INTRODUCTION

- Patient counselling refers to the process of providing information, advice and assistance to help patients use their medications appropriately.
- Information or advice can be given directly to the patient or patient representative.

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 Pharmacists should assess the patient's knowledge about his or her illness and the treatment and provide information or advice accordingly to fill the understanding gap in order to take their medications in safe and effective manner.

AIM OF COUNSELLING

- Better understanding of their illness and role of medication in the treatment.
- Improved medication adherence
- Reduced drug related problems or medication errors ultimately reducing the health care costs.
- · Improved patient quality of life
- Effective drug treatment

COMMUNICATION SKILLS FOR EFFECTIVE COUNSELLING

1. Verbal Communication

- Language
- > Tone
- > Volume
- > Speed

2. Non-verbal Communication

- Proximity
- Eye contact
- Facial Expression

STEPS FOR PATIENT COUNSELLING

- I. Preparing for the session
- II. Opening the session
- III.Counselling content
- IV.Closing the session

I. Preparing for the session

- Success of counselling depends on the knowledge and skills of the counsellor.
- Pharmacist should know the patient condition and the treatment details.
 - Hospital setting referring case notes
 - Community setting Patient and their prescription

I. Preparing for the session

- If the patient is taking drug which is unfamiliar to the pharmacist then appropriate drug information reference should be considered before counselling.
- Consider the physical or mental state of the patient.

II. Opening the session

- Pharmacist should greet the patient by their name and introduce him/herself.
- Pharmacist should tell the purpose of the counselling.
- Best to use prefix like Mr. or Mrs. or Ms. before the name of the patient.
- Pharmacist assess information from the patients about their understandings of the disease and drug treatment.

II. Opening the session

- Use open ended questions rather than close ended question.
- Open ended questions allows pharmacist to gather more information.
- Eg: 'What did your doctor tell you about your disease?' 'What do you know about your disease?'
- Reflective questioning can be used to gather more information.

III. Counselling content

- Main body/heart of the counselling session.
- Here, pharmacist will explain to the patient about his/her medications, lifestyle changes etc.

III. Counselling content

- Common topics include
 - · Name and dose of the medication
 - Reason why it is prescribed
 - How to take the medication
 - Expected benefits
 - Expected duration of the treatments
 - Possible adverse effects

III. Counselling content

- Common topics include
 - Advice on correct storage
 - What to do if a dose is missed?
 - Minimum duration required to show therapeutic benefit
 - · Monitoring if required

IV. Closing session

- Before closing the session, it is essential to check the patient's understanding.
- Can be assessed by feedback questions
- Eg: 'can you remember for what this medication is for?' 'For how long should you take this medication?'

IV. Closing session

- During the discussion, some of the patient's information needs may have new questions or doubts.
- Before closing, summary the main points in logical order.
- If appropriate, the pharmacist can supply their contact number

Special cases that require the pharmacist in patient counseling

- Patients with HIV and AIDS
- Pharmacist play crucial role in management of antiviral therapy as well as in promoting long term adherence, avoiding drug interaction, minimizing toxic effects, simplifying dose regimen, decreasing drug cost and preventing transmission of virus.
- Patients with mental illness
- promoting adherence
- simplifying dose regimen



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Patients with Coronary heart disease

- Non-pharmacological measures: It includes education regarding diet, smoking, and exercise and encouraging the patients to maintain a diary on anginal attacks, pain symptoms etc.
- Pharmacological measures:
 - Nitrates Sublingual administration, sublingual tablets should not be chewed or crushed, use of transdermal patches, do not stand up immediately while using this medication.
 - Aspirin- Encourage the patient to take drug with food. Monitor for abdominal pain, tarry stools, fever, spitting of blood. In case of entericcoated preparations, ask the patient not to crush or chew the tablets.



Patients with Asthma

- Non-pharmacological measures: Safety measures while traveling, prophylactic use of drugs before exercise, avoidance of allergens, stopping cigarette smoking etc.
- Pharmacological measures:
 - Training regarding use of the metered dose inhaler
 - Anticholinergics- Monitor for dry throat, nausea, headache, blurred vision, and painful urination.
 - Theophylline's Patients on sustained release preparations should be told not to crush/chew the tablets.

Patients with Diabetes

- Non-pharmacological approaches: stress and psychosocial adjustment, family involvement and social support, relationship between nutrition, exercise, medication, and blood glucose level.
- Pharmacological measures:
- Sulfonylurea's- Explain the methods to prevent detect and manage hypoglycemia.
- Insulin-Educate the patient regarding newer insulin administration techniques, proper storage conditions for insulin.
- Metformin Advice the patient to take with/after food. Monitor for muscle pain, unusual sleepiness, nausea, stomach pain, weight loss

Patients with hypertension

- Non-pharmacological measures: A pharmacist can counsel the patients regarding weight loss and regular exercise, sodium and calorie restriction, restriction of saturated fats and increased intake of dietary fibers, restriction of alcohol intake, smoking cessation, self-monitoring of blood pressure etc.
- Pharmacological measures:
 - Diuretics- Monitor for muscle weakness, confusion, dizziness. Select appropriate dose timing to avoid frequent urination in the night.
 - Beta blockers- Monitor for hypotension, dizziness, headache, and bradycardia.
 - Explain to the patient how to monitor his heart rate by measuring the pulse rate.

Reference

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