TRAINING COMMUNITY PHARMACISTS IN COGNITIVE-BEHAVIOURAL INTERVENTION STRATEGIES FOR OPTIMISING THE MONITORING OF NON-PRESCRIPTION COMBINATION ANALGESIC PRODUCTS

Abílio César de Almeida Neto
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Department of Psychology
The University of Sydney

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Abstract

Analgesic products can produce serious side effects. Because potent analgesics are not under medical surveillance but are available to the public without a medical prescription, any attempt to influence consumer behaviour in relation to these products must be via interventions at pharmacist level. The Australian government is now pressuring the pharmacy profession to monitor effectively the use of such non-prescription medication.

The aim of this study was to train community pharmacists on brief intervention strategies for use in a pharmacy setting in relation to combination analgesic products. Focus groups showed that participants had concerns about adopting confrontational counselling styles, as they feared this would antagonise consumers leading to loss of patronage without having an impact on consumer behaviour. This concern was later reinforced by consumer interviews, which showed that a significant proportion of respondents thought that the use of non-prescription analgesics was their responsibility. A protocol for the sales of analgesic products was designed with these issues in mind. The transtheoretical model of change (TTM) and motivational interviewing were selected as theoretical frameworks, as they take into account differences among consumers in motivation and in intention to change behaviour and are congruent with pharmacists’ concerns. Consumer-centred intervention strategies were tailored to the individual consumer according to his/her readiness to change. This approach was borrowed from the area of smoking secession in which it has been related to positive clinical outcomes. The assumption was made that TTM-based intervention would also be effective in a pharmacy setting in relation to analgesic products.

In the initial pilot study, community pharmacists who simply attended a workshop in the cognitive-behavioural intervention strategies failed to incorporate the newly acquired skills to their practice and consequently lost their proficiency. In the subsequent pilot study, when the workshop was followed by ongoing on-site training with immediate feedback and coaching through the use of pseudo-patron visits, the investigator was able to shape community pharmacists’ practice behaviour in relation to the monitoring of pharmacist only analgesic products. The methodology was then refined and in the final study trained
pharmacists were significantly more likely than control pharmacists and baseline to engage in a number of behaviours related to the study intervention. These included handling the sales of pharmacist only analgesics themselves, identifying inappropriate use, assessing readiness to change, and delivering an intervention according to the consumer's readiness to change. The results suggested that in pharmacy practice post qualifying therapeutic skill transfer is not achieved by workshop presentation alone. Modelling of the desired behaviour involving reinforcement and feedback is necessary.
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PUBLICATIONS RESULTING FROM THIS RESEARCH

Original Papers:


Unrefereed publications


Abstracts

- World Congress of Pharmacy and Pharmaceutical Sciences (Vienna, Austria, 2000). Oral presentation: The pharmaceutical industry as a useful resource for pharmacy education.


- World Congress of Pharmacy and Pharmaceutical Sciences (Barcelona, Spain, 1999). Poster presentation: Intervention strategies and training programme for pharmacy settings.


• College of Health Sciences and Medical Foundation Research Conference: From Cell to Society (Leura, N.S.W., 1998). Oral presentation: Behaviour change techniques for community pharmacists.

• Australasian Pharmaceutical Science Association Conference (Sydney, 1997). Poster presentation: Pharmacy-based protocols


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