

Managing throat and mouth inflammation in the community pharmacy

Report from a FIP digital event and an international insight board

2024



FIP Development Goals



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Federation

Colophon

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International Pharmaceutical Federation (FIP)
Andries Bickerweg 5
2517 JP The Hague
The Netherlands
www.fip.org

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Authors

Deborah Shomuyiwa, FIP intern
Ruben Viegas, FIP Humanitarian and Sustainability Programme Manager
Mfonobong Timothy, FIP Practice Development and Transformation Projects Coordinator

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1 Introduction

Throat and mouth inflammation (TMI) is a common health problem affecting individuals of all age groups and is characterised by symptoms such as sore throat, swollen gums, gum bleeding, oral ulcers, and discomfort.¹ Upper respiratory tract infections, inflammation and sore throat are among the most common reasons for consultations with community pharmacists and for the use of self-care approaches to symptom management.²

TMI can be caused by various factors such as infections, allergies, autoimmune diseases, and exposure to irritants like smoke. Viruses are the most common cause of sore throats, accounting for 90% of cases.³ The most common causes of TMI that community pharmacists manage are self-limiting and can be managed with symptomatic treatment and only a minority of cases include bacterial sore throats mainly caused by group A haemolytic *Streptococcus* (GABHS).⁴

Pharmacists can screen patients to assess the underlying cause of the inflammation, enabling targeted and effective treatment strategies. This includes questions about symptoms, their duration, and any underlying medical conditions. Laboratory tests may include throat swabs, blood tests, and imaging tests, depending on severity.⁴ Management of TMI is multifaceted, encompassing pharmacological and non-pharmacological therapy. The choice of treatment depends on the root cause of the condition, leading to a diverse array of therapeutic options.

In this landscape, community pharmacists play a pivotal role in guiding individuals through self-care approaches, providing both symptom relief through non-prescription medicines and health products, and essential advice for symptom management. Beyond their advisory role, community pharmacists also offer diagnostic orientation services, namely through point-of-care tests to facilitate swift and accurate assessments.⁵ Point-of-care tests (POCT), usually within minutes, can distinguish between viral and bacterial infections.⁶ POCT can promote appropriate antibiotic use and reduce the need for general practitioner consultations as acute sore throat, a common presentation of throat inflammation, is a key area for inappropriate antibiotic prescribing.⁶

In some parts of the world, community pharmacists may face challenges in managing TMI, including inappropriate antibiotic prescribing, a limited regulatory landscape, or the lack of availability or authority to conduct point-of-care testing.⁵ Furthermore, inclusion of these primary care services in the scope of practice of community pharmacists is still a challenge in many countries.⁷

Despite these challenges, community pharmacists remain a cornerstone of healthcare delivery for those grappling with TMI, offering not only tangible support but also education, monitoring and guidance in the identification and management of symptoms. This collective effort towards enhancing self-care and TMI care underscores the critical role these pharmacists play in advancing health equity, ensuring access to quality care, and optimising population health outcomes.

FIP supports pharmacists across all sectors, in promoting healthier lifestyles, preserving health and preventing disease, as highlighted by the [FIP self-care programme](#). The management of sore throat as a common condition and a concern due to the misuse of antibiotics has been discussed in FIP publications such as [Sore throat: quick reference guide for pharmacists](#) and the videos on [sore throat management in the community](#). FIP's recent work on [common ailment schemes](#) and [point-of-care testing](#) are also relevant links to the work on this topic.

With this in mind, FIP convened a digital event in October 2024 with speakers sharing self-care approaches that can be employed in the management of sore throat and mouth inflammation.

Additionally, we convened an advisory insight board in November 2023 with frontline community pharmacists, policy experts, educators and researchers. The aim of the meeting was to explore the role of pharmacists globally in the effective management of throat and mouth inflammation and to obtain information on the different strategies and challenges faced by pharmacists in this area. In particular, the insight board discussed and advised on:

- General understanding of the most common presentations of TMIs.

- Best practices from various countries about the role of community pharmacists in the management of TMIs.
- Educational and training needs of pharmacists to support their role in managing TMIs.
- Barriers and enablers to pharmacists' role in managing TMIs.
- Ways forward for expanding and developing pharmacists' role in managing TMIs.

The insights gathered from the digital event and insight board will be used to highlight the role of pharmacists in this area and provide strategic information to FIP and other stakeholders. FIP wishes to use the expertise shared at these events to inform further actions to support pharmacists in this area. The report from both events will be used by FIP to assess the need for further activities in this area and inform future plans.

This report summarises the discussions of a digital event on self-care approaches for sore throat and mouth inflammation. It also provides a summary of the insight board discussion as well as some specific key insights that were shared. It should be noted that the views shared during the insight board are those of the individuals who expressed them, based on their expertise and experience. They do not represent FIP's policy or positions, although they may build on existing positions and statements. FIP will use these insights to consider what further support will be required by colleagues in the community setting to support decision-making and appropriate person-centred care.

2 Digital event on sore throat and mouth inflammation: self-care approaches

Summary

This webinar, which took place on 8 October 2024, focused on educating pharmacists on the effective management of sore throat, mouth inflammation, and pain through self-care and non-prescription approaches, emphasising cases not associated with bacterial infections, thereby eliminating the need for antibiotic treatments. The event took the format of a webinar where speakers joined in to share their knowledge and expertise on the topic, followed by a panel discussion.

The event can be viewed [here](#).

Learning objectives

1. Understand the main aspects of sore throat and mouth inflammation.
2. Identify the role of pharmacists in self-care schemes that support the management of sore throat and mouth inflammation.
3. Explore effective self-care and non-prescription strategies for managing sore throat and mouth inflammation, focusing on cases not linked to bacterial infections.
4. Explore FIP's resources for sore throat and mouth inflammation.

Event moderators, facilitators and panellists

Moderator: Raj Vaidya, Chief Pharmacist, Hindu Pharmacy, Panaji, Goa, Observer, Executive Committee, Community Pharmacy Section (CPS), India

Panellists:

- Wyn Davies, Lead Pharmacist for Clinical Mentorship, Hywel Dda University Health Board, Wales
- Leticia Caligaris, Secretary of CPS, Community Pharmacist in Uruguay; Ministry of Défense Uruguay
- Ana Zovko, Owner and director, Member of the Executive Committee of CPS, Bosnia and Herzegovina
- Ruben Viegas, FIP Humanitarian and Sustainability Programme Manager, The Netherlands

Discussion highlights

Sore throat and mouth inflammation complaints are prevalent in the community pharmacy, with common non-infectious causes including gastroesophageal reflux disease (GERD), dryness and irritation from pollutants or allergens. The ability of pharmacists to differentiate between non-infectious and infectious causes will enable pharmacists to identify red flags, such as prolonged symptoms and difficulty swallowing. During the event, Ana Zovko mentioned that utilising the [Centor criteria](#) (one of the available tools for identifying throat inflammation caused by bacteria) in everyday practice is crucial for patient management. Additionally, introducing point-of-care testing for Group A Streptococcus in pharmacies can help determine when antibiotics are necessary. However, this test is not cost-effective, and its use in community pharmacies is limited.

As it is common for patients to present to pharmacies with specific requests for antibiotics, Wyn Davies emphasised that pharmacists play an important role in promoting self-care for sore throats and mouth inflammation, particularly in addressing the overuse of antibiotics. He shared that studies show that 40% of sore throats are resolved within three days, and 85% within a week without antibiotics. Even when prescribed, antibiotics only reduce symptom duration by about 16 hours.

The speakers emphasised the importance of effective patient communication and understanding patient experiences and environmental exposures when assessing throat symptoms to provide tailored advice. Pharmacological measures such as combining paracetamol and ibuprofen can provide better pain relief and topical treatments like benzydamine and chlorhexidine, as well as mucosal healing drugs, benefit symptomatic pain relief and anti-inflammatory effects. Others include mucosal healing sprays (e.g., hyaluronic acid), local anaesthetics (lozenges, throat sprays) and gargle solution (povidone-iodine). Special populations,

like pregnant women, should be managed according to safe guidelines and referred to the right professional when needed. Besides medications, patients can be encouraged to stay hydrated, avoid irritants, and eat cool, soft foods to help ease discomfort. Natural remedies like honey, which contain antibacterial substances, and chamomile, known for its anti-inflammatory properties, are also useful. Leticia Caligaris also stressed the importance of personalising non-pharmacological intervention to the individual's co-morbidities. For example, caution should be exercised when prescribing honey and propolis to patients with diabetes. Furthermore, educating patients about the expected duration of symptoms and the importance of follow-up care is essential, ensuring they know when to seek further medical attention if their condition does not improve. In conclusion, even though most sore throat and throat inflammation will resolve without medical intervention, pharmacists are crucial in guiding patients toward effective self-management and appropriate care pathways.

3 Insight board participants

| Moderator | | |
|--------------------|--------------------|--------|
| Lars-Åke Söderlund | FIP Vice President | Sweden |

| Note takers and researchers | | |
|-----------------------------|--|----------|
| Deborah Shomuyiwa | FIP Intern | FIP Team |
| Ruben Viegas | FIP Practice Development and Transformation Projects Coordinator | FIP team |

| Participants | | |
|---|---|------------------------|
| Jaime Acosta | Community pharmacist and executive committee member of the FIP Community Pharmacy Section | Spain |
| Samuel Adekola | Community pharmacist in Nigeria and Immediate Past Chair of the Association of Community Pharmacists in Nigeria (ACPN) and Program Director for the Foundation of ACPN | Nigeria |
| John Bell | Community pharmacist, practitioner, and Teacher at the University of Technology in Sydney, Member of the Global Respiratory Infection Partnership | Australia |
| Luckmore Bunu | Community Pharmacist in South Australia and Member of the Pharmaceutical Society of Zimbabwe | Australia/ Zimbabwe |
| Evrin Çakıl | Community pharmacist | Turkey |
| Leticia Caligaris | Community pharmacist in Uruguay and FIP Community Pharmacy Section's Executive Committee observer | Uruguay |
| Aldo Risco | Community pharmacist | Peru |
| Ana Zovko | Community pharmacist, Owner and Director of a Pharmacy Institution in Bosnia and Herzegovina, and Member of the Board of Directors of the Chamber of Pharmacists in Bosnia and Herzegovina. | Bosnia and Herzegovina |
| Participants that submitted written responses | | |
| Efi Mantzourani | Reader in Pharmacy Practice, Cardiff School of Pharmacy and Pharmaceutical Sciences, Cardiff University | Wales |
| Tamara Peiro Zorilla | Coordinator of the Department of Nodofarma Assistencial, Healthcare Area, Directorate of Pharmaceutical Services, General Council of Pharmaceutical Associations of Spain | Spain |

4 Common presentations of TMIs in community pharmacies

Throat and mouth inflammations (TMIs) represent a common cause of consultations to community pharmacists and necessitate a nuanced understanding of causative factors and effective management strategies. Participants in the insight board unanimously agreed that the majority of TMIs are caused by viral infections. For example, in Australia, 85 to 95% of sore throats are attributed to such infections. This, however, does not present a particular problem as most Australians seem to be aware that these infections are generally mild and self-limiting. Pharmacists in Australia adhere to a standardised protocol for interviewing patients and making diagnoses related to throat and mouth inflammation.

“Some groups, particularly in Northern Australia where there are high numbers of indigenous populations, bacterial infections are likely to cause more serious effects, requiring treatment with antibiotics, but for almost every other case, it is treated symptomatically. Most of the symptoms are self-limiting and disappear in seven to 10 days.” — John Bell

“In Nigeria, people present to the pharmacy with pain in their throat, with difficulty to swallow or drink, and scratching or itching in the throat. These are pointers to sore throats and other presentations such as tonsillitis. Treatment is purely symptomatic.” — Samuel Adekola

“In Zimbabwe, the usual complaints [of sore throats] are due to tonsillitis, which are driven by some myths about getting the tonsils removed. Usually, patients complain of having a cough, but pharmacist then ask probing questions to make a better diagnosis.” — Luckmore Bunu

“Sometimes, [cases of sore throat] are caused by other medications the patients are receiving, like corticosteroids, either oral or as inhalers. Other cases include patients that have compromised immune systems, such as cancer patients that are receiving chemotherapy.” - Jaime Acosta

The discussion highlighted the role of community pharmacists as the primary point of contact for individuals experiencing TMIs. The consensus was that pharmacies are well-positioned to manage common situations and presentations of TMIs. This is particularly significant considering the global variances in pharmacy practice, revealing differences in point-of-care testing availability and antibiotic dispensing practices across various countries. Recognising pharmacists as essential healthcare professionals for managing throat conditions emerged as a crucial theme, emphasising the need for consistent global acknowledgement of their integral role in healthcare.

“Identifying the root cause of throat and mouth inflammation is crucial for tailored interventions. Whether it's infectious, allergic, or lifestyle-related, a comprehensive understanding allows pharmacists to provide targeted care.” — Jaime Acosta

In addition to a sore throat, patients typically present with symptoms such as coughing, sniffing, sneezing, fever, or a muffled voice. Other presentations include itching in the throat, headache, redness, pain, difficulty swallowing, a runny nose or fever. Pharmacists play an important role not only in identifying these symptoms but also in discerning possible causes for referral to a general practitioner (GP). Various factors can contribute to TMIs, such as reactions to allergens, smoking, or the use of corticosteroids and inhalers.

The impact of environmental factors such as air pollution on throat and mouth conditions was broadly considered. In Australia, air pollution, especially due to wildfires, is a significant concern and potentially contributes to sore throat issues.

“The reasons people first present to the pharmacy in Zimbabwe and Australia are quite different: in Zimbabwe, people come to the pharmacy because they cannot afford the fees of seeing a doctor, but in some parts of Australia, people visit the pharmacy because

it is difficult to get an appointment with the doctor; they sometimes wait up to three months.” — Luckmore Bunu

Indigenous populations in Northern Australia may suffer from bacterial infections and therefore need a different approach. In this region, unique environmental factors, such as wildfires, contribute to sore throat cases, especially affecting people living with asthma. The diverse presentations across regions underscore the influence of environmental, cultural and geographical factors on TMIs.

In Peru, high levels of environmental pollution were identified as a leading cause of sore throats. Approximately 1.5 million migrants from Venezuela, who are engaged in various professions that expose them to pollutants, are particularly susceptible and might be more reluctant to seek care. Cultural differences between populations from Peru and Venezuela were highlighted, affecting access to healthcare.

“The first on the ranking for air pollution in Latin America is Peru. Statistics show that there are about 1.5 million immigrants from Venezuela, and these migrants work on the streets as taxi drivers, motorcycle drivers, etc. They are exposed to air pollution and can create another subgroup of patients apart from those with viral infections.” — Aldo Risco

The conversation highlighted how some challenges faced by migrant populations, such as cultural differences and beliefs about healthcare, play a crucial role in how individuals seek and accept medical interventions. Migrants tend to resort more commonly to self-medication, including the misuse of antibiotics. This raises concerns about the need for targeted communication and education strategies to address misinformation and promote responsible medication use in sore throat situations.

In Nigeria, a symptomatic treatment approach for TMIs is commonly adopted. Patients commonly present with difficulty swallowing or throat pain, and the lack of point-of-care testing underscores the reliance on symptomatic diagnosis. The discussions also portray the complex interplay of cultural, environmental and healthcare system factors that influence how individuals perceive and address throat and mouth conditions.

Additionally, cultural practices can also contribute to TMIs, with the consumption of hot *mate* (a herbal drink) in Uruguay, Argentina, and parts of Brazil, leading to burns in the mouth and throat that can lead to potential complications such as oral cancers. In Uruguay, other challenges include limited point-of-care testing and follow-up for prescriptions, impacting patient perceptions of pharmacy benefits. Additionally, exposure to irritant chemical cleaning products is also a cause for sore throat complaints.

In Bosnia, sore throats are prevalent, especially among young children in group settings like kindergartens. Symptoms include scratchy throat, dryness, itching, fever and swelling. Despite the absence of point-of-care testing, pharmacies in Bosnia use the [Centor tool](#) to assess whether a viral or bacterial cause is likely. There is a need to educate parents on the necessity of consulting a doctor and to raise awareness that antibiotics are not appropriate to manage viral infections.

Turkey highlights allergy problems and lack of water consumption as factors contributing to throat issues. Expectation management emerges as a significant difficulty for pharmacists, stressing the importance of thorough communication with patients about appropriate therapy.

The meeting emphasised the role of pharmacists as educators, informing patients about the nature of TMIs and steering them away from unwarranted antibiotic usage. Regional experiences and practices were shared, showcasing the diverse strategies implemented to address antimicrobial resistance issues. The overarching goal was to establish community pharmacies as reliable hubs for effective TMI management while fostering a global movement toward responsible antibiotic use.

Access to healthcare varies and depends on communities. In Zimbabwe, with over 95% of healthcare costs being paid out-of-pocket and no national health insurance in place, people commonly seek care from pharmacies.

“In more than 60% of cases, patients in Zimbabwe are reluctant to adhere to referrals because they believe it's a recurring situation, and every time they visit the doctor, they are given antibiotics. They insist that the pharmacist just dispenses them.” — Luckmore Bunu

There is no uniformity in the scope of pharmacy practice across the country, because in some states pharmacists are allowed to prescribe antibiotics for simple upper respiratory tract infections, while in others this is not allowed.

While Spain boasts a commendable 98% access rate to local pharmacies, there is no standard procedure for the management of these minor ailments by community pharmacists. In some states in Australia pharmacists have the authority to prescribe medicines such as antibiotics, whereas in other states they do not. Additionally, the lack of proximity to healthcare facilities for some communities poses a challenge, underlining the need for more accessible pharmacy services.

“While pharmacists can do point-of-care testing in Uruguay, they cannot prescribe any medicines.” — Leticia Caligaris

In Peru, a lack of public understanding regarding the roles of pharmacists results in pharmacies being overlooked as healthcare facilities. People do not identify the pharmacy as a healthcare facility and, in addition, they cannot differentiate between healthcare staff, which is demonstrated by calling everyone “doctor”. Many people do not understand how pharmacists can support them in the management of TMIs.

In Nigeria, a common barrier is the substantial knowledge gap between pharmacists and patients. Continuous education becomes paramount to ensuring that pharmacists stay updated with the latest information, delivering optimal treatment. Furthermore, a need exists for global efforts in managing patient expectations, particularly concerning antibiotics, to foster responsible medication use.

In Turkey, a prevailing challenge across regions is the limited access to patients' health records. Addressing this concern is crucial for providing comprehensive and informed healthcare services. Implementing systems, such as QR codes for prescriptions, can streamline processes while maintaining patient privacy.

Uruguay faces dual challenges: pharmacists' constrained operational hours and legislative frameworks restricts extended service provision; additionally, the sale of non-pharmaceutical items in pharmacies adds complexity, which makes it harder for pharmacists to focus on services. This creates a demand for a revisitation of legislative norms to enhance the pharmacy's focus on healthcare services.

5 Common practices for pharmacists in managing TMIs

When patients present at pharmacies with TMIs, the consensus among the insight board participants was to prioritise symptomatic treatment. This includes a focus on mitigating pain and discomfort, and recognising the self-limiting nature of many TMI conditions.

Pharmacists play an important role in screening these conditions, considering both pharmacological and non-pharmacological options. In South Australia, for instance, patients often seek relief through lidocaine-containing products, with variations based on preferences such as throat sprays or lozenges. Pharmacists worldwide advocate for evidence-based solutions, addressing pain with anti-inflammatory medicines, benzydamine hydrochloride, salicylic acid, menthol, and natural remedies like eucalyptus oil.

Beyond symptomatic relief, participants stressed the importance of in-depth patient interviews. This entails questioning patients about symptom severity and duration, and lifestyle factors to discern the appropriate course of action. In Australia, standardised protocols guide this process, enhancing the pharmacist's ability to provide comprehensive care.

“Our role as pharmacists is to educate people that symptomatic treatment with an anti-inflammatory is a better option for them than antibiotics.” — John Bell

Pharmacological and non-pharmacological options are integral to TMI management and part of the array of options that pharmacists can recommend to their patients. Recommendations encompass lozenges, hydration, gargles, anaesthetic sprays, mouthwashes, and steam inhalation. In Turkey, herbal teas, especially thyme tea, are suggested, aligning with both age and specific needs.

Participants unanimously underscored the role of evidence-based information and treatments within pharmacy settings. In recognising the dynamic nature of healthcare, participants emphasised the need for guidelines and continuous training to ensure that pharmacists are well-equipped with accurate and effective practices.

“While proximity to pharmacies is common in Spain, I would encourage policy makers to implement minor ailments schemes as in other countries, so we can have a structured approach by pharmacists to common health problems, including sore throats, by using a standard operating procedure.” — Jaime Acosta

A prevalent theme throughout the discussions was the challenge associated with antibiotic dispensing. In Nigeria, pharmacists adhere to a guiding principle of "getting it right the first time," actively discouraging unnecessary antibiotics. Similar challenges were observed in Bosnia, Peru and Turkey, where the absence of point-of-care testing necessitates pharmacists to invest significant time in patient interviews and symptom assessment.

The imperative to discourage unnecessary antibiotic prescriptions for throat issues emerged as a recurring theme, highlighting challenges not only in the pharmacological realm but also in the areas of effective communication and education. Australia's MedicineWise campaign serves as a noteworthy example of a national strategy dedicated to promoting the safe and wise use of medicines, with a specific focus on antibiotics.

Education consistently took centre stage in addressing antibiotic misuse, with participants emphasising the importance of consistent messaging across healthcare professionals, educators and government campaigns. Positive steps, such as the World Health Organization (WHO)'s One Health plan in Uruguay, were cited, and in Australia, the MedicineWise campaign illustrated a coordinated effort to communicate risks, side effects, and the limited scope of antibiotics, while emphasising the necessity of self-care strategies.

Collaboration emerged as a key strategy in the collective effort to tackle antibiotic resistance. Community pharmacists, acknowledged as the first point of contact, were identified as frontline advocates for appropriate antibiotic use. Suggestions included leveraging technology and social media platforms for disseminating

consistent messages and fostering a culture of responsibility. Challenges in the delivery of pharmacist care for TMIs were identified, encompassing the navigation of evidence-based practices, addressing antibiotic dispensing challenges, and ensuring effective communication. Despite persistent challenges, there is optimism regarding the collective efforts of healthcare professionals, policymakers, educators and pharmacists in driving positive changes in mindset and behaviour regarding antibiotic use.

6 Education, training and support needs for community pharmacy management of TMIs

The insight board participants discussed the education and training needs which are essential for empowering community pharmacists in proficiently managing TMIs. A strong consensus emerged on the need for continuous learning and the development of comprehensive training programmes. The discussions delved into the significance of case studies, offering practical insights into diverse presentations of TMIs, thus enhancing pharmacists' screening and decision-making skills.

“Pharmacists require extensive training in differential diagnosis, safeguarding, emergency referrals and antimicrobial resistance. Effective communication, documentation skills and safety netting practices are integral to ensuring optimal patient outcomes.” — Samuel Adekola

Communication skills training was identified as a key component, recognising the role that effective communication plays in bridging the gap between pharmacists and patients. The participants stressed the importance of conveying evidence-based information to patients while maintaining a personalised and empathetic approach. The meeting underscored the global nature of this education, emphasising the importance of sharing diverse experiences and practices to enhance the overall education and training of pharmacists globally. Continuous learning was emphasised, with a focus on ongoing training programmes, including case studies, to enhance pharmacists' capabilities in handling throat and mouth inflammations. To enhance education and training in pharmacy worldwide, global collaboration is essential, emphasising the importance of sharing diverse experiences and practices.

“Practical case studies can significantly enhance our diagnostic skills. We need to invest in communication skills training to effectively convey medical information to patients.” — Jaime Acosta

“The best we can do, from country to country, and culture to culture, is to provide evidence-based information to pharmacists both at the undergraduate level and the postgraduate level, and also develop their communication skills, so that they can effectively get the information through to patients. Support materials, both printed and electronic, are useful to convey information to patients about the evidence-based protocols recommended for them.” — John Bell

Participants also emphasised the need for a robust background in screening methods, including recognising red flags and systemic implications. Training in safeguarding/abuse awareness, emergency referrals for conditions like epiglottitis, and a solid understanding of antimicrobial resistance were other topics that were highlighted.

7 Advocacy for pharmacy services and global cooperation

Highlighting pharmacy's important role as a gateway to care, especially in managing minor ailments, participants emphasised the active involvement of pharmacists in public health campaigns. The discussions underscored the significance of global cooperation, emphasising the value of sharing experiences and learning from diverse pharmacy practices. This reiterated the crucial role of FIP in advocating the advancement of pharmacy practices globally. The recurring theme of global cooperation was emphasised, with pharmacists stressing the need for a centralised platform or network to exchange knowledge, case studies and best practices.

“Advocacy is key in establishing pharmacies as crucial healthcare hubs. Embracing technology can revolutionise patient care while maintaining the human touch that defines our profession.” — Samuel Adekola

FIP was identified as a key player in promoting global cooperation among pharmacists. Participants reiterated that FIP could play an important role in creating platforms for knowledge sharing, organising webinars and developing practice-oriented materials that cater to the diverse needs of pharmacists worldwide.

“FIP has developed many valuable resources in recent years, and we have also had a number of digital events in supporting pharmacists to manage sore throats. And we will have even more resources in the years to come, and we can look into how technology can support pharmacists in sore throat management.” — Aldo Alvarez

The success of minor ailment schemes, such as the UK's “Pharmacy First” approach, was discussed as a model for enhancing pharmacy services. Participants expressed the need for a standardised minor ailment scheme that could be widely adopted, ensuring consistency in the management of common ailments, including throat and mouth inflammation. The importance of adequate reimbursement for pharmacists providing these services was underscored to incentivise their active participation.

“The UK's Pharmacy First approach is an inspiring model. Implementing a similar structured scheme globally can establish pharmacies as the go-to place for minor ailments, relieving pressure on primary care networks.” — John Bell

Point-of-care testing emerged as a potential game-changer in the management of TMIs. The ability to perform rapid diagnostic tests in community pharmacies could aid pharmacists in differentiating between viral and bacterial infections, enabling more targeted and evidence-based interventions. Participants acknowledged the importance of including point-of-care testing in training and education programmes for pharmacists.

The integration of technology, particularly artificial intelligence (AI) algorithms, in pharmacy practice garnered significant attention. Participants recognised the potential and opportunities that reside in the use of AI to support pharmacists in the assessment and management of throat conditions. It can improve patient care as well as the overall efficiency of management. However, they emphasised the need for a balanced approach, ensuring that technological advancements complement rather than replace the human touch in patient care.

“Advocacy is key in establishing pharmacies as crucial healthcare hubs. Embracing technology, such as AI algorithms, can assist pharmacists in assessing the severity of symptoms, making medication recommendations, providing patient education, checking drug interactions, and conducting remote consultations.” — Aldo Alvarez

Public health advocacy emerged as a shared commitment among the participants. Pharmacists expressed their dedication to promoting the role of pharmacy services in public health campaigns. The importance of educating the public about the expertise and accessibility of community pharmacies in managing TMIs was emphasised. The role of pharmacists as trusted healthcare professionals was acknowledged, and participants pledged to actively engage in advocacy efforts to enhance the visibility and recognition of pharmacy services.

8 Conclusion

The main messages from the digital event and insight board focused on the need for a comprehensive approach to treating symptoms associated with throat and mouth inflammation, prioritising pain relief, and addressing inflammation. Employing self-care strategies should be the first step in management. The prudent use of antibiotics was also highlighted, with a clear emphasis on minimising their prescribing and dispensing, unless strictly necessary. A key takeaway from the discussion was the acknowledgement of pharmacists' shared dedication to evidence-based practices, continuous learning, and advocacy for an expanded role in primary healthcare. Integrating these principles will enhance the management of throat and mouth inflammations among other common ailments, highlighting the pharmacist's central role in delivering comprehensive care, effective communication and adaptability to evolving healthcare frameworks.

In summary, effectively addressing throat and mouth inflammation in community pharmacies necessitates a multifaceted strategy involving ongoing education, effective communication, collaboration and advocacy for enhanced pharmacy services. The discussed challenges and diverse practices underscore the importance of collective efforts to elevate pharmacy services globally, including the management of common health problems. As pharmacists actively engage in training, share experiences, and advocate for an extended role, they emerge as crucial contributors to improved patient outcomes and more efficient and sustainable health systems worldwide.

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International
Pharmaceutical
Federation

Fédération
Internationale
Pharmaceutique

Andries Bickerweg 5
2517 JP The Hague
The Netherlands

-
T +31 (0)70 302 19 70
F +31 (0)70 302 19 99
fip@fip.org

-
www.fip.org

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