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Impact of clinical pharmacist counselling on disease outcome parameters and quality of life on uncontrolled hypertensive diabetic dyslipidemia

Maha Al Draitly^{1,2}¹King Saud University, KSA²Prince Noura University, KSA

Hypertension and dyslipidemia are main complications of diabetes. Hypertension prevalence 28.7% in US, Diabetes prevalence 7%, while prevalence of diabetes in SA is 27% and HTN is 26%. Clinical pharmacist is health science discipline in which pharmacist provide patient care that optimizes medication therapy and promotes health, wellness and disease prevention. Intervention of clinical pharmacist with Family medicine physician in managing and education of uncontrolled hypertensive, diabetic, dyslipidemic patients is expected to improve compliance with drug therapy, chronic disease outcome parameters and patient quality of life. 300 patients of uncontrolled hypertensive, diabetic and dyslipidemic are enrolled in this observational cohort study held in 3 ambulatory care centers at King Abdulaziz Medical city in Riyadh, 200 patients as sample, 100 as control. Quality of life measured at the base line and at the end of study for sample patients. HbA1c measured for each patients with BP and LDL with follow up with clinical pharmacist every 3 to 4 month for 5 visits, during this visit clinical pharmacist revise all of lab parameters for patients with medications file, doing education for patients, after finishing all visits of patients BP, HbA1c and LDL will be measured to measure the outcome and improvement of quality of life, to show the effect of clinical pharmacist intervention and education on upper parameters.

marsn-2008@hotmail.com

How to control self medication: A qualitative community survey

Muhammad Majid Aziz, Ali Hassan Gilani and Yu Fang

Xi'an Jiaotong University, China

It had been reported that in many developing and under developed economically deprived countries most episodes of illness are treated by self-medication and is common practice due to quality concerns related to healthcare delivery systems. However, there are few studies in Pakistan which has explored the health seeking behavior, medicinal use and self medication in rural and urban areas. Our study aims to explore the public opinion about the control of self medication. Current study was conducted in Multan; Pakistan in March 2016. This was a qualitative study. The data from purposefully selected community was collected by in-depth interviews. The sample size was limited by applying the saturation criteria. All interviews were audio taped and transcribed verbatim. Inductive thematic content analysis was applied to analyze the data and draw conclusions. Out of the total 16 participants, 2 were female, and 5 were illiterate. Analysis of the data yielded 8 themes; Prevent the supply of medicines without prescription, Awareness and education regarding implications of self-medication, Enforcing strict rules regarding misleading pharmaceutical advertising, Working towards making health care facilities easily available, Availability of health care provider, Control toward rational diagnostic tests, Control of prescriber's consultation fee, Control on laboratory fee for tests.

pharmajid82@yahoo.com