug-drug interactions to be aware of when recommending OTC medicines.

Evidence-based medicine (EBM) and over-the-counter (OTC) drugs

1- Evidence-based medicine (EBM) emphasizes the use of evidence from well designed and conducted research in healthcare decision-making.

2-**Although evidence-based medicine (EBM) is widely used for prescribed drugs**, it is not currently utilized for OTC medicines in community pharmacies.

3-With regard to efficacy, pharmacists should be aware that **many OTC medicines have little or no evidence base**. **Therefore, products with proven efficacy should constitute first-line treatment.** Community pharmacists should stop selling over-the-counter (OTC) medicines that have little evidence of efficacy if they want to ensure the best treatment for patients.

4-The OTC products sold in pharmacies can be split into three categories.

A-The products for which **scientific evidence is lacking** like: سوار ابن سينا

B-The second category is OTC medicines with a basis in science but which lack clear evidence of effectiveness. One example is the use of cough medicines (drug combinations can be illogical such as an expectorant with a cough suppressant).

Systematic reviews of **cough medicines show a lack of effectiveness**. Although products in the second category may often be requested by the public, certainly, the lack of evidence of effectiveness must be communicated clearly to patients.

C-In the third group are OTC medicines for **which there is clear evidence of effectiveness**, and which can be sold with confidence. Many of these have been used for many years and have data to support their use, such as antifungal creams, painkillers, triptans, and chloramphenicol eye drops.