

Connecting to Complex Patients Pharmacists Take the Lead

In daily life, complexity results from countless factors. Culture, environment, social and economic status and physical ability all contribute, and all complicate managing ill health. Pharmacists bear witness to many of these complexities and increasingly must care for what have come to be known as 'complex patients'. Recognising the valuable impact that pharmacists have in the lives of such individuals, FIP is putting the care of complex patients at the top of the agenda for 2013.

Who are *your* complex patients?

The issue of 'complex patients' is one that has been addressed by healthcare professionals for some time, yet as the general population ages and chronic disease becomes more prevalent, it is an issue that continues to escalate. It is difficult to define a complex patient, yet it is generally understood that the term applies to those who require an extra amount of care and consideration as a consequence of complicated and extensive medicine regimes compounded by physical and mental limitations

Current statistics suggest that complex patients comprise upwards of 25% of individuals in primary care practices who fulfil one or more of the following criteria:

- Multiple, well-defined chronic illness with various complications
- Highly treatment involving invasive procedures both for diagnosis and therapy
- A peculiar combination of resiliency and fragility
- Unexpected responses to common medications and minor illnesses
- Longevity (living highly functional lives into the 80's and 90's)

(<http://www.moderncomplexpatient.org/2010/03/30/the-modern-phenomenon-of-complex-patients/>)



These patients are a group of individuals that benefit from the extensive medicines knowledge that pharmacists possess. As the most accessible healthcare provider, pharmacists come into continual contact with complex patients in the community, putting them at the front line of care with regard to managing many issues that may or may not be medicines-related. With complex patient management demanding an ever-increasing multi-disciplinary approach, the pharmacist's main focus is medicines management in the face of other complexities.

Pharmacists Leading Care in Communities

Several years ago, in a policy shift that truly put pharmacists at the front lines of care, the Board of Pharmaceutical Specialties in the United States recognised Ambulatory Care Pharmacy Practice as a specialty practice in pharmacy. Pharmacists certified within this specialty are considered "experts in optimizing and managing the medications for patients with complex needs and who are also ambulatory". (<http://www.hwic.org/news/feb10/acpp.php>). This was a ground-breaking step for pharmacists, as it brought together the two most important aspects of pharmacy practice - medicines knowledge and accessibility - and solidified a patient-pharmacist relationship historically reserved for physicians. Such initiatives enable the efficient use of healthcare providers to their maximum capabilities - with pharmacists focussing on patient/medicines management, physicians can concentrate on diagnosis and treatment. Collaborative practice arrangements enable even more synergy among healthcare professionals in the care of complex patients.

A Future Vision for Complex Patients

With the aims of advocating increasing roles for pharmacists in the management of complex patients, and providing an extensive platform for learning and growth to do just that, FIP has made "Complex Patients" a priority for 2013. Taking place in the beautiful city of Dublin, Ireland, the 2013 FIP World Congress of Pharmacy and Pharmaceutical Sciences has adopted the theme of Complex Patients and will examine the issue from all standpoints: biological (emphasising the current development of systems biology), medical (demographics, genetics, smoking, alcohol, diet and multiple diseases), socio-economic (availability of resources, literacy) and cultural (beliefs, traditions, religion). Pharmacists have the ability and opportunity to support patients in every aspect of complexity.

In delivering the overall message, Programme Chairs Professors Geoff Tucker and Phil Schneider emphasise that patients are likely to become increasingly complex as they grow older and develop multiple diseases requiring treatment with several medicines. In turn, this creates the need for integrated care across medical specialties and effective collaboration within a team of health professionals. The pharmacist is an important member of this team with an important role to play in understanding and managing the complex patient, especially with respect to responsible medicines use.

Having considered why patients are complex, sessions within the Congress will address the needs of complex patients, how these needs are currently being met, and emerging and future strategies for treating the complex patient. By providing evidence-based scientific information and embracing collaborative practice the pharmacist should have a critical role in dealing with complexity in patient care.

The Challenges of Complexity - finding solutions at the FIP Congress

It is imperative that complexity is also considered from the perspective of the patient, who may or may not consider themselves "complex". For each person, their primary concern is how their illness, and secondary to that, their medicine, will affect their daily lives. With that in mind, the FIP Congress will address complex patients also from illness perspectives.

Dr Timothy Chen, associate professor at the University of Sydney specialising in mental health, says that it is known, for example, that pharmacists often feel more comfortable and confident contributing to the management of physical conditions, such as cardiovascular disorders, than mental disorders. He explains that the global disease burden arising from mental illness is immense. Although there are different modes of management for mental disorders (eg psychotherapy), drug therapy is the major modality of treatment for many conditions, such as depression, bipolar disorder and schizophrenia. Therefore pharmacists, as experts in pharmacotherapy, should have a major role in the management of mental illness.

Equally, there are many other factors that can make the management of patients with a mental illness more complex. Examples include the high rate of medication non-adherence (estimated to be approximately 50%) in patients prescribed antidepressant and other psychotropic medicines and the burden of managing significant adverse effects, such as diabetes, weight gain and dyslipidaemia. Although there are many challenges in the management of mental illness, pharmacists should and do have a major role to play in the delivery of effective health care. Dr Chen will address factors contributing to the complexity of mental health patients, and how pharmacists may best support these patients in the community, in a Session in Dublin.

Taking the issue of complexity from the perspective of life-threatening diseases and the medicines that treat them - both current and emerging - Professor Ross McKinnon will be leading a series of lectures that address the complexities of the cancer patient. Key factors to consider in such discussions are that cancer does not discriminate, and cancer is also a disease of ageing. This means that for many, cancer is diagnosed in the presence of a range of co-morbidities including chronic conditions such as diabetes, cardiovascular disease and musculoskeletal conditions.

Pharmacological management in these circumstances is challenging with a host of issues including the number of medications required, the risk of drug-drug interactions and the need to minimise drug toxicity. In parallel with these pharmacological challenges, significant psychosocial issues raised by the diagnosis of cancer add further complexity. The issues are perhaps brought into sharp focus in patients with advanced cancer where surgical options are limited and drug therapy is necessarily intense and the risk of toxicity high.

Nowhere do pharmacists interact with complex patients more than in the community. Ms Karin Graf supports the goal that pharmacists should be at the core of partnerships when it comes to managing diseases in the community such as asthma, monitoring patients, performing triage, advising about treatment options and preventing additional complexities. More than 300 million individuals worldwide are afflicted with asthma and they often receive care and counselling from pharmacists. Ms Graf's Session in Dublin will focus on how the both the health and economic burdens of asthma can be reduced through these patient-pharmacist relationships.

The examples given above illustrate only a fraction of topics that will be addressed at the 2013 FIP Congress in Dublin, all centred on how the pharmacist is ideally skilled and positioned to ensure that complex patients receive the best care possible. Thousands of pharmacists from all over the world, and from all areas of pharmacy practice and science, will convene in Dublin to work towards a future in which multi-disciplinary approaches maximise healthcare contributions for the full benefit of patients, despite their wide range of social, cultural, medical, biological and medical diversity.

For more information on the FIP Congress in Dublin and its perspective on Complex Patients, visit the website at www.fip.org/dublin2013