



## A STUDY ON ROLE OF CLINICAL PHARMACIST IN IMPROVING QUALITY USE OF MEDICINES IN PATIENTS WITH HYPERTENSION AND OTHER CO-MORBID DISEASES BY HOME MEDICINE REVIEW

Mohd Tahir Siddiqui\*, Dr. Ajay Kumar Sarabu, Ramya.R, V. Sindhu, L. Jyothsna

Malla Reddy College Of Pharmacy, Maisammaguda, Secunderabad, Telangana, India.

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### ABSTRACT

Current study was conducted to improve rational use of medicine by reviewing various medications used in their homes. The objectives of the study was to promote quality use of medicines, identify medication related problems (MRP's) and to solve them, improve medication adherence, educate the patient regarding disease and medications to improve knowledge about both the disease and use of drugs, achieve safe, effective, and appropriate use of medicines by detecting and addressing medication-related problems, to determine Medication Appropriateness Index(MAI). A total of 460 patients were recruited during the study period of 6 months. In the study, patients with Hypertension was 43.04%, with Hypertension + Diabetes Mellitus are 30.86%, with Hypertension + Dyslipidemia are 17.39%, with Diabetes Mellitus + Hypertension + Dyslipidemia are 8.69%. Medication Appropriateness Index Scale shows that the MAI score of Hypertension of 1<sup>st</sup> visit was  $6.224 \pm 0.816$  which improved in 3<sup>rd</sup> visit  $8.012 \pm 0.502$ , MAI score of Hypertension + Diabetes Mellitus of 1<sup>st</sup> visit was  $7.256 \pm 0.636$  which improved in 3<sup>rd</sup> visit  $8.128 \pm 0.276$ , MAI score of Hypertension + Dyslipidemia of 1<sup>st</sup> visit was  $7.456 \pm 0.615$  which improved in 3<sup>rd</sup> visit  $8.025 \pm 0.697$ , MAI score of Diabetes Mellitus + Hypertension + Dyslipidemia of 1<sup>st</sup> visit was  $6.897 \pm 0.607$  which improved in 3<sup>rd</sup> visit  $7.798 \pm 0.422$ . It was observed that drug related problems were identified in Hypertension are 44.9%, Hypertension + Diabetes Mellitus are 72.5%, Hypertension + Dyslipidemia are 62.5%, Diabetes Mellitus+Hypertension + Dyslipidemia are 70%. Pharmacist's involvement improved the quality use of medicines. Patient education regarding drugs, disease, lifestyle modifications and medication adherence by clinical pharmacist, significantly improved health status of patients by reducing various parameters.

**Key words:-** Medication related problems, Medication Appropriateness Index, Home medicine review, Quality of life.

### INTRODUCTION

#### Home Medicines Review<sup>[1]</sup>

The Home Medicines Review (HMR) programme aims to enhance the quality use of medicines and reduce adverse medicine events. This is undertaken through a comprehensive medication review conducted by an accredited pharmacist in the patient's home.

In October, 2001 the Australian Government through the Department of Health and Ageing (the Department) introduced the Home Medicines Review (HMR) Program to improve the appropriate use of medicines, reduce the incidence of medication misadventure and assist in improving consumer health outcomes.

A Home Medicines Review (HMR) involves the patient, their general practitioner (GP), an accredited pharmacist and regular community pharmacy. In some cases other relevant members of the healthcare team, such as nurses in community practice or carers, are included. The pharmacist visits the patient at their home, reviews their medicine routine and provides their GP with a report. The GP and patient then agree on a medicine management plan.

The objectives of a HMR are to:

- Promote quality use of medicines;
- Identify medications related problems (MRP's) and to solve them.