DEPRESSION TRAINING INVOLVING CONSUMER EDUCATORS: IMPACT ON PRACTICE AND ATTITUDES TOWARD PHARMACEUTICAL CARE FOR PEOPLE WITH DEPRESSION

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INTRODUCTION

• Lack of mental health pharmacy education has previously been described as the main barrier to successful provision of pharmaceutical care for people with depression.
• However, the literature on the impact of pharmacy education for depression is scarce, especially on continuing education.
• The WHO has recognized people with mental illness as key stakeholders in the development of mental health education.

AIM

The aim of the current study was to measure the impact of a depression training day, involving a 75 minute session with a consumer educator on pharmacists’:
• Attitudes toward pharmaceutical care for depression
• Current depression care practice

METHODS

Two group, randomized, clustered, comparative design with one group of pharmacists receiving training (intervention group) and another group no training (control group), see Figure 1.

A previously validated survey instrument¹ was administered at baseline (T1) and 7 to 11 weeks post intervention (T2). On T2 unpaired data were analyzed on group level. Paired data over T1 and T2 were analyzed on individual level.

RESULTS

Pharmacists’ depression care attitudes
• The results of the unpaired T-test showed that on T2 the mean depression care attitude in the intervention group (41.9±4.2) was not significantly different from the mean depression care attitude in the control group (40.8±4.2).
• One-Way ANOVA analysis on the difference in change in depression care attitude over T1 and T2 showed that there was no significant difference in attitude change between intervention and control group (F(1,55)=0.385, p=0.537).

Pharmacists’ current depression care practice
• The results of the unpaired T-test showed that on T2 the mean depression care practice score was significantly higher in the intervention group (27.7±4.5) than in the control group (23.2±4.9).
• One-Way ANOVA analysis on the difference in change in depression care practice confirmed that there was a significant difference in practice change over T1 and T2 between control and intervention group (F(1,48)=10.805, p=0.002).
• More specific paired samples T-tests on the data of T1 and T2 showed that in the control group the mean depression care practice on T1 (26.04±4.23) was not significantly different (t(23)=1.045, p=0.307) from the mean depression care on T2 (25.42±4.59). In the intervention group the mean depression care practice on T2 (30.88±5.16) was significantly higher (t(25)=3.852, p=0.001) than on T1 (28.19±3.98).

CONCLUSION

The results suggest that a training day involving consumer educators, in continuing pharmacy education, may improve delivery of pharmaceutical care toward people with depression.

REFERENCES