22/12/22
11:20 to 12:20

Chapter-08

Topic: Patient Counselling

* Defination and benefits of patient Counselling
* Stages of patient counselling - Introduction, counselling content, counselling process and closing the counselling session.
* Barriers to effective counseling — Types and strategies to overcome the barriers.

* ~~Defi~~ Definition:

→ Patient counselling refers to the process of providing information, advice and assistance to help patients use their medications appropriately.

→ The information and advice is given by the pharmacist directly to the patient or to the patient's representative.

→ It may also include information about the patient's illness or recommended lifestyle changes.

→ The information is usually given verbally, but may be supplemented with written material.

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* Benefits of Patient Counselling :—

* Effective patient counselling aim to produce the following benefits :—

→ Better patient understanding their illness and the role of medication in its treatment.

→ Improved medication adherence.

→ more effective drug treatment.

→ Reduce incidence of medication errors, adverse effects and unnecessary healthcare costs.

→ Improve quality of life of the patient.

→ Better coping strategies for medication-related adverse effects. → relation with patient.

→ Improve professional rapport between the patient and pharmacist.

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Stages of Patient Counselling:-

Introduction:

- Counselling is a two-way communication process, and interaction between the patient and the pharmacist.
- The success of counselling depends on the knowledge and skill of the counsellor
- The first phase of counselling is used for information gathering.
- The pharmacist should introduce him or herself to the patient and greet them by name.
- It is best to use titles such as Ms, Miss and Mr. and then switch over to the first name.
- The pharmacist should identify the purpose of the session very clearly.

Counselling Content:-

- The counselling content is considered to be the heart of the Counselling session.
- During this step, the pharmacist explains to the patient about his or her medications and treatment regimen.

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→ Lifestyle changes such as diet or exercise may also be discussed

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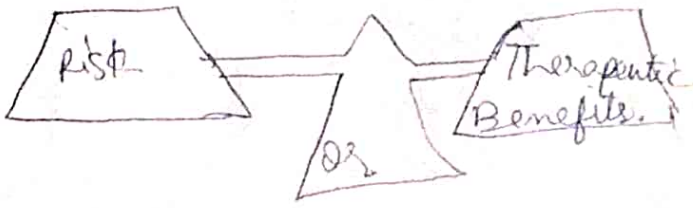
TOPIC COMMANLY COVERED INCLUDE

→ Name and strength of the medication
→ The person why it has been prescribed (if known), or how it works.
→ How to take the medication (how much and how often)
→ Expected duration and benefits of treatment.
→ Possible adverse effects.
→ Advice on correct storage.
→ Minimum duration required to show therapeutic benefit.
→ What do if a dose is missed.
→ Special monitoring requirements, for example, blood tests.
→ Arrangements for obtaining further supplies.



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Counselling process!

(1) Establish caring relationships with patients.

+ Introduce' - yourself as a pharmacist.
+ Explain - The purpose and expected length of the sessions.
+ Obtain - The patient's agreement to participate.
+ Determine - the patient's primary spoken language.

(2) Assess the patient's knowledge about their health problems and medication.

+ Determine - their capability to use the medication appropriately and attitude towards the health problems and medications.
+ Ask open-ended questions about each medication's purpose and what the patient expects.
+ Ask the patient to describe or show they will use the medication.

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(3) Provide information orally and use visual aids or demonstrations.

- Open the medication containers to show patients the colours, size, shapes, and marking of the oral solids.
- For oral liquids and injectables, Show patient the dosage marks on measuring devices.
- Demonstrate the assembly and administration of nasal or oral inhaler devices.
- As a supplements to fac-to face communication, Provide written handouts to helps the patient recall the information
- If a patient is experiencing problems with their medications, then adjust the pharmacotherapeutic regimens according to protocols or notify the prescribers.

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(4) Verify patient's knowledge and understanding of medication use!—

⇒ Ask patient's to describe or show how they will use their medications and identify their effects.

⇒ Observe patients. medications-use capable accuracy, and attitudes toward following their regimens.

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* Closing the counselling session

→ Before closing the session, it is essential to check the patient's understanding which is assessed by feedback questions, such as 'Can you remember what this medication is for? or 'for how long should you take this medications?

→ During the discussion, some of the patient information needs may have been cleared, while some have new questions or doubts.

→ It is therefore advisable to finish the session by asking the patient.
'Do you have any question".

→ Before final closure and if time patients, summarize the marie points in a logical order.

→ If appropriate, the pharmacist can supply their telephone number to encourage the patient to make contact if they need further advice or information.

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* Barriers to Effective Communication

* Types of barriers

→ Patient counselling may not take in community pharmacies due to various reasons, known as barriers.

→ These barriers are classified as patient based, provider based and system based barriers.

(i) Patient-based barriers:

→ In India, many patients are unaware that pharmacists may provide counselling and generally ask their prescriber about medication use.

→ Gender and language differences may also inhibit patients from asking the pharmacist about medication use information.

(ii) Provider-based barriers:

→ many pharmacists lack the confidence to counsel patient due to lack of knowledge and counselling skills.

→ A heavy patient load for prescription filling is also an important barrier in many practice situations.

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(iii) System based barriers :-

⇒ In India, counselling is not a mandatory legal requirement and officially pharmacists are not entitled to charge for dispensing or for the information provided to patients.

⇒ These factors act as regulatory and financial disadvantages to providing a counselling service, lack of privacy in many busy community and hospital pharmacies can also be a problem.

* Strategies to overcome barriers

⇒ By definition, provider-based barriers are the easiest to modify Pharmacist can start by updating their ~~knowledge~~ knowledge and counselling skills confidence can be developed by initially focusing on one particular disease or group of drugs (for example, antibiotics).

⇒ A good approach is to ask patients 'Have you used this medication before?' when they collect their prescription.

⇒ Encouraging individual patients to ask questions about their medications or media campaigns will also improve counselling

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opportunities.

Important MCQ

Q1 The _____ is the heart of the patient counselling session:.

(a) Preparing for the session.
(b) Opening the session.
(c) Counselling content.
(d) Closing the session.

Q2 The benefits of patient counselling is.

(a) Improved medication adherence.
(b) Improved quality of life of the patient.
(c) Improved professional rapport.
(d) All of the above.

Q3 Counselling is a _____ communication process.

(a) Two-way.
(b) Three-way
(c) Four-way
(d) One-way.

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Q4 The success of counselling depends on the _____ of the counsellor.

(a) Language (b) Tone

(c) Facial expression (d) Knowledge and Skill.

Q.5 The first phase of counselling is used for.

(a) Talking with the relatives.

(b) Information gathering.

(c) Gathering the other pharmacy staff.

(d) Gathering the other nursing staff.

Q6 Using _____ is a useful technique for gaining the confidence of the patient.

(a) Close-ended questions

(b) By understanding the patient needs

(c) Open-ended questions.

(d) Looking at the patient eyes.

Q7 In counselling content, the points which are covered EXCEPT

(a) Name and strength of the medication

(b) How to take the medi

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Systolic 120
Diastolic 80.

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Patient Counselling Points for Chronic diseases / disorders.

HYPERTENSION:-

(1) Name strength dosage route of Administration:-

→ Educate the patient briefly about hypertension show the patient the medication prescribed one by one, telling him/her the usefulness of each medication.

(2) When and how to take medication:-

→ For each medication showing and calling it by its name, explain the patient how and when to take medication, inform the patients that written direction are a fixed to the containers of medication.

→ Do not break, crush or chew the tablet. Take the tablet at the same time each day.

(3) Potential precaution:-

→ Continue taking drug regularly even if your blood pressure is controlled and normal.

→ Information about adverse effects of each drug need to be given to the patient e.g. Telmesartan-40 which include upper respiratory tract infection, sinus infection

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back pain, diarrhea etc.

(4) Interaction/

⇒ Some products that interact with Telmisartan, include lithium, ramipril, and drugs that increase level of K^+ [Potassium] in blood. like ACE inhibitors, birth control pills (drospirenone) Patient should inform the Physician, if he is taking any such medications

(5) Storage of medication/

⇒ Inform the patient about storage of drug in cool dry place away from children.

(6) About missing of dose

⇒ If dose is missed, patient may take it as soon as he remembers it but if he remebers it at just a few hours before next dose, then skip the missed dose and take the next dose at scheduled time.

(7) Refill information/

⇒ Anti-hypertensive are to be taken regularly without fail.

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→ Do not stop taking medicine unless advised by the doctor, Hence, refill information needs to be followed strictly.

(8) Additional useful information!

→ Changing lifestyle will also help to reduce blood pressure such as, regular exercise, loosing weight, smoking cessation, reducing alcohol intake and reducing amount of salt in diet.

→ If patient has any time any questions/ Concerns encourage him to call / consult physician.

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10:30 to 11:20

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04/01/23
9:40 to 10:30
12:15 to 1:00.

① Shobha
② Jyoti
③ Gulhasan

DIABETES

(1) Name, strength, dosage, ~~rote~~ route of administration!

→ Educate the patient briefly about diabetes. Show the patient, the medication prescribed one by one, telling him/her purpose of each medication.

(2) When How to take medication!

→ For each medication showing and calling by its name, explain when and how to take medication.

→ Inform the patient that the written directions are affixed to the containes of medication.

→ Take the tablet at the same time each day after meal. Do not take this medication without food or if meal is missed.

(3) Potential precautions!

→ Continue taking drugs regularly. If discontinued without the advice of physician, your blood sugar level may not be controlled and high blood sugar level may damage your heart, kidneys, nerves, eyes, etc.

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→ Information about adverse effects / side effects of each medication need to be given to the patient. (eg. Tab. Glimepiride 1mg. twice daily for which the possible adverse effects include, nausea, Stomach upset abdominal pain, Weakness sudden weight gain, etc.)

(4) Interactions:-

→ Patients taking Glimepiride should avoid using Diclofenac topical gel: as it may reduce blood sugar level to great extent.

→ Antipsychotic Clozazepine, thiazide diuretics and corticosteroids may reduce the efficacy of glimepiride.

(5) Storage of medications:-

→ Inform the patient about storage of drugs in cool, dry place away from children.

(6) About missing of dose:-

→ If patient forget to take a dose, he should take it as soon as she remember.

→ Inform him not to take double dose to compensate for missed dose.

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(5) Refill information:-

⇒ Antidiabetic treatment should be taken regularly without any break. Do not stop taking drugs unless advised by physician. Get your prescription without delay refilled.

(6) Additional important information:-

⇒ Inform patient about diabetic microvascular complications such as diabetic neuropathy, retinopathy, polyneuropathy, foot ulcers, joint problems., etc.

⇒ Regular check up of blood sugar level (BSL glycosilated haemaglobin (HbA1C) and other tests suggested by physician is to be followed strictly.

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* Asthma 11:20 to 12:20 05/01/23

(1) Name, strength, dosage, route of administration!

⇒ Educate the patient briefly about asthma. Explain the purpose of reliever inhaler and preventer inhaler show the patient, the medications and inhaler device, explaining the purpose of medication.

(2) When and how to take medications!

⇒ A patient prescribed with bronchodilator (eg- Salbutamol 200 ug mDI) and an anti-inflammatory e.g. Beclomethasone) in the form of inhaler, need to be explained the use of inhaler, Rotahaler.

(3) Potential precautions!

⇒ Considering the possible side effects and interactions with prescribed bronchodilator, encourage the patient to talk to his physician and inform about what other precautions he is taking.

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For examples :- The non-steroidal anti-inflammatory like aspirin, diclofenac may reduce the excretion rate of Salbutamol, whereas acetazolamide may increase the excretion rate of salbutamol.

→ The possible side effects of salbutamol such as Headache, Dry mouth, Feeling nervous are to be informed to the patient.

→ The asthma action plan is to be explained to patient asking him to follow it strictly.

(4) Drug interaction:-

→ Patients taking Salbutamol should not start taking antihypertensive like: β blockers (Propranolol, timolol) antidepressent (Furazolidine) without the consent, and approval of physician.

(5) Storage of medication and device:-

→ Inform the patient to store medication and inhalers in cool and dry place away from children avoiding direct heat/light exposure.

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(6) About missing of dose:-

→ If you miss a dose, take it as soon as possible, but never take double dose to compensate the missed dose.

(7) Refill information:-

→ Inform patient to ensure regular check-up with doctor. Strictly follow the asthma action plan and accordingly take the medications.

→ If the condition is not relived contact the doctor.

(8) Additional important information:-

→ Take correct dose of medication using inhaler i.e the number of puffs to be taken at a time and in 24 hrs. Strictly stop smoking.

→ Rinse the mouth with water after beclomethasone inhalation to avoid infection in the mouth keep inhaler all time with you. Avoid exposure to respiratory irritant.

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⇒ Encourage the patient to contact, call the doctor, Pharmacist, if he has any questions about the therapy and related problems.

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MCQ question :-

Q1. For a hypertensive patient it is important.

(a) Losing weight

(b) Eating a healthy, low-sodium diet

(c) Exercising more, stopping Smoking

(d) All of the above.

Explanation:

* ADDITIONAL USEFUL INFORMATION

⇒ changing lifestyle will also help to reducing alcohol intake and reducing amount of salt is diet.

⇒ If patient has any time any question / concerns encourage him to call / consult physician.

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Q2 The Hypertensive patient should eat EXCEPT.

(a) Diet that is high in fiber and potassium.

(b) Low in salt (Sodium), added sugar, and fat.

(c) Eat low-fat dairy products.

(d) Eat plently of fresh fruits and vegetables.

(3) Telmisartan-40 which is usually given as:-

(a) Twice daily.

(b) Once daily tablet.

(c) Thrice daily

(d) SOS.

Q4 Patients taking Glimepiride should avoid using:-

(a) Bezocaine topical gel.

(b) Hydrocortisone gel.

(c) Diclofenac topical gel.

(d) All of the above.

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Q2

EXPLANATION

* ADDITIONAL USEFUL INFORMATION

⇒ Changing lifestyle will also help to reduce blood pressure such as, regular exercise, loosing weight, smoking cessation, reducing alcohol intake and reducing amount of salt in diet.

⇒ If patient has any time any questions/ concerns encourage him to call/consult physician.

Q3

EXPLANATION

* POTENTIAL PRECAUTIONS

⇒ Continue taking drug regularly even if your blood pressure is controlled and normal.

⇒ Information about adverse effects of each drug need to be given to the patient (e.g Telmisartan-40 which is usually given as once daily tablet.

⇒ The possible adverse effects of Telmisartan 40 include upper respiratory tract infection, sinus infection, back pain, diarrhea etc.).

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EXPLANATION

* INTERACTION

⇒ Patients taking Glimepiride should avoid using Diclofenac topical gel as it may reduce blood sugar level to great extent.

⇒ Antipsychotic Clonazepine, thiazide diuretics and corticosteroids may reduce the efficacy of glimepiride.

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* Patients Counselling Points for chronic diseases / disorders.

* Tuberclosis:

(1) Name, strength, dosage, route of administration.

→ Educate the patient briefly about tuberclosis (TB). Tell the patient about infectious nature of tuberclosis.

→ Show him the precribed medication one by one telling him the purpose of each medication.

(2) When and how to take medications:-

→ Explain the patient the need to take multiple drug (in multidrug therapy INH, Rifampicin, Pyrazinamide and Streptomycin / Ethambutol are used) for examble, ICH (Isoniazide) tablet to be taken on empty stomach.

→ Take the tablet at the same time each day. as long as physician advices, continue taking it.

(3) Potential precautions:-

→ Inform the patient about need of taking the medications as precribed to avoid development of resistance.

→ To prevent certain side effects; Vit·B6 (Pyridoxine) is prescribed which needs to be taken. INH may cause nausea, vomating and stomach upset as its side effects.

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inform your doctor if the side effects like numbness swollen joints vision changes etc are experienced.

(4) Interactions:

→ Some of the drugs that may interact with INH include acetaminophen, ketaconazole, MAO-inhibitor, and Phenytoin tell your doctor what medications (in addition to prescribed). you are taking.

→ Do not start or stop or change the dose of any medication without the approval of doctor.

(5) Storage of medications:

→ Store in cool dry place protected from light.

(6) About missing of dose:

→ Inform patient about importance of taking medications regularly without fail.

→ Patient may be asked to used medication diary to note medications taken with time and date. It may also be used to note any adverse effect.

(7) Refill information:

→ ~~Pharmacist~~ Pharmacist may remind the patient through telephone or by mail about visit to doctor at least two days before the next appointment

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Again explain the importance of taking antitubercular agent regularly.

(8) Additional useful information!

→ Specially arrange a counseling session for the patient and his family member.

→ Tell them that, tuberculosis is curable, only the patient requires long term treatment with multiple drugs.

→ A specially prepared patient information leaflet (PIL) containing brief information about drugs, when to take drugs, possible side effects, when to contact doctor, interactions with food and taking protein rich diet should be given to patient. Ask patient to avoid alcoholic beverages.

→ Encourage patient to call / contact doctor / pharmacist, if he has any questions about therapy.

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* CHRONIC OBSTRUCTIVE PULMONARY DISEASES

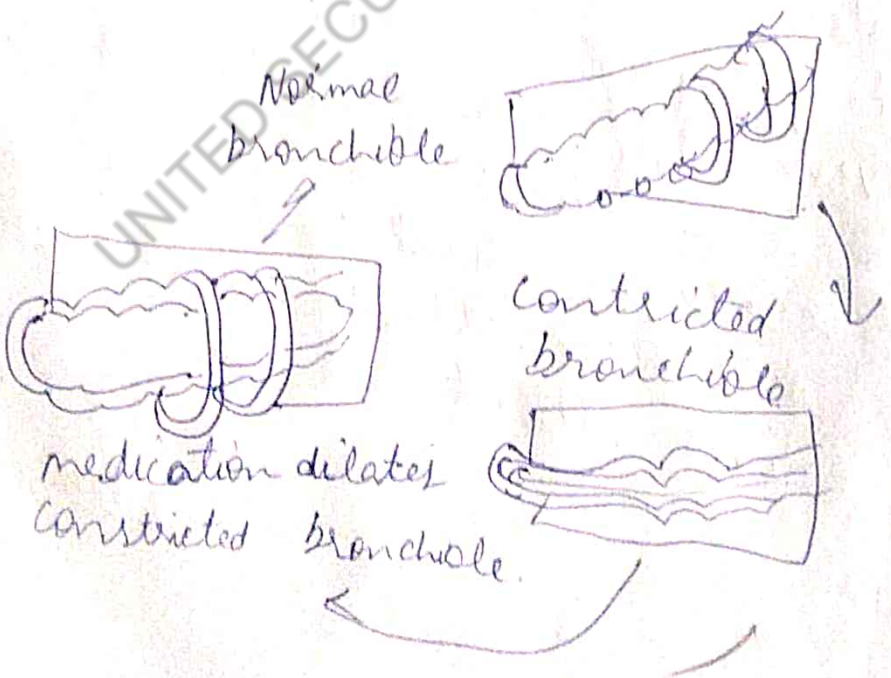
(1) Name, Strength, dosage, route of administration

→ Educate the patient briefly about COPD.

→ Tell him about respiratory irritants.

→ Explain the limitations of short acting single bronchodilators. The need and purpose of using combination of long acting muscarinic antagonist (LAMA) and long acting beta agonists (LABA) be explained.

→ Show the patient inhaler device prescribed to him.



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(2) When and how to take medications?

⇒ In majority of cases, combination of LAMA and LABA in inhalation from is prescribed.

⇒ Inhaled bronchodilators including long acting beta-agonist (LABA) and long-acting muscarinic antagonist. (LAMA)

⇒ Regular daily use of either a long acting beta-agonist (LABA) or long-acting muscarinic antagonist (LAMA) has been shown to improve the lung function, dyspnea and health status and reduce exacerbations.

⇒ In addition, these bronchodilators improve exercise performance.

Drugs of LAMA	Tiotropium	Glycopyrronium
Drugs of LABA	Salmeterol	Formoterol
	Aclidinium	Umeclidinium
	Indacaterol	Vilanterol

⇒ The use of inhaler needs to be demonstrated to the patient.

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(3) Potential precautions:-

⇒ Explain the patient about the complications that may arise as the disease progresses, such as respiratory infections, flue, pneumonia, hypertension depression and anxiety.

⇒ The more common side effects of such inhalation include, nasopharyngitis and headache.

⇒ One more important precaution to be communicated to patient is that the inhalation of this product may produce paradoxical bronchospasm (which may be life threatening) and if it happens, immediately discontinue the use.

⇒ Other possible adverse effects include, cardiac arrhythmias in patients with CNS disorders and hypokalemia caused by β_2 agonists.

(4) Interactions:-

⇒ Beta blockers may weaken or antagonize effect of B_2 adrenergic agonists such as Vilanterol.

⇒ Vilanterol is substrate of Cytochrome P450 3A4 hence coadministration of ketoconazole, ritonavir may inhibit metabolism of Vilanterol.

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(5) Storage of medications:

→ Do not store one the inhaler at above 30°C temperature.

→ If stored in refrigerator, allow the inhaler to return to room temperature for atleast an hour before use.

→ Protect it from moisture as soon as inhaler is removed from tray, Write the date, the inhaler should be discarded on the label in the space provided for it.

(6) About missing of dose:

→ medication can help to manage COPD and prevent complications.

→ There is no cure for COPD, hence manage and prevent complications by regularly taking medications as prescribed.

(5) Refill information:

→ COPD is lifelong issue involving irreversible damage to the lungs and worsening difficulty breathing and airway obstruction.

→ Regular visit to doctor is of utmost importance

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→ long term daily use of bronchodilators is needed inhaler than refill information emphasize the need of regular check up by the doctor.

(7) Additional important information:

→ Respiratory irritants (smoke, dust, fumes etc) is the main cause of COPD hence quit / avoid smoking.

→ Avoid second hand smoke and chemical fumes and get rid of air pollutants.

→ To prevent complications lifestyle changes involving healthy eating plans, some form of excercise weight management need to be emphasized.

→ It is better to take five or six smale meals's per day.

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03/02/23
10:00 to 10:30

AIDS

(1) Name, strength, dosage, route of administration.

⇒ Educate the patient briefly about HIV and Aids. Show the patient medications prescribed one by one telling him the purpose of each medications.

(2) When and how to take medications.

⇒ For each medication showing and calling by its name, explain the patient how and when to take the medications.

⇒ ~~Classify~~ Classically the infection is treated with three classes of antiretroviral agents. –

Protease inhibitors	Ritonavir, Lopinavir, Indinavir, Nelfinavir, Saquinavir.
Nucleoside Reverse Transcriptase Inhibitors.	Zidovudine, Lamivudine, Stavudine.
Non-nucleoside Reverse Transcriptase Inhibitors.	Efavirenz, Nevirapine, Delavirdine.

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→ As HIV rapidly become resistant to single antiretroviral drug, the combination treatment is needed to suppress infection successfully.

→ Explain the patient the treatment strategy (Highly active antiretroviral therapy (HAART), a combination of 3 or 4 reverse transcriptase inhibitors and protease inhibitors is usually prescribed).

(3) Potential precautions!

→ Explain the patient about limitations of using single antiretroviral drug and hence the need to taking HAART.

→ Taking multiple drugs is associated with side effects and adverse effects. Such possible effects include, hypersensitivity, allergic reactions, fever, nausea, vomating, headache, diarrhea, fatigue, dry mouth.

→ most of these side effects are manageable but some can be serious

→ Long-term side effects include depression, diabetes, insomnia, osteoporosis and increased Cholestrol

→ Inform the patient about serious effects like extreme fatigue, fever, persistent vomiting, swelling of face

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throat or tongue and in such cases emergency treatment should be taken

(V) Drug Interactions:-

⇒ many medications both prescription and non-prescription supplements and herbal products have been known to interfere with antiretroviral agents.

⇒ Antacids may reduce the effectiveness of some of the antiretroviral agents.

⇒ Some of the antiretroviral agents may make oral contraceptives less effective resulting in unplanned pregnancy.

⇒ On the other hand, oral contraceptives may make some of the antiretroviral agents less effective.

⇒ Interaction of antiretroviral agents with antifungal, antibiotics and some foods have been known.

⇒ Pharmacist needs to be involved in screening for drug-drug interactions and provide drug information to both clinicians and patients.

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(5) Storage of medications and device :-

→ Antiretrovirals needs to be constantly stored in a controlled temperature not more than 25-30°C

→ Ritanavir capsules should be stored in refrigerator, even while travelling Special cold packs should be used.

(6) About missing of dose :-

→ Inform the patient to take the doses at the same time every day.

→ If he misses the dose, ask him to take the dose as soon as he can and then take the next dose at usual scheduled time

→ Pharmacist should help him to remember taking drugs such as simple reminder to take medications at the time during his daily task.

(7) Refill information :-

→ Inform and convince the patient that antiretroviral therapy is a lifelong commitment.

→ Patient must continue to take all medications in prescribed combination without missing doses.

→ Effective monitoring by pharmacist shall ensure regular refill of prescription.

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(8) Additional important information:

- Explain the benefits of taking HIV medications everyday as prescribed.
- Delaying the treatment will result in the risk of developing AIDS, and opportunistic infections.
- missing doses frequently leads to weakening of immune system hence, plan ahead and keep extra medications with you.
- Ask him to take care of preventing transmission to sexual and injection partners.
- Convince the patient to follow healthy lifestyle, sticking to balanced diet, regular exercise and quit smoking as it compliments the ~~treat~~ treatment.
- Encourage the patient to call / contact doctor or pharmacist, if he has any questions about therapy and related problems.

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multiple choice question

Q1 Isoniazide tablet to be taken on.

(a) Full stomach (b) Once a day

(c) Empty stomach. (d) Take one hour before lunch

Q2 _____ is given with Isoniazid to prevent the nausea, vomiting and stomach upset.

(a) Vitamin B_6 (b) Vitamin B_3

(c) Vitamin B_9 (d) Vitamin B_2

Q3 LAMA stands for

(a) Long adrenergic muscarinic antagonist.

(b) Long acting muscarinic agonist.

(c) Long acting muscarinic antagonist.

(d) Leave on medical advice.

Q4 Do not store the inhaler at above.

(a) 10°c temperature (b) 20°c temperature

(c) 30°c temperature. (d) 5°c temperature

Q.5 Antiretrovirals stored at a temperature not more than.

(a) 5-10°c (b) 10-15°c

(c) 20-25°c (d) 25-30°c

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Q6 COPD is associated with

(a) Skeletal muscle dysfunction.
(b) Treatment with bronchodilators
(c) muscarinic agonist
(d) Tachycardia

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