

Shaping the future of self-care through pharmacy

Collection of summaries from the digital events programme

2022



FIP Development Goals



SERIES II Self-care support for community pharmacy teams

Colophon

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Introduction

Community pharmacies are often the first point of contact for patients and the public with a healthcare professional, for consultations and triage of common ailments and advice on non-prescription medicines. This important role — which leverages the accessibility of community pharmacists and the trust placed upon them by the population — delivers great value not only for patients and consumers, but also for healthcare systems and society as a whole.

These consultations and advice-giving contribute to empowering patients and consumers to make informed choices about their health and live healthier lives, to choose the most appropriate non-prescription treatments and achieve the best possible outcomes from them, and ultimately to reduce the pressure on general practitioners and emergency departments.

Acknowledging the importance of this role, the International Pharmaceutical Federation (FIP) places great emphasis on advocating its adequate recognition but also on providing practising pharmacists with resources to support it and facilitate its implementation in practice. For that reason, FIP organised a programme of digital events in 2021–22 called “Shaping the future of self-care through pharmacy”, which included two series of events focusing on the policy elements and the practice elements of this role. The second series, “Self-care support for community pharmacy teams”, had the following aims:

- To provide relevant information, guidance and updates for pharmacists and the pharmacy workforce on self-care so they can take a person-centred approach;
- To describe sector- or area-specific implications, innovations and approaches adopted across practice;
- To engage front-line workers of the health and pharmacy workforce to know about the self-care realities facing them around the world;
- To discuss the implications of optimising self-care and the role of pharmacy;
- To consider common conditions and how they can be supported through self-care; and
- To assess and discuss the evidence behind treatments used in self-care.

These events covered a range of clinical areas that community pharmacists are commonly consulted about. They included experts with different academic or professional backgrounds, who shared their expertise on how pharmacists can have a direct impact on patients’ well-being through self-care.

This publication provides a summary of the events related to the practice elements of pharmacists’ interventions in self-care. More detailed guidance on the role of pharmacists in six of those key areas is available in the FIP publication “[Empowering self-care: A handbook for pharmacists](#)”.

Additional resources to support the role of pharmacists in empowering self-care can be found at the dedicated FIP website <https://prevention.fip.org/self-care/>.

Musculoskeletal pain and chronicity

30 June 2021 | 11.00 – 12.30 | [Click here for the event recording](#)

Summary

The event on 30 June 2021 focused on appropriate management in the choice of medicines to support people with musculoskeletal pain and the role of the pharmacist in different pharmacological and non-pharmacological options. A case study was also presented to provide a more concrete example of a management situation in musculoskeletal conditions.

Programme highlights

Supporting people with musculoskeletal pain, including chronic pain: appropriate management in the choice of medicines — Dr Laura Murphy, pharmacist, Comprehensive Integrated Pain Programme, Toronto Rehab, Canada

Dr Murphy described the main types of musculoskeletal pain and the associated pain mechanisms: nociceptive, neuropathic and nociplastic. The main pharmacological management options include the risks associated with the overuse of opioids. The common issues of risky combinations in the management of MSK pain such as the duplicate therapy, the concomitant use of painkillers and CNS depressant or other substances, were discussed.

The potential role of pharmacists in the care of patients with chronic pain — Prof. Philip Conaghan, director of the Leeds Institute of Rheumatic and Musculoskeletal Medicine, UK

Prof. Conaghan outlined the clinical signs of arthritis and rheumatic conditions, such as morning stiffness and muscle loss (sarcopenia). Important management opportunities include providing correct and adequate information, doing muscle strengthening exercises and undergoing weight loss, if appropriate.

Musculoskeletal pain: case study — Hilary McKee, consultant pharmacist, Northern Health and Social Care Trust, UK

The case study started with the questions pharmacists could ask an overweight smoker who suffered from hypertension and diabetes. This person had swollen hands and later complaints of nausea and mouth ulcers. Management tips included ensuring safe use of medicines, following evidence-based choice of medicines, and providing appropriate lifestyle advice.

Discussion outcomes

Moderator: Luis Lourenço, secretary, FIP Community Pharmacy Section

- Approximately 20% of people suffer with musculoskeletal pain and pharmacists can play a significant role in supporting them by treating symptoms or referring them to other healthcare professionals.
- Health technology supports responsible prescribing in different ways, varying according to levels of access to information and regulatory barriers to pharmacists' involvement.
- Communication between levels of care and healthcare professionals is not optimal and the management of musculoskeletal pain can be an important step for primary care professionals in the next 20 to 30 years.
- In terms of prescribing, it is important to understand drug-drug interactions in their practical form and follow the guidelines, but maintain a critical mindset as patient variability is high.

Footcare in diabetes management

28 July 2021 | 11.00 – 12.30 | [Click here for the event recording](#)

Summary

The event on 28 July 2021 aimed to strengthen the link between foot health and diabetes and to create interest and commitment to regular foot-care for every diabetic prescription dispensed to a patient. Diabetic foot is a devastating complication of diabetes that can lead to loss of a limb and sometimes life. It has a complex pathology characterised by neuropathy, ischaemia and slow healing.

Programme highlights

Supporting people with diabetes to look after their feet: pathology and common conditions — Maria Mendes, National Association of Pharmacies, Portugal

Ms Mendes gave definitions and causes of diabetic foot followed by clinical presentations of diabetic peripheral neuropathy and peripheral arterial disease. She described diabetic foot infection and foot ulcers as part of diabetes complications and followed that with the different interventions pharmacists can perform in this area (e.g., self-examination of the foot, blood glucose control).

The potential role of pharmacists in the foot-care of people with diabetes: foot checks and foot-care routines — Astrid Czock, QualiCCare, Switzerland

Ms Czock mentioned the prevalence and pathogenesis of diabetic foot ulcers and the importance of acting early in the identification of symptoms. She gave best practice recommendations from Switzerland and tools for risk stratification, and provided first line management guidelines and red flags that healthcare professionals should look for.

Case study: foot-care in diabetes management — Luna El Bizri, Lunapharm Pharmacy, Lebanon

Ms El Bizri said that pharmacists are responsible for diabetes education and empowering patients. She presented three cases: the first presented a situation of direct patient education before the COVID-19 pandemic; the second focused on diabetic neuropathy and the support families can give in the detection of early signs; and the third presented a situation of self-treating a minor condition.

Discussion outcomes

Moderator: Raj Vaidya, community pharmacist, Hindu Pharmacy, India

- Pharmacists are responsible for carrying out triage and deciding if a condition can be managed in the community pharmacy setting or if it requires further intervention from other healthcare professionals.
- As people get older the prevalence of diabetes will increase and pharmacists might have a role as prescribers and providers of patient-centred care.
- Training in Switzerland in “Skin pharmacy” has a module on diabetic foot but in other countries they follow the general or medical practitioners’ guidelines.

Summary

The event on 9 September 2021 focused particularly on appropriate management of choices of medicines and products to support women's health, and the role of the pharmacist. The aim was to identify how the community pharmacy team can support self-care for women with common health problems, and a case study was included to provide a clear example.

Programme highlights

How the pharmacy team can support women's health — Nsovo Mayimele, pharmacist South Africa

Ms Mayimele described the pharmacy team efforts to support women's health, starting with sociocultural factors and issues that affect women's health (e.g., gender inequalities). Pharmacists' interventions for women's self-care can include medicines management, psychosocial support and provision of information and advice. She highlighted the unique health needs women have and the support pharmacists can give them daily.

Appropriate management in the choice of medicines and products for women's health — Gayle Anderson, advanced pharmacist practitioner (women's health), Dr Gray's Hospital, Elgin, UK

Ms Anderson's main points were about the gender data gap, and common ailments in pregnancy and how they can be managed (e.g., pelvic girdle pain). Breast-feeding was highlighted as a public health priority given its importance for mothers and children.

Case study: Contraception — Safeera Hussainy, adjunct senior lecturer, Department of General Practice, Monash University, Australia

Ms Hussainy described the seven pillars of self-care and their relationship with contraception. She provided some key figures and facts about contraception, e.g., The use of modern contraceptives worldwide in 2017 prevented an estimated 308 million unintended pregnancies. The case study was about a 20-year-old female that requested emergency contraception at a pharmacy. After a guided conversation and options for this young girl, the case was concluded with options for contraception and recommendations pharmacists can give on this topic.

Discussion outcomes

Moderator: Ema Paulino, FIP professional secretary

- Unmet needs of women might include a lack of information on medicines to take during pregnancy, a lack of data on medicines for women, a lack of empathy from healthcare professional and a lack of answers to birth control questions.
- The body mass index is important to determine if emergency contraception is adequate as drug absorption rates will differ according to the amount of body fat.

Disinfection in common conditions

15 October 2021 | 11.00 – 12.30 | [Click here for the event recording](#)

Summary

The event on 15 October 2021 explained the benefits of hand and surface disinfection in stopping the transmission of a range of common infections that are transmitted in the home and everyday life settings, and profiled the role the pharmacy team can play in providing patient and public education on disinfection in disease containment and management.

Programme highlights

Community hygiene case study — Prof. Sally Bloomfield, London School of Hygiene and Tropical Medicine, UK

Prof. Bloomfield outlined recent challenges in hygiene attitudes in daily life, including the antimicrobial resistance issue, the increasing risk of infection and the recent COVID-19 pandemic. She mentioned targeted hygiene as a risk management approach to hygiene practices, which is related to moments where infection can occur and the chain of infection inherent to the process of contamination. She described preventive measures and the perception consumers have of the risk of being infected.

The role of the pharmacy team in disinfection — Dr Dalal Hammoudi, chair, Pharmaceutical Sciences Department, School of Pharmacy; Lebanese International University, Lebanon

Dr Hammoudi outlined the role of the pharmacy team in disinfection, the properties of an ideal disinfectant, the role of the pharmacist in different professional settings and the levels of disinfection for equipment and instruments as well as resources on disinfection from FIP and other organisations, such as the US Centers for Disease Control and Prevention.

Appropriate choice and use of disinfectants — Dr Mirfin Mpundu, director, ReAct Africa, Zambia

Dr Mpundu gave an overview of different terms related to disinfection, followed by the main methods and levels of disinfection: high, intermediate and low-level disinfectants. He outlined different aspects of chemical disinfectants, such as cautions, process and ideal conditions, as well as the importance of hand sanitisers and how pharmacists can provide support in this area.

Discussion outcomes

Moderator: Cátia Caneiras, professor and coordinator, Microbiology Laboratory of Environmental Health, University of Lisbon, Portugal

- Rotation of disinfectants can have an important impact on the prevention of resistance by microorganisms. This is not the same for antibiotics.
- Exposure to pathogens strengthens our immune system, so there should be a balance between cleaning and disinfection and this exposure.
- To correctly disinfect against viruses, it is important that pharmacists understand the properties of the virus, such as having a cover envelope.

Summary

The event on 23 November 2021 aimed to help pharmacists enhance their role as a primary healthcare professional in the appropriate management of sore throat through improved communication and appropriate management that supports self-care. Sore throat is a common self-limiting condition which often leads to patients presenting in the pharmacy for advice, treatment options and reassurance.

Programme highlights

Symptoms and diagnosis of sore throat — Dr Douglas Burgoyne, principal, Cooperative Benefits Group, USA

Dr Burgoyne described the clinical presentation and causes of sore throat, followed by the use of point-of-care testing as a tool to help determine its cause. He outlined the main situations where pharmacists should refer patients, such as blood in the saliva or difficulty in swallowing, especially in situations where antibiotics were required.

Appropriate choice and use of treatments for sore throat — John Bell, community pharmacist and self-care advisor, Pharmaceutical Society of Australia

Mr Bell explained the reasons why consumers might look for antibiotics for sore throat. Consumers might think it is the easy option for faster recovery and antibiotics are available without a valid prescription in some countries. He outlined the differences between the common cold and COVID-19, and how sore throat can be a symptom more associated with the common cold. He mentioned the options pharmacists have for communicating red flag symptoms (e.g. shortness of breath, wheezing sounds when breathing and unilateral neck swelling unrelated to lymph nodes) to patients and the expected treatment duration.

Case study — Dr Wirat Tongrod, lecturer, Huachiew Chalermprakiat University, Thailand

The case study on sore throat started with an educational flyer that uses the McIsaac Score and the Modified Centor Score as tools to identify the need for antibiotics. Pharmacists can have a toolkit in the pharmacies with a mirror and instructions on how to look for signs of sore throat, and patients can use a mobile app to take a picture of their throat and compare it with the templates available. Dr Tongrod described the management of sore throat without using antibiotics, for example, using complementary medicines for symptom management.

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Discussion outcomes

Moderator: Prof. Sabiha Essack, South African Research Chair in Antibiotic Resistance and One Health

- The use of mobile apps for sore throat has excellent feedback from younger generations, as it includes taking pictures. But navigating a digital device might be harder for older generations.
- Stronger regulatory frameworks could help reduce the number of antibiotics freely available in the community. If point-of-care testing is available, pharmacists can show patients that they do not need an antibiotic.
- Sore throat may be managed without using antibiotics, for example, with complementary medicines for symptom management.
- Treatment options for sore throat include hydration, lozenges for relief or even a local anti-inflammatory if the sore throat is more severe. For children, humidification or saline wash can help in symptom relief depending on age. Home remedies such as warm water with honey and lemon can have a soothing effect.
- Fungal infections can be easily detected by looking at the mouth or tongue and should be referred to a doctor. Oral fungal solutions may be an option, depending on severity.

Gastrointestinal complaints and treatments

2 December 2021 | 11.00 – 12.30 | [Click here for the event recording](#)

Summary

The event on 2 December 2021 explored lifestyle factors that can cause or worsen gastrointestinal (GI) complaints and the role of pharmacy team in supporting most customers to self-care and effectively manage their symptoms. GI symptoms have an impact on the health and wellbeing of individuals that can be debilitating; however, most people can be supported by the pharmacy team to self-care and effectively manage their symptoms.

Programme highlights

Lifestyle advice and choice of medicines for common GI conditions — Ruth Rudling, advanced clinical pharmacist for specialty medicines, Mid Yorkshire NHS Trust, UK

Ms Rudling described the main characteristics, red flag symptoms, treatment options, and “do’s and don’ts” for irritable bowel syndrome. The same points were highlighted for dyspepsia, gastroesophageal reflux disease, and nausea and vomiting. She recommended the CAGE questionnaire (a series of four questions that can be used to assess signs of alcohol dependency) as a tool to engage in conversations with patients about alcohol consumption.

Case study — Anja St. Clair-Jones, consultant pharmacist gastroenterology, University Hospitals Sussex, UK

The first case study was about constipation and started with some questions pharmacists can ask to assess the situation. Further, symptoms of this patient, causes for constipation and advice and treatment options were listed as were some medicines that can cause constipation (e.g., aluminium) or organic causes. For pharmacological interventions, the options presented were bulk-forming laxatives, stimulant laxatives, faecal softeners and osmotic laxatives. The second case focused on diarrhoea management and started with the questions pharmacists should ask on a first encounter with the patient. The main symptoms and red flags that require referral as well as the main causes for diarrhoea were described. Further, the options for advice and treatment were listed, including oral rehydration therapy. For acute diarrhoea, some pharmacological options were discussed. The precautions pharmacists should consider in the advice they give for acute diarrhoea treatments were also listed. The last piece of information regarded precautions and considerations for children with diarrhoea.

Discussion Outcomes

Moderator: Manjiri Gharat, FIP vice president

- The use of supplements containing magnesium can cause diarrhoea. They should only be used if indicated to treat the root cause of the symptoms.
- Non-steroidal anti-inflammatory drugs can cause ulcers in the stomach and in the intestine, so they should be avoided wherever possible.
- Exercise can increase peristalsis and can be useful in cases of constipation.
- Zinc can be a good supplement to help prevent diarrhoea.

Summary

The event on 16 December 2021 identified how the community pharmacy team can support self-care of common health problems for children and their caregivers. It focused particularly on appropriate management of choices of medicines and products to support children's health, and the role of the pharmacist.

Programme highlights

Common child health conditions in the pharmacy — Haddi Dassouki, community pharmacist, Lebanon

The idea that children are not small adults, and the management of paediatric drugs need consideration, including the Administration, Distribution, Metabolization and Excretion (ADME) principle. One important factor in drug dosing is, for example, using a child's weight rather than age. Some common skin conditions and the possibility of having scabies and its treatment options were described. Other conditions were dermatitis, eye conditions and fever. For fever, Mr Dassouki presented the red-light framework for referral signs. He outlined sore throat common presentations, red flag symptoms and some management options, as well as tips on gastrointestinal complaints in children, including diarrhoea and constipation.

Appropriate choice and use of treatments for children — Dr Jack Collins, postdoctoral research associate, University of Sydney School of Pharmacy, Australia

Dr Collins outlined steps on managing children in the pharmacy, considering their parents, the signs and symptoms children present and the communication between all parties. He described the challenges in engaging in treatment options and the most common medicines used in children's self-care. Another important point was the misconceptions and behaviours caregivers can have, such as being influenced by packaging and branding, or disregarding directions. The use of syringes can be a good tool to ensure the correct measurement of dosages for children. Problems with cough medication in early ages were mentioned, as well as the importance of always giving consideration to providing written information and reminders to parents.

Case study — Joanne Crook, consultant pharmacist paediatrics, King's College Hospital, London, UK

Ms Crook suggested questions pharmacists might ask parents who present with a sick baby in the pharmacy. Measuring the temperature and checking if the child looks well support the screening of the child's condition and help considering any red-flags and referral recommendations. Antipyretic medicines should only be given if the child is distressed or uncomfortable. Further advice included care for Wintertime or general self-care advice on how to keep the baby comfortable.

Discussion outcomes

Moderator: Sarah Dineen-Griffin, lecturer in health services management and leadership, Charles Sturt University, Australia

- Practical tips for managing children include having written information, alarms or apps.
- Children might not communicate their symptoms clearly and, since pharmacists are not usually trained to recognise clinical signs, if unsure, the best option is to refer or ask a colleague.
- In cases where there is no paediatric formulation, pharmacists can reformulate other pharmaceutical forms in the laboratory of the community pharmacy, if available. The lack of raw materials, protocols and formulation materials can be barriers to prepare paediatric formulations in the community pharmacy in lower income countries.

Summary

The event on 20 January 2022 focused particularly on advice, screening and testing, as well as appropriate management of choices of medicines and products to support sexual health. The discussions aimed to identify how the community pharmacy team can provide support to people to self-care with regard to their sexual health.

Programme highlights

Common sexual health issues presenting in the pharmacy — Irene Serrano, community pharmacist, Spain

Sexual health should be considered from a holistic and positive point of view, including social, economic and political contexts. Common sexual health issues pharmacists might encounter are: erectile dysfunction, female sexual arousal disorder, vaginal yeast infection, human papilloma virus and questions about contraceptive methods. For each of these conditions, the definition, cause, prevention measures and treatment options were presented.

Appropriate preventive measures and choice/use of treatments for sexual health — Dr Wael Ali, president, Egyptian Organisation of Pharmacy

Sexual and reproductive health rights combine sexual health, sexual rights, reproductive health and reproductive rights. Improving maternal health is key to saving the lives of more than a million women who die as a result of complications from pregnancy and childbirth each year. FIP Development Goals 1, 2, 7, 8, 9, 15, 19 and 20 are connected with this topic. Screening for sexually transmitted infections can be a role for pharmacists when advising women who wish to become pregnant.

Case study — Dr Luna El Bizri, Lunapharm Pharmacy, Lebanon

Sexual and reproductive health services in pharmacies include advice about hormonal contraception, use of condoms, pregnancy and fertility services, HPV screening and sexual dysfunction. Areas of intervention include self-management (such as self-injections), self-testing (such as pregnancy tests) and self-awareness (such as fertility testing). Barriers from the pharmacists' side include high workload, lack of remuneration, lack of information, gender difference, lack of supportive policies, lack of privacy and lack of social/cultural acceptance. Barriers from the patients' side include stigma, scarce resources, knowledge gaps, ease of accessibility and missing perceived benefits. A case study on emergency contraception was presented.

Discussion outcomes

Moderator: Leonila Ocampo, FIP Community Pharmacy Section

- Pharmacists can play a role in supporting patients with questions about sexual and reproductive health in the community pharmacy.
- The issues pharmacists might encounter vary according to patient's age, gender and health literacy levels. Therefore, appropriate continuous training and development of communication and clinical skills is important to ensure the best counselling for sexual health conditions.

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