Chronic pain is a highly prevalent pathology affecting 23.4% of the Spanish population, which has important consequences on the patients’ quality of life. In 60% of Spaniards who suffer from chronic pain, the treatment is ineffective and it is one of the most important manifest causes of disability, therefore it is important to evaluate and treat the pain in a multidisciplinary way, including the community pharmacist, for those patients who do not improve with the normal medical treatment.

The action was developed between January and June 2008. The registered pharmacist was delivered a work systematics and some specific material, using bar charts as a structural support and register. The work procedure established that, after the patient’s acceptance of the pharmacist’s offer of joining the pharmacotherapy monitoring service, a series of visits were set up. During these visits, the pharmacist would obtain information about the patient, his pharmacotherapy monitoring service, a series of visits were set up. During these

Aims

- To validate the use of the the Pharmacotherapy Follow-up proposed to implement this innovative care service in the pharmacy.
- To maximise the results of the pharmacotherapy in geriatric patients with chronic, non-malignant pain, minimising the problems related to the medicines, particularly those that could influence their safety and effectiveness in order to protect the patient from a Negative Medicine Outcome (NMO).

Results

4,200 registered pharmacists from all the Spanish provinces have sent in 1,800 cases, giving rise to the following results:

- With respect to harmful habits, 32% mention smoking.
- With respect to medicine use, the most frequently used are paracetamol 24%, ibuprofen 14% and tenaxepam 2%. 90% say they know and comply with the instructions.
- With respect to the analysis of the 1,300 evaluation pages corresponding to the patients where an NMO has been identified and their analysis, the following information has been obtained:
  - The pharmacist has intervened in the NMOs proposing amongst others, the following as plans of action:
    - Sending the Patient to or Communicating with the Doctor 62.50%
    - To evaluate a suspicion of need 32.70%
    - Due to problems in the prescription 30.50%
    - Due to suspicion of interaction 7.00%
    - Due to suspicion of dose lower than required 1.20%
    - Due to suspicion of dose higher than required 0.60%
  - Treatment where the patient complies with the guidelines correctly 9.10%
  - Attempting to control the reason for follow-up 5.80%
  - Informing and/or changing in favour of another medicine to ensure the problem does not occur 4.20%
  - Indicating a CTC 3.83%
  - Not communicating on NMO detected 3.10%
  - Offering Health Care Education 3.30%
  - Attempting to make the patient rest the treatment 3.20%
  - Attempting to make the patient comply with the guidelines 2.04%
  - Insisting to make the patient stop the treatment 2.04%
  - Notifying Pharmaceutical vigilance 0.60%
  - Adding or recommending the addition of another medicine that removes or alleviates the undesired effect 0.50%
  - Others 1.90%

Conclusions

The procedure supplied in this action to carry out the Pharmacotherapy Follow-up in the community pharmacy, is a useful system as it provides the health care pharmacist with an optimum tool to develop his activity.

The pharmacist involved in the implementation of the Pharmacotherapy Follow-up service detects a high number of NMOs. In addition to this, the ones registered are mainly about safety (51.3%). The pharmacist has mainly sent the patients to see their doctors to attempt to resolve the NMOs detected (62.5%). Cooperation with the multidisciplinary team is essential to reach suitable results for the aim of the treatments in the Pharmacotherapy Follow-up of the patients.