“Er forskning i apotek nyttig for pasienten”

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SYKEHUSAPOTEK NORD
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Apotek er en del av primærhelsetjenesten ?

DET KONGELIGE
HELSE- OG OMSORGSDEPARTEMENT

Meld. St. 26
(2014–2015)
Melding til Stortinget

Fremtidens primærhelsetjeneste
– nærhet og helhet

DET KONGELIGE
HELSE- OG OMSORGSDEPARTEMENT

Meld. St. 28
(2014–2015)
Melding til Stortinget

Legemiddelmeldingen
Riktig bruk – bedre helse

Evidensbasert behandling er viktig i helsevesenet

Hovedaktiviteten i et apotek er å ekspedere legemidler og sikre at legemidlene brukes riktig. Apotekloven stiller krav om at apotek skal sørge for at de som kjøper legemidler (både reseptfrie og reseptpliktige) har tilstrekkelig informasjon til at legemidlene kan brukes riktig (apotekloven § 6-6 og § 6-7). Mange apotek har

informasjonen i apotek er varierende, både i innhold og omfang.

Fordi apotek er et godt lavterskeltilbud for helsetjenester, er det viktig å vurdere hvordan man kan styrke rådgiverrollen apotekfarmasøyter har, for å sikre bedre etterlevelse av behandling.

Det er gjort en god del forskning i norske sykehusapotek / sykehus

Eur J Clin Pharmacol (2014) 70:1325–1332
DOI 10.1007/s00228-014-1741-7

CLINICAL TRIAL

Should nurses or clinical pharmacists perform medication reconciliation? A randomized controlled trial

Trine Aag · Beate Hennie Garcia · Kirsten K. Viktil

Pharm World Sci (2006) 28:152–158
DOI 10.1007/s11096-006-9020-z

RESEARCH ARTICLE

Characteristics of drug-related problems discussed by hospital pharmacists in multidisciplinary teams

Hege Salvesen Blix · Kirsten K. Viktil · Tron Anders Moger · Åsmund Reikvam

Garcia *et al. BMC Research Notes* 2014, **7**:197
http://www.biomedcentral.com/1756-0500/7/197

BMC Research Notes

RESEARCH ARTICLE Open Access

A pharmacist-led follow-up program for patients with coronary heart disease in North Norway–a qualitative study exploring patient experiences

Beate Hennie Garcia[1,3*], Sissel Lisa Storli[2] and Lars Småbrekke[3]

Abstract

Background: Coronary heart disease (CHD) is one of the leading causes of death worldwide. Scientific literature shows that prevention of CHD is inadequate. The clinical pharmacist's role in patient-centred care has been shown favourable in a large amount of studies, also in relation to reduction of risk factors related to CHD. We developed and piloted a pharmacist-led follow-up program for patients with established CHD after hospital discharge from a hospital in North Norway. The aim of the present study was to explore how participants in the follow-up program

Int J Clin Pharm (2012) 34:382–388
DOI 10.1007/s11096-012-9623-5

RESEARCH ARTICLE

Handling drug-related problems in rehabilitation patients: a randomized study

Karin Willoch · Hege Salvesen Blix · Anne Marit Pedersen-Bjergaard · Anne Kathrine Eek · Aasmund Reikvam

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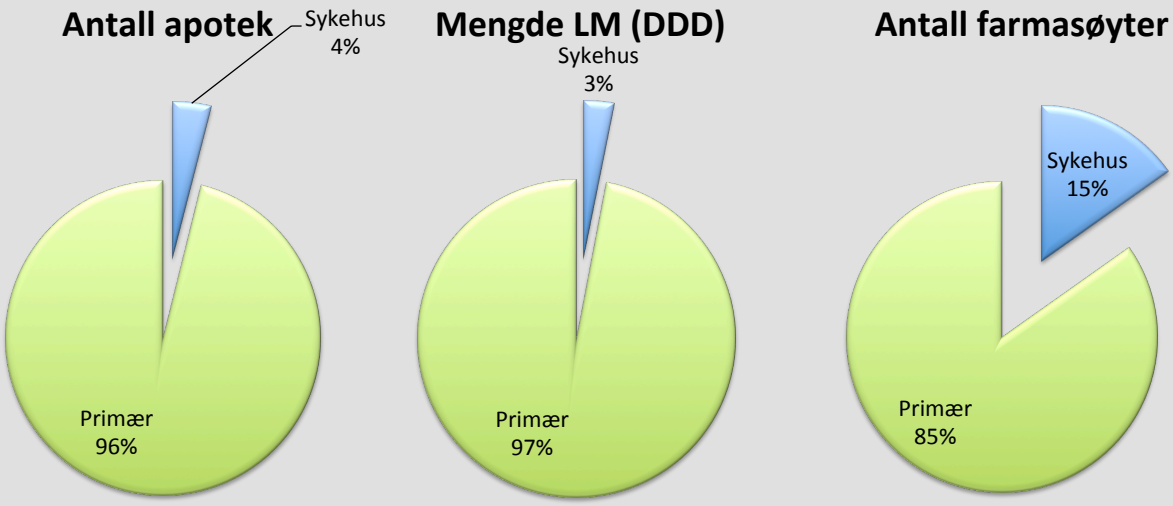
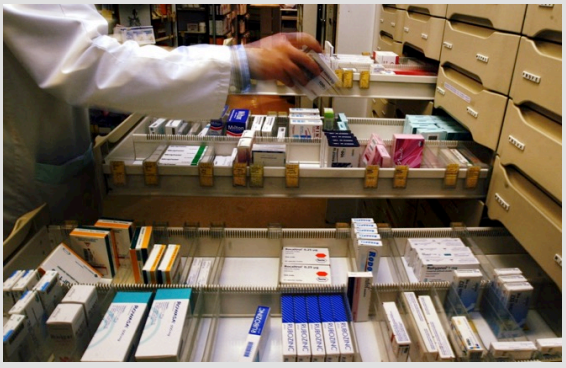
Abstract *Background* Drug-related problems (DRPs) have been found to be associated with increased morbidity, mortality, and health costs. *Objective* To investigate whether the inclusion of pharmacists in a rehabilitation team influences the handling of DRPs in the ward and whether an intervention in hospital affects drug use after discharge. *Setting* The rehabilitation ward of a general hospital in Oslo, Norway. *Methods* Patients were randomized into an intervention group (IG) or a usual care group (CG). The IG patients were followed prospectively by a pharmacist, who reviewed the patients' drug therapies using information from their medical records and patient interviews. The pharmacist identified DRPs and suggested solutions during multidisciplinary team meetings. The IG patients received targeted drug counselling from the pharmacist before discharge. The drug therapy in the CG, for the period from visited the patients at home and interviewed them about their medication. Main outcome measures: Types and frequencies of DRPs in the IG and CG were compared at hospital admission, at discharge, and 3 months after discharge. *Results* Of the 77 patients included, 40 belonged to the IG and 37 to the CG. Patient characteristics (IG vs CG) were as follows: age 73.5 versus 76.8 years; female 58 versus 68%; mean number of drugs at admission 8.3 versus 7.8; and mean number of drugs at discharge 8.5 versus 7.7. At admission, 4.4 DRPs per patient were recorded in the IG and 4.2 in the CG. Significantly more DRPs were acted upon and resolved in the IG; at discharge, the IG had 1.2 DRPs per patient and the CG had 4.0 ($P < 0.01$). At the home visit, a significant difference between the groups was found: 1.63 versus 2.62 DRPs ($P = 0.02$) for the IG and the CG, respectively. *Conclusion* Involvement of a pharmacist in drug-therapy

Forholdet mellom primær- og sykehusapotek i Norge

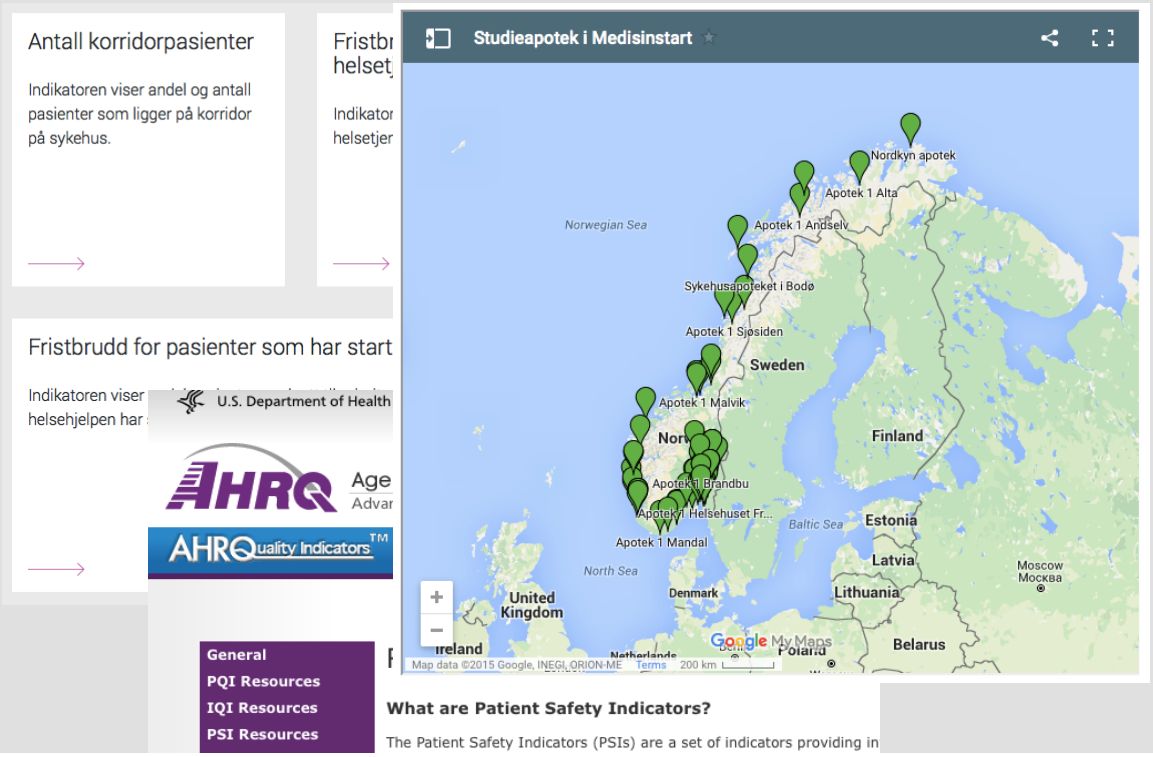


Kilde: apotekstatistikk.no

Hva er apotekenes jobb?



Hvordan måle kvalitet på tjenester?



Hvordan kan man få mer forskning i apotek?

Ressurser

- Stiftelsen
- Nærings PhD
- Studentprosjekter
- Andre midler fra kjeder, det offentlige og fra akademia

- TID
- Tilgang til ansatte
- Tilgang til apotek

Interesse

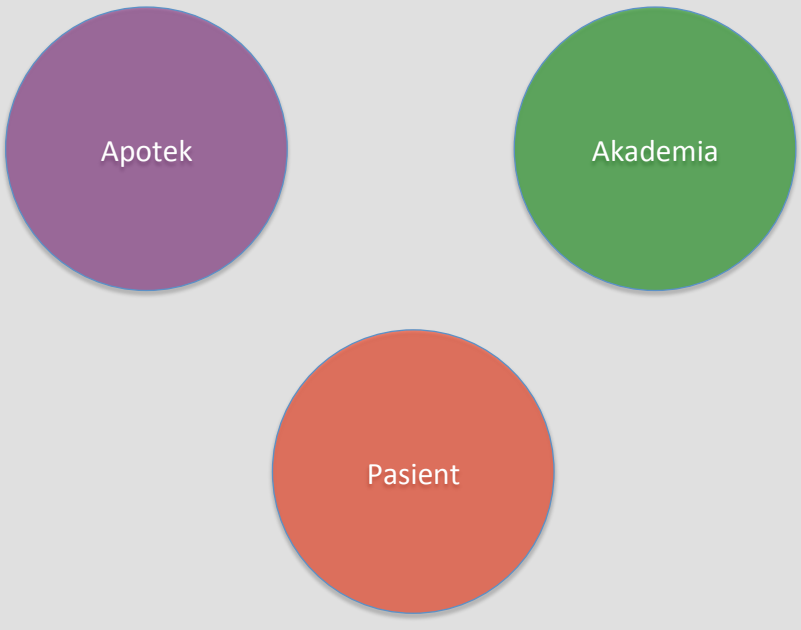
- Kjedene
- Akademia
- Offentlige

Kompetanse

- Kjedene
  - Kompetanse in-house
  - Apokus
- Akademia
  - Forståelse av apotek

Forskning skjer ikke bare, det behøves mennesker, penger og tid

Hva VIL man egentlig vite mer om?



Kompetanse

Hvordan påvirkes kvaliteten på LM informasjon når vi nå får nettapotek?

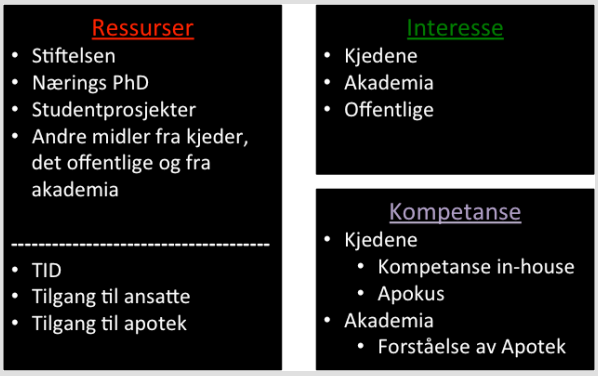
Hvordan får ulike aktører informasjon og hvilken informasjon behøves?

- Hjemmetjeneste
- Kunder
  - Undergrupper av kunder, barn, eldre, innvandrere
- Postkunder og medisinutsalg

KONKLUSJON: Apotek er viktig for å sikre god legemiddelbruk hos pasientene..

..Men vi vet for lite om hvordan dette kan gjøres best mulig

Akademia og apotekene selv må ha ressurser, vilje og evner til å forske mer for pasientens beste



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