Community Pharmacists’ Attitudes toward the safety of deregulated medicines

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Abstract

Background
Patient access to wider medicine availability is part of UK government policy to help promote patient self-care. Over 80 medicines have been deregulated from prescription only control to sale through a pharmacy under the supervision of a pharmacist. With greater access to medicines the question of patient safety is important to consider. The aim of this pilot study was to determine community pharmacists’ views on safety of medicines and to inform further research.

Methods

Community pharmacists working within the boundary of Wolverhampton primary care trust (PCT) were asked to participate in a semi-structured interview.

Results

Three themes were identified: product safety; ensuring patient safety; and, patient misuse of medicines. Pharmacists thought current procedures to supply medicines were broadly working but highlighted that misuse did occur.

Conclusions

Pharmacists believed that deregulated medicines were safe providing adequate mechanisms for their supply were in place; this is questionable as misuse of medicines was reported.

Key words: pharmacy; health knowledge, attitudes, practice

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BACKGROUND

In the UK there are three legal classifications of medicines as defined in the Medicines Act 1968. These are Prescription Only Medicines (POM), Pharmacy medicines (P) and General Sales List medicines (GSL). Changing the status of medicines (deregulation) has allowed more than 80 POMs to become P medicines in the last 25 years. This expansion in deregulated medicines has been facilitated by UK government policy in the promotion of patient self-care (DoH, 2006). Currently, the Medicines Healthcare and Regulatory Agency (MHRA) is responsible for switching medicines from POM to P, and from P to GSL status. (MHRA, 2002)

Two main criteria dictate MHRA policy regarding medicine switches; effectiveness and safety. If these are met then deregulation is normally approved. Not with standing MHRA policy commentators have raised safety concerns with the increase in medicine availability. For example, Hansford et al. (2007) and Wazaify et al. (2005) have questioned over-the-counter availability of certain medicines, such as simvastatin with regard to adverse effect and interaction profile. Community pharmacists are the principal custodians of publicly available medicines and most affected by their deregulation yet there is limited information available on their perceptions regarding effectiveness and safety. The aim of this pilot study was to identify what opinion community pharmacists held regarding safety of deregulated medicines to inform future larger scale work.

METHODS

All community pharmacists who work within the boundary of Wolverhampton PCT were invited, via post, to participate in a semi-structured interview. A convenience sample was adopted on the identified population, which meant any community pharmacist willing to participate was selected.

The data was collected through face-to-face interviews. The interview consisted of predominantly open-ended questions and was structured to ensure consistency between interviews. Each interview were taped and transcribed verbatim. Transcripts did not identify participants. Data were collected and analysed in iterative cycles using methodology advocated by Creswell. (Creswell, 1998)

Ethical approval for the study was granted by the behavioural sciences ethics committee at Wolverhampton University.

RESULTS

Three major themes were identified. Each is highlighted, although the order described does not signify any level of importance ascribed to the themes by participants.

Product Safety

The pharmacists interviewed were not overly concerned that deregulated products constituted any real danger to patient safety. They acknowledged that the most recent
deregulated medicines were associated with side-effects but because they came with very specific guidance and protocols which have to be followed before a sale can be made (e.g. orlistat for weight loss) then they posed no danger to patients. Attitudes were more relaxed the longer the deregulated medicine had been available to purchase.

Ensuring Patient Safety
Although pharmacists felt the products themselves posed little risk to patients they did state that all staff, including sales assistants, had to be appropriately trained and new their competency boundaries. Training was supported by ensuring staff followed standard operating procedures when selling medicines. Pharmacists were concerned that medicines that had been further deregulated from P to GSL medicines would not be sold under such circumstances and could pose health risks to patients.

Patient Misuse of Medicines
The misuse of deregulated products was perceived to be a problem in the local area. They expressed concerns that some over-the-counter medicines were frequently misused. Advertising was seen as unhelpful and contributed to increased patient demand even though the product may not be appropriate. Strategies were employed to reduce misuse such as removal of products, limiting patient supply and recommending alternative products.

However, it was acknowledged that a persistent patient could eventually acquire the desired medicine or quantity of medicine by multiple visits to different pharmacies.

DISCUSSION
All four pharmacists showed little concern over product safety when sold or supplied under the supervision of a pharmacist (a P medicine). This was unexpected as previous authors have highlighted safety concerns with specific P medicines. (Hansford et al. 2007; Wearn et al. 2001) This relaxed attitude to product safety seems to be driven by the controls placed on their supply. These safeguards are however lacking if a medicine is made more publicly available (e.g. GSL status) and was a concern to the interviewees. The process of switching a medicine from P to GSL status is on a par with a POM to P switch in that safety is of paramount importance. However, wider availability with no checks made on purchase has a higher potential for patients to take inappropriate medicines that could lead to them experiencing adverse effects. This is especially important as more potent medicines become available, for example non-steroidal anti-inflammatories. Although the interviewees thought that the products themselves were safe providing pharmacy staff acted as custodians of medicine supply they all mentioned that patient misuse of medicines was happening. It was apparent that different pharmacists used different tactics to limit misuse but no uniform
method was used. Currently, it is dependent on staff vigilance and pharmacist professional judgement to identify and police medicine misuse. However, as patient registration with a pharmacy is not required and over-the-counter sales are not routinely recorded nor data shared between pharmacies or prescribers then patients can obtain medicines by deception. For example, if a medicine of misuse (e.g. codeine-containing products) is requested it is very likely that a set of ‘standard’ questions will be asked by pharmacy staff before making a supply. These questions can be quickly learnt by the patient and after visiting a number of pharmacies the correct answers can be given to pharmacy staff, thus a supply made. Current systems in place are therefore inadequate to stop determined patients from misusing medicines.

LIMITATIONS
A convenience sample was adopted to conduct interviews; this is perhaps biased because it is not representative of community pharmacists’ opinion. Secondly, it was unclear if data saturation had been reached after the four interviews. This study was though a pilot study and results are being used to inform a larger study investigating pharmacists’ opinion toward over-the-counter medicine safety.

CONCLUSION
Medicines deregulated to P status were deemed to be safe providing adequate mechanisms for their supply were in place; this is questionable as misuse of medicines was reported.

REFERENCES

