

DIABETES PROGRAMME FOR PHARMACIES



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Diabetes is a national disease that affects approximately 500 000 persons in Finland. Among them, 50 000 have type 1 diabetes and 250 000 persons have type 2 diabetes. Approximately 200 000 persons have type 2 diabetes without knowing it. Diabetes makes the person susceptible to comorbid conditions. Chronically increased blood sugar levels cause changes in small blood vessels, therefore causing a loss of sensation (neuropathy), as well as changes in the fundus of the eye and kidneys. Diabetes also exposes the patient to arterial diseases, and it is the largest single factor behind amputations, heart attacks or strokes.

The main purpose of the diabetes programme for pharmacies is to contribute to the treatment success and the prevention of diabetes. The programme helps ensure the strong competence of pharmaceutical personnel in the treatment and prevention of diabetes and its comorbid conditions, and to strengthen the local co-operation between the pharmacies and other types of health care and patient organisations. The cooperation helps ensure common practices and guidance throughout the patient's care chain.

The diabetes programme for pharmacies was launched in 2001 to promote the goals of the **Diabetes prevention and treatment development programme 2000–2010 (Diabeteksen ehkäisyn ja hoidon kehittämissuunnitelma, DEHKO)**, and it is also in line with the **'Yksi elämä' (One life) project entity** by The Finnish Diabetes Association, Sydänliitto (The Finnish Heart Association) and Aivoliitto (The Finnish Brain Association). The particular focus of the programme is on the prevention of type 2 diabetes and increasing the efficiency of care.

The Association of Finnish pharmacies coordinates the programme nationally together with The Finnish Diabetes Association, informs the pharmacies of current news and organises training. The actual operational methods and models are agreed upon locally.

Diabetes contact persons in pharmacies

The pharmacy participating in the diabetes programme appoints at least one pharmacist or qualified chemist as the diabetes contact person who is in charge of carrying out the programme. The contact person learns about the prevention and treatment of diabetes and coordinates

diabetes-related further training and in-service training in the pharmacy. The contact person promotes the local co-operation between doctors, pharmacies and nursing staff and operates as a link between the pharmacy and other local operators. The contact person also finds out about regional patient organisation activities and charts out the co-operation possibilities.

Local co-operation

Co-operation with local health care and patient organisations (such as diabetes organisations and clubs) and other partners is the prerequisite for successful treatment and prevention of diabetes. It is important that the information about the prevention and treatment of diabetes provided by different operators is consistent.

By meeting different operators and getting to know their tasks and the supply of services, it is possible to find out how the treatment, prevention and rehabilitation have been organised in different municipalities. When local operational methods and customer counselling are agreed upon, the consistency and extensiveness of information provided to the customer can be ensured. The diabetes contact person or the diabetes contact persons of local pharmacies together can be the initiators in the co-operation.

Preventing diabetes and detecting the patients at risk

The foundation for the prevention of type 2 diabetes is the prevention of development of overweight. This approach should always consist of physical exercise and a healthy diet. The topics of lifestyle guidance provided



The tasks of the diabetes contact person:

LEARNING about the prevention and treatment of diabetes and its comorbid conditions and coordinating diabetes-related further training and in-service training in the pharmacy.

PROMOTING local co-operation between doctors, pharmacies and nursing staff and operating as a link between the pharmacy and other local operators.

FAMILIARISING with the regional patient organisation activities and charting out joint operation possibilities. When possible, the pharmacy's public health contact persons work together to carry out all public health programmes in the pharmacy.

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in pharmacies include, in particular, **weight control, diet, exercise, quitting smoking and cutting down alcohol consumption.**

The persons who have type 2 diabetes in the family have a high risk of developing diabetes. Diabetes is not a hereditary disease, but the susceptibility to develop it is inherited. Other risk factors include **pregnancy diabetes, increased blood pressure, slightly increased blood sugar, overweight, and abdominal obesity.**

In order to detect the risk patients, the pharmacy can benefit from the type 2 diabetes risk test compiled by The Finnish Diabetes Association. Prior to introducing the risk test, it is recommended to negotiate with local health care providers about the criteria of referral for treatment and the counselling of risk patients.

The pharmacies can also carry out other tests related to the patient's lifestyle or other health-related measurements. Tests and measurements can be implemented together with other health care providers or patient organisations, for example, in connection with theme days and campaigns. When performing point of care testing (such as blood sugar measurements), any requirements set by authorities must be taken into consideration.

Supporting successful pharmacotherapy

The starting point for diabetes treatment is the self-care performed by the diabetic patient. This requires information, skills, coping and motivation. The diabetic patient is the crucial actor in self-care.

Treatment success and adherence to treatment are obtained as a result of a joint operation between the patient and all types of health care providers. At the beginning of

the treatment, in particular, the patients need a variety of information in order to adopt the principles of the treatment and to commit themselves to the goals of the treatment. In addition, the patients following long-term pharmacotherapy need continuous support and motivation in order to implement the treatment. This requires good co-operation between different health care facilities.

Patients with regular pharmacotherapy visit pharmacies more often than other health care facilities. The diabetics or their family members visit the pharmacy at least four times a year. Therefore, the pharmacy has the possibility to ensure that the customers are aware of the correct and safe use of the medicine and that they adhere to their treatment. Together with the customer, the pharmacy staff discusses the implementation of the pharmacotherapy and any issues that might influence it.

It is the duty of the pharmaceutical staff to provide the customer with guidance in any issues related to the use of the medicine. The customer is provided with information about **the mode of action of the medicine and how, when and how long the medicine should be used.** It is important to highlight that healthy lifestyle choices contribute to the successful pharmacotherapy and reaching the goal of the treatment. It is also good to inform the customer of the most common adverse effects of the medicine and what to do if any of them should arise. When selecting self-care medicines, the customer's disease and other medication used must be considered.

The follow-up of the treatment plays a central role in

the treatment success of a diabetic patient, including self-monitoring and regular visits and examinations with a doctor and a nurse. It is important that the diabetic understands the significance of regular self-monitoring and examinations. For this, the diabetic needs education and support, as well as interest from everyone participating in the treatment, including the pharmacies.

Monitoring the overall medication use

Pharmacotherapy is always individually customised. It is influenced by the disease and its difficulty level, any other diseases the patient may have, risk factors and costs of the treatment. Often combination therapy is required to reach the goal of the treatment. Diabetes includes the risk of comorbid conditions, and as the patient gets older, the number of other diseases and medicines used may increase. At the same time, the risk of medicine interaction and overlapping medication increases.

The information available at the pharmacies can be used to monitor the implementation of the customer's pharmacotherapy. The pharmacies also have the preparedness to **verify medicine interaction**. In problem situations, suitable solutions can be discussed in co-operation with the customer, the doctor and the nursing staff, in order to obtain successful pharmacotherapy. The service supply of many pharmacies also includes separate services available by appointment for



verifying the overall medication and the success of the pharmacotherapy, such as a **reminder service for taking the medicine, medication verification service** and **the overall evaluation of medication**.

THE PHARMACY'S TASKS IN THE PREVENTION AND TREATMENT OF DIABETES

MEDICINE COUNSELLING

- Supporting the diabetic's self-care: Counselling related to the medicines and pharmacotherapy and motivation for the correct use of medication and treatment follow-up.
- Monitoring the implementation of the pharmacotherapy, recognising possible problems and solving them together with the doctor in charge and the diabetic.
- Referring to a nurse or a doctor, if necessary.
- Screening for any overlapping medicines or medicine interactions.
- Guidance in financially sensible methods for acquiring the medicines.
- Taking the diabetes and regular medication into account when selecting a suitable self-care product.

LIFESTYLE

- Discussing the significance of a healthy diet, weight control and exercise in the prevention and treatment of diseases.
- Motivation to quit smoking.
- Supporting lifestyle changes, among others, by distributing information about local operations and by using material suitable for the topic.
- Recognising risk patients and referring them to treatment.

CO-OPERATION

- Agreeing about local operational methods, together with other health care providers and organisations.
- Participating in activities preventing diabetes and its comorbid conditions with other local operators.
- Distributing information about The Diabetes Association and ensuring the availability of the related material.



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