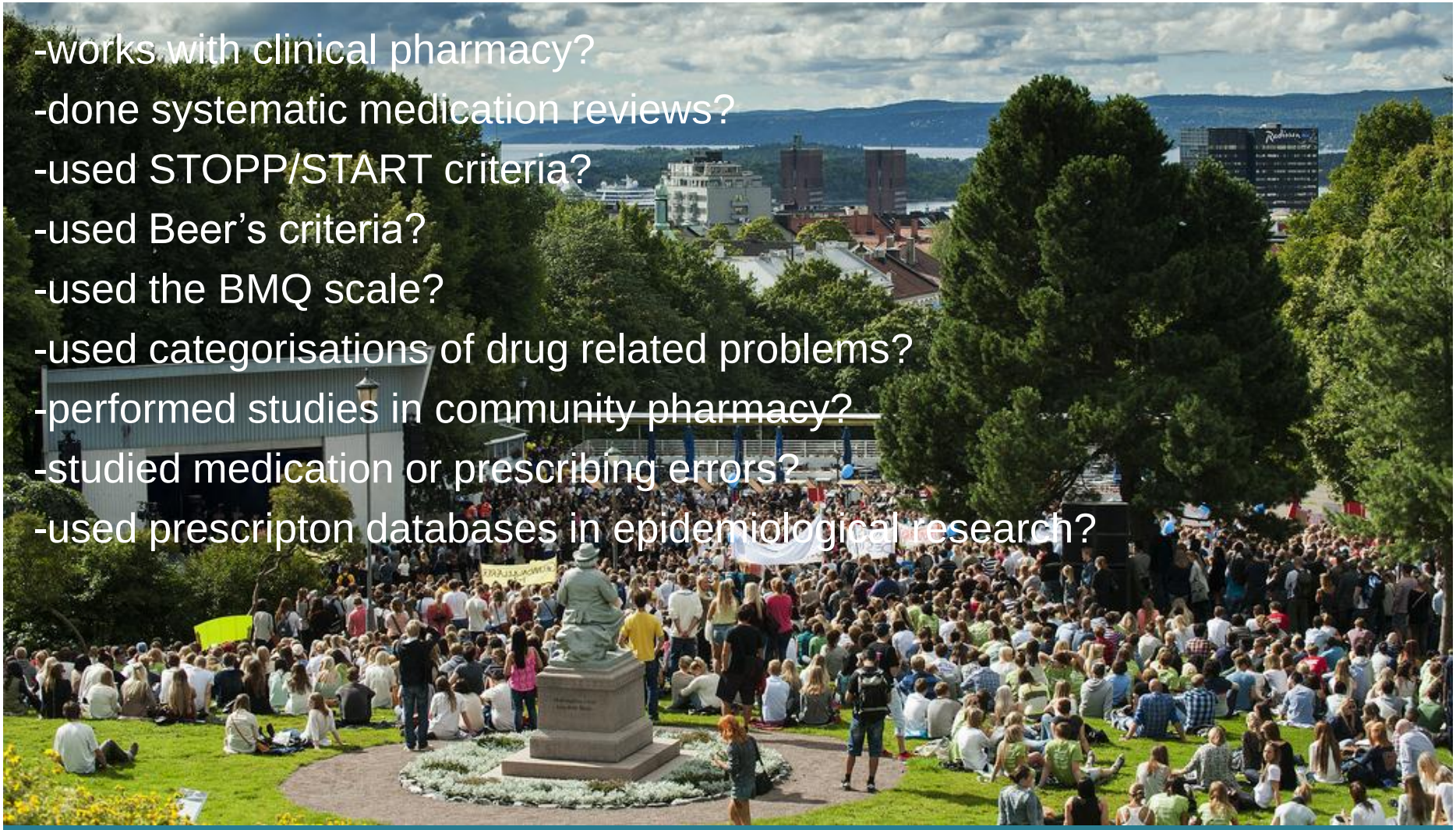
HØGSKOLEN I OSLO
OG AKERSHUS

Performing clinical phamacy studies acoss the Nordic and Baltic countries

-how can we strengthen research by using joint protocols and/or supervision?

Anne Gerd Granås,
Oslo and Akershus University College, Norway.

Who are you?


-works with clinical pharmacy?
-done systematic medication reviews?
-used STOPP/START criteria?
-used Beer's criteria?
-used the BMQ scale?
-used categorisations of drug related problems?
-performed studies in community pharmacy?
-studied medication or prescribing errors?
-used prescripton databases in epidemiological research?

Comparing across European boaders

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REPORT OF INTERVENTIONS ON PRESCRIPTIONS

Prescription no..... Pharmacist ID.....

Patient: Year of birth..... ☐ Male ☐ Female

Prescriber: ☐ MD hospital ☐ MD community ☐ Other.....

Prescribed: Information on prescription given regarding drug, dose and use

.....

.....

PROBLEM	SHORT DESCRIPTION
Inappropriate drug:	☐.....
Inappropriate dose:	☐.....
Inappropriate form:	☐.....
Inappropriate schedule:	☐.....
Inappropriate quantity:	☐.....
Contraindications:	☐.....
Side effects:	☐.....
Interactions:	☐.....
Other:	☐.....

PROBLEM DETECTED BY

Communication with patient ☐ Patient profile reviewed ☐

Other, specify.....

INTERVENTION

Added or discontinued drug:	☐
Changed or clarified drug / substance:	☐
Changed or clarified dose / strength:	☐
Changed or clarified form / route:	☐
Changed or clarified schedule:	☐
Changed or clarified duration / quantity:	☐

Other, specify.....

Prescriber contacted: Yes ☐ No ☐

Unable to get in touch with prescriber: ☐

SH 15.05.2014

Volmer D, Haavik S, Ekedahl A. Use of a generic protocol in documentation of prescription errors in Estonia, Norway and Sweden. Pharmacy Practice (Internet) 2012 Apr-Jun;10(2):72-77.

Original Research

Use of a generic protocol in documentation of prescription errors in Estonia, Norway and Sweden

Daisy VOLMER, Svein HAAVIK, An... AHL

Received (first version):

ABSTRACT

Pharmacists have ... preventing, ... which if left ... the patien... **Objective** ... evaluate the ... for documen... contact with ... was organiz...

Experiences and reflections

...scribing errors in pr...y care are frequently detected by ...

...ations in detected error ratios between the studies may largely ...es in study design and inclusion criteria used. There is a need for a ...protocol in order to compare the results from different studies. A ...uld provide a valuable means of evaluation of new technology, ...c.

Comparing across European boaders

Pharm World Sci
DOI 10.1007/s11096-010-9393-x

RESEARCH ARTICLE

Provision of pharmaceutical care by community pharmacists: a comparison across Europe

Carmel M. Hughes · Ahmed F. Hawwa · Claire Scullin · Claire Anderson · Cecilia B. Bernsten · Ingunn Björnsdóttir · Maria A. Cordina · Filipa Alves da Costa · Isabelle De Wulf · Patrick Eichenberger · Veerle Foulon · Martin C. Henman · Kurt E. Hersberger · Marion A. Schaefer · Birthe Søndergaard · Mary P. Tully · Tommy Westerlund · James C. McElnay

Received: 26 June 2009 / Accepted: 19 April 2010
© Springer Science+Business Media B.V. 2010

Abstract *Objective* To investigate the provision of pharmaceutical care by community pharmacists across Europe and to examine the various factors that could affect its implementation. *Methods* A questionnaire-based survey of community pharmacies was conducted within 13 European countries. The questionnaire consisted of two sections. The first section focussed on demographic data and services provided in the pharmacy. The second section was a slightly adapted version of the Behavioral Pharmaceutical Care Scale (BPCS) which consists of three main dimensions (direct patient care activities, referral and consultation activities and instrumental activities). *Results* Response rates ranged from 10–71% between countries. The mean total score achieved by community pharmacists, expressed as a percentage of the total score achievabl ranged from 31.6 (Denmark) [illegible]land)

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Experiences and reflections

Table 1 Sampling strategy for each participating country and their [illegible]se rates

		Sample as a % of total [illegible] of [illegible]s in	Response rates *N* (%)
			623 (24.9)
			137 (42.7)
			327 (29.8)
			725 (10.1%)
			20 (35.7)
			464 (51.7)
			112 (55.4)
		100	213 (41.4)
		100	564 (20.9)
		51	250 (41.7)
[illegible]den	1,010	100	717 (70.9)
Switzerland	814	100	392 (48.2)
Wales	718	100	152 (21.2)
Overall	18,577	40	4,696 (25.3)

– Provision of pharmaceutical care by community pharmacists across Europe: has it evolved over time?

Table 1 Response rate to BPCS survey a surveyed in 2013

Country	Survey methodology
Bosnia	Online
Denmark	Online
England	Online
Germany	Online
Italy	Online
Lithuania	Face to face interview
Malta	Postal
Moldova	Online and postal
Netherlands	Online
Northern Ireland	Postal
Norway	Online
Portugal	Online
Serbia	Postal
Spain	Online
Sweden	Online
Switzerland	Online
Overall[1]	

Comparing across European boaders

Available online at www.sciencedirect.com
ScienceDirect
Research in Social and Administrative Pharmacy ■ (2015) ■–■
RESEARCH IN SOCIAL & ADMINISTRATIVE PHARMACY

Original Research

General sale of non-prescription medicinal products: Comparing legislation in two European countries

Johanna Lind, M.Sc.[a], Ellen Schafheutle, Ph.D.[b], Annika Nordén Hägg, Ph.D.[a], Sofia Kälvemark Sporrong, Ph.D.[a,c,*]

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Available online at www.sciencedirect.com
ScienceDirect
Research in Social and Administrative Pharmacy ■ (2015) ■–■
RESEARCH IN SOCIAL & ADMINISTRATIVE PHARMACY

Original Research

A review of countries' pharmacist-patient communication legal requirements on prescription medications and alignment with practice: Comparison of Nordic countries

Karin Svensberg, M.Sc.Pharm[a,*], Sofia Kälvemark Sporrong, PhD.[b], Ingunn Björnsdottir, PhD.[a]

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- Legistation
  - OTC
  - Rx-communication

Experiences and reflections

Comparing across European boaders

Lost in translation?
-Comparing three Scandinavian translations of the Beliefs about Medicines Questionnaire.

Experiences and reflections

S KÄLVEMARK

1.

LS NØRGAARD
2. University of Copenhagen

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Assessment

Lost in translation? Comparing three Scandinavian translations of the Beliefs about Medicines Questionnaire

Anne Gerd Granas [a,*], Lotte Stig Nørgaard [b], Sofia Kälvemark Sporrong [b]

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[b] Department of Pharmacy, University of Copenhagen, Denmark

European definition

Drug related problems (PCNE)

- A DRP can be defined as *"an event or circumstance involving drug therapy that actually or potentially interferes with desired health outcomes"*

Pharmaceutical Care Network Europe (PCNE). Drug-Related Problems classifications. http://www.pcne.org/sig/drp/documents/PCNE%20classification%20V6-2.pdf

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–Too many definitions or system…….

Article

Development of an Aggregated System for Classifying Causes of Drug-Related Problems

Annals of Pharmacotherapy
1–14
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DOI: 10.1177/1060028014568008
aop.sagepub.com
SAGE

Benjamin J. Basger, MSc[1], Rebekah J. Moles, PhD[1], and Timothy F. Chen, PhD[1]

Abstract

Background: More than 20 different types of classification systems for drug-related problems (DRPs) and their causes have been developed. Classification is necessary to describe and assess clinical, organizational, and economic impacts of DRPs through documentation of collected data. However, many researchers have judged classification systems incomplete when describing their data, and have modified them or developed their own. This variability between systems has made study comparisons difficult. **Objectives:** To perform a category-by-category comparison of the content of selected DRP classification systems to construct an aggregated cause-of-DRP classification system containing the content of all systems. **Method:** DRP classification systems were identified after a literature review, with 7 chosen based on their use in varied health care settings, geographical diversity, frequency of use, and method of development. These systems were critically analyzed, and the content of each category was compared and aggregated where appropriate. A hierarchy of categories

RESEARCH ARTICLE

Characterization of … pharmacy staf…

Lene Juel Kjelds…
Karina Pors…

Experiences and reflections

ELSEVIER

Available online at www.sciencedirect.com
ScienceDirect
Research in Social and Administrative Pharmacy 4 (2008) 320–331

RESEARCH IN SOCIAL & ADMINISTRATIVE PHARMACY

Comparing 4 classification systems for drug-related problems: Processes and functions

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Department of Public Health and Caring Sciences, Uppsala Science Park, 751 85 Uppsala, Sweden

Classification of drug-related problems

Abstract

Background. Drug-related problems are prevalent and cause considerable patient morbidity and in some cases death, as well as increased health care expenditures. A classification system may contribute to identify such prob-lems, and further to resolve and pre-nt them.

…al and methods. A draft classifi-…was sent to a broad panel of …ans and pharmacists and com-…were requested. Consensus was …after two subsequent reviews

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og
Lovisenberg Diakonale Sykehus

nursing homes, pharmacies) and contexts (research, clinical practice) and with varying access to relevant clinical information (from patients, medical records, drug charts and prescriptions).

Material and method

Development of a classification system

The process started with a seminar for ten physicians and pharmacists who had experience with medication reviews from research or clinical practice. A working group (authors) developed a draft for classification with a hierarchical structure based on a European system (15), to ensure comparability with international studies.

Elements from a modified Delphi tech-

Evaluating categorisation and clinical relevance of drug-related problems in medication reviews

Anne Gerd Granas · Christian Berg · Vidar Hjellvik · Cecilie Haukereid · Arvid Kronstad · Hege S. Blix · Bente Kilhovd · Kirsten K. Viktil · Anne Marie Horn

HØGSKOLEN I OSLO
OG AKERSHUS

Comparison across boarders in clinical pharmacy

STOPP/START criteria for potentially inappropriate prescribing in older people: version 2

DENIS O'MAHONY[1,2], DAVID O'SULLIVAN[3], STEPHEN BYRNE[3], MARIE NOELLE O'CONNOR[2], CRISTIN RYAN[4], PAUL GALLAGHER[2]

[1]Geriatric Medicine, University College Cork, Cork, Munster, Ireland
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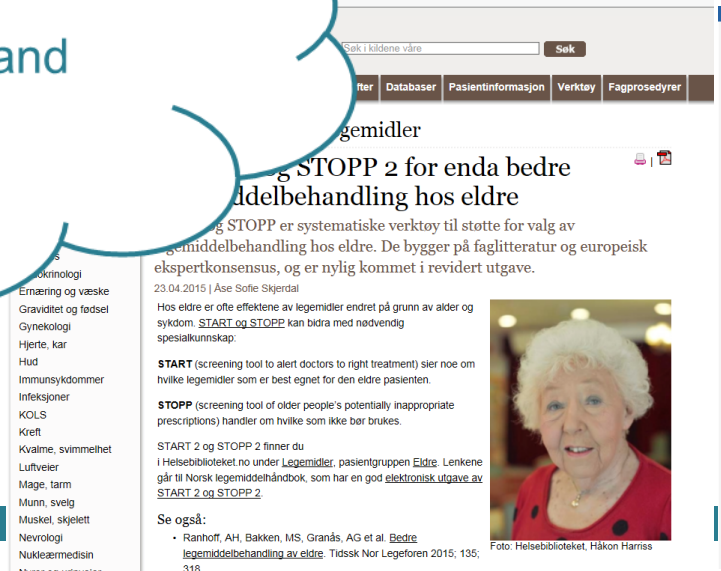
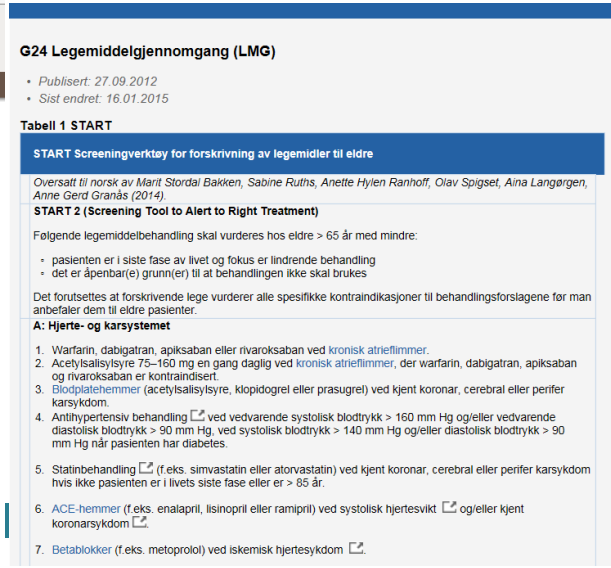
Experiences and reflections





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What does it take?

Who leads the way?
Time for network building?
Who writes the research application?
Nordic and baltic funding?
EU-funding?

norden
NordForsk

ResearchGate

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What if it's NO money?

Getting only partly funding?
Getting no funding?
Having a plan B?

Project period

From date	01.01.2013
To date	31.12.2015

PLANNED PARTICIPANTS

norden
NordForsk

	Involved researchers		Other participants				Country total
	M	F	M	F	Male	Female	Total
Denmark	0	4	0	0	0	4	4
Finland	2	8	0	0	2	8	10
Norway	0	5	0	0	0	5	5
Sweden	4	2	0	0	4	2	6
Total	6	19	0	0	6	19	25

#53361 Health promotion through medicine education

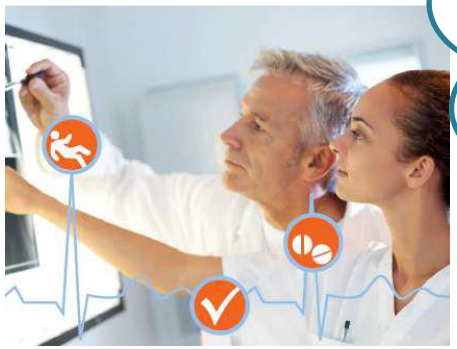
APPLICATION INFORMATION

Application ID	53361
Submitted by	Tuula Keinonen
Last updated	03.04.2012
Call	Research Projects "Education for Tomorrow"

DET KONGELIGE
HELSE- OG OMSORGSDEPARTEMENT

Meld. St. 10
(2012–2013)
Melding til Stortinget

God kvalitet – trygge tjenester
Kvalitet og pasientsikkerhet i helse- og omsorgstjenesten



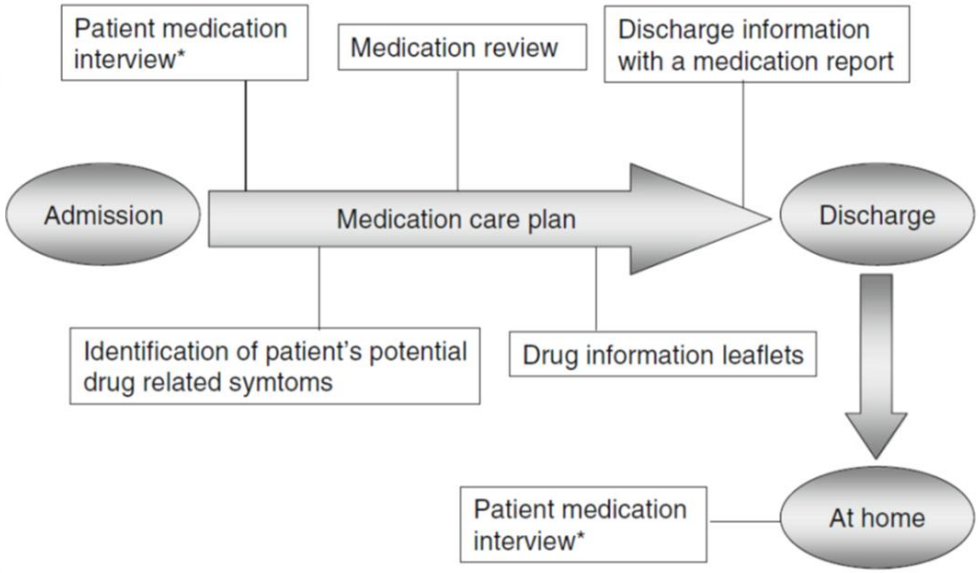
Influence on clinical pharmacy policy:

Why go Nordic?
Why go Baltic?
Why go European?

DET KONGELIGE
HELSE- OG OMSORGSDEPARTEMENT

St.meld. nr. 47
(2008–2009)

Samhandlingsreformen
Rett behandling – på rett sted – til rett tid



IS-1998 Veileder

Veileder om legemiddelgjennomganger

Helsedirektoratet

Riktig legemiddelbruk til eldre pasienter/beboere på sykehjem og i hjemmesykepleien
Forslag til tiltak

Helsedirektoratet

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Summary

We can strengthen research by using joint protocols and/or supervision!

Is it **you** who will **take the lead** in performing clinical phamacy studies acoss the Nordic and Baltic countries ?