>Statement of Objectives

After reading this lesson you will be able to:

1. Identify special patient groups that require special counselling attention
2. List challenges contributing to nonadherence to therapy in these groups and barriers to communication
3. Describe specific aspects of some special conditions affecting adherence
4. Describe how pharmacists can help these patients
5. List different techniques and tools to assist counselling in special patient groups
6. Describe the adaptations that pharmacists need to make to prepare themselves and the pharmacy environment to assist in counselling special patients

>Instructions

1. After carefully reading this lesson, study each question and select the one answer you believe to be correct. Circle the appropriate letter on the attached reply card.
2. Complete the card and mail, or fax to (416) 764-3937.
3. Your reply card will be marked and you will be advised of your results in a letter from Rogers Publishing.
4. To pass this lesson, a grade of 70% (14 out of 20) is required. If you pass, your CEU(s) will be recorded with the relevant provincial authority(ies).
(Note: some provinces require individual pharmacists to notify them.)

1 CEU

Approved for 1 CE unit by the Canadian Council on Continuing Education in Pharmacy.

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COUNSELLING SPECIAL PATIENT GROUPS

by Melanie Rantucci, M.Sc.Phm., Ph.D

INTRODUCTION

Case 1:
Pharmacist Sherry has just finished preparing four prescriptions for Jerry, a newly diagnosed patient with HIV/AIDS who lives alone. He appears distressed and asks about developing "buffalo hump."

Case 2:
Next, Linda, who cares for her mother with terminal cancer, telephones to ask pharmacist Sherry about a herbal remedy she has heard about that may reduce analgesic induced nausea.

Case 3:
Then Kim, a middle-aged woman brings in a refill prescription for an antidepressant. Pharmacist Sherry starts to ask about how her medication is working, but finds Kim is unfocused and inattentive. Sherry is feeling depressed herself at this point, and wonders how she can possibly meet the needs of everyone.

Most pharmacists see a wide cross-section of patients – young and old, those with mild and serious illnesses, acute and chronic illnesses – and everything in between. All patients have basic needs as human beings. As victims of illness, they require a baseline of pharmaceutical care services. However, as Sherry has discovered, some have greater needs and require more intense concentration of services.

Special patients encompass a number of patient groups including the elderly*, children*, disabled patients, psychiatric patients, patients with critical and life-threatening illnesses such as HIV/AIDS, organ transplants, cancer, and patients with fatal illnesses undergoing palliative care. These patients are special because they are faced with a variety of issues that limit their quality of life and ability to function in the community – to work or participate in recreational and social situations. Pharmacists who practice in specialized settings dealing primarily with one group of patients, such as a dialysis clinic or in a mental health facility, come to understand that their patients are affected physically, mentally, socially and environmentally. Special patients are more frequently being treated in the community, so pharmacists in community practice need to recognize their needs and find ways to meet them.

**To be addressed in future lessons in this series.*

CHALLENGES FACED BY PATIENTS

SPECIAL PATIENTS FACE A NUMBER OF CHALLENGES that contribute to nonadherence and increased pharmaceutical care needs including therapeutic, psychosocial, environmental and communication challenges.

Therapeutic Challenges: Special patients have symptoms which, at times, can be

very debilitating, such as severe and/or chronic pain, extreme and disruptive moods, fatigue or physical disfigurement. They take a variety of medications to manage their symptoms and address the adverse effects of other medications or complications resulting from their debilitated state, such as infections. These medications often require multiple and varied administration schedules and a variety of administration techniques that can be inconvenient, confusing and uncomfortable. Patients may need to be admitted to hospital to initiate or regulate therapy or attend an outpatient clinic regularly to receive therapy. Because these patients tend to be unstable, medication is frequently changed, adding to the confusion.

Medications for patients in these special groups are often potent and sometimes experimental and there is a high likelihood of adverse events and side effects. As there is often no alternative, patients must endure these often uncomfortable, serious, and embarrassing effects such as hair loss, loss of libido, skin rashes, diarrhea and decreased immunity to infections.

As a result of these medication challenges, special patients have a higher likelihood of not adhering to medication regimens compared to the average patient.

Special patients may also seek nontraditional treatments from a variety of alternative practitioners and substances. The Internet has vastly expanded the access that patients have to information about treatments and practitioners, but the credibility and quality of information may be questionable and is difficult to verify. Patients may be willing to go to great expense, travel great distances, and undergo unpleasant and possibly intrusive treatments with very little evidence of efficacy. Some may seek validity before proceeding, but others will keep these treatments secret from traditional health providers, resulting in confusion because the efficacy of traditional treatments is not accurately assessed. Some nontraditional treatments may counteract traditional medications and may result in adverse effects or, worse still, patients may abandon possibly effective traditional treatments.

Psychosocial Challenges: Patients faced with serious, chronic, or terminal illnesses experience a range of feelings.[1] When faced with terminal illness, people may go through a series of emotional stages: first denial, then anger (why me?), later bargaining (yes me, but…), then depression as reality sets in, and finally acceptance.[2] Patients may go through these stages in varying order and may continually cycle through these emotions as the disease progresses. Patients with chronic or serious illnesses and families of seriously ill patients have also been found to go through these emotional stages and may need emotional support, medication and counselling.[2]

Special patients may also feel frustration at the disruption in their lives and inability to perform usual activities and functions. They may suffer from fear and anxiety about symptoms and illness prognosis and the social consequences of their illnesses such as loss of job and status.

Patients may feel damaged or "different" in some way as a result of physical changes in addition to being ill and having to take medications. Feelings of anger, dependency and guilt at not being able to be the person they were (parent, caregiver, lover, bread-winner) may be followed by loss of self-esteem and depression. This may become so significant that patients require treatment through medication and/or psychological therapy.

Patients with conditions such as HIV/AIDS and mental illness are also faced with social stigmas. Despite efforts by disease and public health organizations and the popular press to educate the public, individuals still harbour biases, including patients themselves. Patients may react by isolating themselves and resisting communication.[3] Pharmacists and other health-care workers are not immune to feelings of bias, fear and discomfort which may result in minimal interaction with patients and not providing necessary information and monitoring.

Special patients may also have feelings surrounding medication use. They may adhere to medication because it is a fact of life, in order to lead a more normal life, reduce discomfort or social embarrassment, and to reduce worry.[4] Unfortunately, medication may also become a symbol to patients that they are "different" or cause embarrassment resulting in nonadherence.[4]

Knowledge about the medication and illness as well as the individual's decision-making process can affect decisions about whether or not they will adhere to medication regimens. However, it is not always a logical process. The patient's values, beliefs, experiences and emotions will often affect their decisions, rather than a rational weighing of the pros and cons.[5] Patients have to process and assess the probabilities about their prognosis, treat-

FACULTY COUNSELLING SPECIAL PATIENT GROUPS

ABOUT THE AUTHOR

Melanie Rantucci has a doctorate in pharmacy administration. Her research involved patient counselling for nonprescription drugs and factors affecting drug misuse in the elderly. She has published numerous articles on counselling, as well as books which have been distributed to pharmacists and pharmacy schools around the world. In addition, Melanie has presented workshops on patient counselling for practising pharmacists across Canada and in the U.S.

REVIEWERS

All lessons are reviewed by pharmacists for accuracy, currency and relevance to current pharmacy practice.

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ment choices, risk of side effects and effectiveness of medications in order to make decisions. This is very difficult for many people. There is a significant effect on the quality of life of special patients. Their physical, emotional, mental and intellectual capacities, their ability to function at work, in social situations and within the family, and their perceptions of their abilities and satisfaction with those abilities are changed due to the illness and medication use.[6]

Environmental Challenges: Special patients usually require treatments from several physician specialists, physiotherapists, dietitians, psychologists, nurses and pharmacists. Not all patients have ready access to these professionals, either because they are physically distant from specialized health-care facilities or because of waiting lists. Health-care providers may be unable to provide the desired monitoring of symptoms and therapeutic interventions, so adverse effects go unchecked or ineffective treatments are not changed. Due to the infrequency and brief meetings with the specialist, the patient's needs may not be adequately met and they may lose confidence in their care.

Diagnostic procedures and medications may also not be available under hospital or drug-plan policies or made available only under specific, documented conditions resulting in delays to treatment or no treatment at all. Sometimes medications are experimental and require the patient to undergo additional testing and appointments.

Special patients need a great deal of social support. Family or friends often provide this, but some patients are isolated geographically or emotionally. They may need a range of services to help with daily living, such as bathing, dressing, shopping, transportation, medication administration or simply social contact. Without some degree of social support, special patients may be unable to adhere to medication regimens, lose motivation and deteriorate physically and mentally.

Communication Challenges: Communication with family, friends and health-care providers can be difficult for patients because of the above challenges. A patient's illness may make it difficult to read or hear information because of physical and emotional factors such as fatigue, stress, pain, discomfort or visual, mental or auditory disturbances. Physical and mental states also interfere with a patient's concentration and memory, causing the patient to forget up to 50% of what the physician has said immediately following their visit.[7] Sometimes these communication difficulties are obvious. At other times, the health-care provider must rely on nonverbal cues to recognize that a patient is not receiving verbal messages. Nonverbal cludes may include lack of attentiveness, turning or inclining the head to hear better, or frowning or appearing annoyed or agitated.

Special patients may be particularly difficult and demand assurance and information, all of which requires extra time. Such demands may be a direct result of the condition, such as psychiatric conditions which can cause thought and mood disorders. The various emotional stages accompanying serious illness may also affect communication. When experiencing denial, patients may be unwilling or unable to discuss their condition or treatments, or they may need to talk about their feelings.[1,8] When experiencing anger at their situation, patients may complain a lot and appear angry at caregivers. They may also become lonely, having driven many people away, and therefore look to the pharmacist or others to fill the gap. When in the bargaining, depression and acceptance stages, they may become introspective and meditative and not want to communicate.[1,8]

Special patients have many information needs. When this required information is provided in large quantities from a variety of sources, it can be difficult to absorb. Complicated information, provided without explanation or defining terms, may be incomprehensible.

Patients need to comprehend risk, make decisions and assess treatment options. Information is helpful in decision-making, but the source of information is important. Anecdotes from family, friends and celebrities may be accepted over information from health providers.[5]

Communication through caregivers, acting on behalf of seriously ill patients, may interfere with an accurate assessment of the patient's needs and miscommunication of information. Infrequent interactions and unsatisfactory relationships with health-care providers along with all the other communication challenges can result in nonadherence.[7]

SPECIFIC ISSUES IN THERAPY OF SPECIAL PATIENT GROUPS

ALTHOUGH THE CHALLENGES DISCUSSED ARE common to all special patients, different patient groups have unique needs. Specific issues involving psychiatric patients, HIV/AIDS and cancer patients will be discussed to demonstrate the unique needs of these patient groups.

Psychiatric Patients

Case 4: *Sue has been having difficulty sleeping and focusing at work for several months and frequently cries over small issues. Prior to this, she experienced several weeks where she felt super-charged and took an unscheduled trip, resulting in the loss of her job. She has been referred to a psychiatrist who prescribed an antidepressant and a mood stabilizer. Sue doesn't want medication because her friends will find out and think she is crazy.*

According to the Canadian Mental Health Association, one in five Canadians will be affected by a mental illness at some point in their lives.[9] When their conditions are well-treated, patients with psychiatric conditions interact in a socially acceptable manner and are able to complete most required activities of daily living. At other times, they may act "different", avoid eye contact, make bizarre statements, and demand attention. Pharmacists may find it difficult to communicate with these patients because they fear the patients' reactions – emotional outbursts, anger, refusal to accept treatment, confusion, excessive anxiety and need for reassurance.[3]

Of particular concern for pharmacists are ways to approach the task of educating patients about the adverse effects of medication, how to monitor effectiveness and occurrence of adverse effects, and how to encourage adherence. One-third to one-half of psychiatric patients fail to adhere to their medications, resulting in relapse, hospitalization and poor community adjustment.[10] Factors contributing to nonadherence include drug side effects and treatment ineffectiveness (or treatment success in the case of patients who miss manic symptoms).[12]

Patients with psychiatric conditions generally require long-term treatment with medications that have adverse effects that can be permanent or serious (e.g. tardive dyskinesia, agranulocytosis) or can affect quality of life (e.g. weight gain, loss of libido). Although some newer therapies, such as the atypical antipsychotics and SSRIs, are less likely to result in permanent or serious side effects, there are still risks that patients should be able to recognize. Pharmacists may avoid discussing adverse effects, fearing the patient's reaction. Experiencing or fearing adverse effects may contribute to nonadherence by patients with mental illnesses. However, reduced symptoms and subjective feelings of well-being while on medication may improve adherence.[10,12] The individual patient's mood and cognitive state will affect his ability to communicate and focus on information. By using open-ended questions at the beginning of the interview, the pharmacist may observe obvious inattentiveness or inappropriate responses, indicating that the patient is unable to communicate effectively at that time.[3]

Since psychiatrists, psychologists, various therapists and a family doctor may be involved in a psychiatric patient's care, communication amongst caregivers can become a problem. However, patient privacy must be considered because the social stigma of mental health can affect patients' relationships with co-workers, employers, family and neighbours. In most cases, the patient should consent before the pharmacist communicates with any of the patient's professional or social contacts. However, they should be informed that the pharmacist may discuss certain issues with other health professionals from time to time, particularly in situations where there is a significant risk to the patient or others, such as suicide or violence. A private area should be available for consultation with the patient and telephone conversations should be conducted in private to maintain confidentiality.

Monitoring patients on psychiatric medications can be difficult because it requires engaging the patient in a discussion about a long list of adverse effects and symptoms. Check-off lists for symptoms such as the HAM-D (Hamilton Psychiatric Rating Scale for Depression) for depression symptoms (available online) may simplify assessment.[13,14]

Typically, medications for psychiatric conditions require time to show effect, sometimes six to eight weeks after the appropriate dose has been achieved.[15] Patients should be aware of this and encouraged to continue medication. Non-response should be noted so that changes to the regimen or medication can be recommended.

Improving adherence rates for psychiatric patients can best be accomplished by combining educational, behavioural and effective strategies that may include the family in understanding the condition, issues around medication and compliance, and development of a relapse prevention plan.[11]

Patients with HIV/AIDS

Case 5:

Vic is on four medications for HIV/AIDS. His profile indicates that he has not been taking all the doses of his medications. When the pharmacist investigates, Vic explains that he has found a new alternative treatment that he thinks will work better.

Health Canada reports that there have been 53,887 positive AIDS tests reported in Canada since 1985 when testing began, and approximately 2,000 new reports are received each year.[16] Since the advent of highly active antiretroviral therapy (HAART) in the mid-1990's, patients are living longer and healthier lives and can be treated in ambulatory care settings.[17] HIV-positive individuals take an average of two to five medications, sometimes up to 24, including several antiretroviral drugs, medications to prevent or treat opportunistic infections, investigational drugs, nonprescription medications, nutritional products and alternative therapies.[18] Adherence to medication is critical. One study has shown complete viral suppression in 25% of patients with 70 to 80% adherence, compared to 81% for patients with 95% adherence.[17] Nevertheless, 30 to 70% of HIV-positive patients omit drug doses.[18] Polypharmacy is the main cause of nonadherence, due to forgetfulness, inconvenience and scheduling problems.[18] Occurrence or avoidance of side effects, and uncertainty regarding drug's efficacy also contribute to nonadherence.[18]

Also of concern is the use of alternative and sometimes unorthodox treatments such as mega doses of vitamin C, AL-721 (neutralipid), ribavirin, dextran sulfate and fetal sheep cell injections. Used by 13 to 39% of HIV-positive patients, they are usually associated with advanced illness.[18] Many patients probably never report the use of alternative treatments for fear of embarrassment, disapproval by medical personnel or desire for autonomy and privacy.[18]

Access to necessary medications can pose a hardship on HIV-positive patients as they need multiple and costly medications at a time when they may be unable to work.

Psychological support is a necessary part of an HIV-positive patient's needs. Their diagnosis can result in fewer social supports. Those who do provide support may need assistance themselves while dealing with the many issues and needs of the patient.

Patients with Cancer

Case 6:

Lou is a 78-year-old man with prostate cancer who has been presented with various options for treatment. He has been given lots of information but he is confused about the different options and asks the pharmacist what would be best.

It has been predicted that about 40% of people in Canada today will develop cancer in their lifetime and that 2% of Canadians are currently living with cancer.[19] In 2003, 139,900 new cancer cases were diagnosed and 67,400 deaths from cancer occurred.[19] Treatments, including surgery, chemotherapy and radiation and combinations of these treatments are administered in a hospital setting. However, patients often live at home for all or part of these treatments. This can be a source of confusion because communication may not always occur between health professionals in different practice sites.*

Since many chemotherapeutic agents have the potential to present with adverse side effects, patients may experience a range of adverse effects such as bone marrow suppression, nausea, vomiting, alopecia, mucositis and diarrhea.[20] Medication is often necessary to treat side effects and cancer pain. Nonadherence

**Seamless care will be addressed in a future lesson.*

TABLE 1 Dealing with Patients' Emotions and Behaviour[1,2,8]

Emotion/Behaviour	Recommended Reaction
Denial: questioning diagnosis and information provided	Empathize, listen Repeat information that patient may not have absorbed due to shock Provide additional information Reassure (avoid false reassurance)
Anger: blaming, questioning, feeling helpless, complaining	Listen: let the patient vent, then try to find source of anger Do not return anger Empathize
Depression: silent, crying, grieving	Listen Empathize Help patient focus on what can be done
Bargaining: confused, trying to weigh options	Listen Provide information Provide decision-making tools
Acceptance of situation: calm and resigned	Allow privacy Empathize Offer to help keep comfortable
Lonely	Allow time to talk Refer to support groups
Disoriented, abstract behaviours	Listen, Avoid trying to reason Contact family/care givers Refer to support group or treatment

may result from fear of adverse effects, lack of belief in effectiveness, or desire for control over fate.

Beyond therapeutic care, patients and their families need psychosocial assistance. A diagnosis of cancer can leave patients and their families in shock and unable to process treatment information so that the timing and method of education can be critical.[21] Health professionals may lack concrete information about diagnosis and may be unclear about what and how information can be disclosed.[22] Privacy, time and honest communication have been identified as important needs of families.[22]

Many cancer patients look to unconventional treatments for a cure or symptom control. These may include herbal preparations, reflexology, acupuncture and traditional Chinese medicines. Although not all health professionals are comfortable with this, it is generally recognized that unconventional treatments have a role "to promote improved quality of life, maintain hope, enhance feelings of control and encourage healing within the cancer experience."[23] However, patients need a referral to reputable practitioners and information resources. The Canadian Cancer Society and the B.C. Cancer Agency provide reliable information for patients and health-care providers on many treatments and tips on evaluating information and asking questions.[23] The pharmacist should also inform the patient of any contraindications for the use of alternative therapies with the patient's medications or medical conditions.

Patients are often presented with a number of options for treatment. Although given information about risks and benefits, patients may still find it difficult to make decisions. Pharmacists can simplify the information and provide decision-making support. The Ottawa Health Research Institute has developed decision-making tools for patient use, some specific for breast and lung cancer (available online at http://decisionaid.ohri.ca/decaids.html).[24]

Although many patients recover from cancer, some will require palliative care. This is usually provided by a team of doctors, nurses, counsellors, pharmacists and nutritionists with the aim to manage symptoms so the patient experiences less suffering and an improved quality of living.[25] Pharmacists' roles in a palliative care team will involve symptom management and advising on pain control, mouth care, skin care, control of nausea and vomiting and communication of the options with the patient, family members and care givers. Communication amongst the team members is crucial. It is important that all members of the palliative-care team recognize their individual areas of expertise. By focusing on the patient's needs and utilizing effective two-way communication, team members can collaborate to maximize outcome management and better serve the patient.

MEETING SPECIAL PATIENTS' NEEDS

TO ASSIST SPECIAL PATIENTS WITH THEIR unique needs, pharmacists need to adapt their counselling and services in a number of ways.

Counselling Approach and Attitude: Pharmacists dealing with special patients must have a non-biased approach to treatment options and patient behaviour. These patients are more likely to consider using alternative treatments so pharmacists must inquire about them to prevent drug interactions or harm. They must also be able to direct patients to legitimate sources of information, such as the Canadian Cancer Society. They must overcome their own biases and refrain from judging the patient's decision to use these alternative treatments while providing sound guidelines to patients including:[23]

- Tell physicians about alternative treatments being used
- Use products for short periods and in moderation
- Do not use in place of prescribed treatment
- Purchase products from reputable suppliers
- Be cautious when using highly concentrated oils and teas
- Do not give to children

Patients with special conditions may demonstrate a range of strong emotions and behaviour. Pharmacists must recognize that this may be a result of their illness even if directed at the pharmacist. Table 1 provides some suggestions on

how to deal with strong emotions and behaviour.

It is important for pharmacists to become part of the interdisciplinary team of health professionals and care givers usually involved with special patients. They should ask who is involved and get consent to share information about drug-related issues.

Apart from managing medication for special patients, pharmacists can help to improve their quality of life (QOL) by:[6]

• Including lifestyle characteristics (occupation, family situation) on patient's profile and considering these in discussions with the patient

• Discussing whether therapy is likely to interfere with important aspects of the patient's lifestyle

• Offering suggestions on how to minimize the impact of negative effects of therapy on QOL

• Communicating medication-related QOL complaints to the physician and suggesting alternatives.

Counselling Techniques and Tools: Many information resources have been developed about conditions and medications for use by patients with special conditions. Pharmacists should research and become familiar with these so they can inform and refer patients.Websites such as the Cancer Society (www.cancer.ca), Canadian AIDS Treatment Information Exchange (www.catie.ca), and Health Canada's Health Network (www.hc-gc.ca) provide information for patients and health professionals. For patients without the skills or access to computers, they can be referred to public libraries for Internet access or the pharmacist can download some of these resources. Public libraries sometimes have medical information resource capabilities.

Referral to disease organizations and other local groups can also provide social and environmental support by assisting patients in finding appropriate specialists, legitimate alternative treatments, and even transportation to appointments. They can also be a link to other patients who can share concerns, information, resources and reduce isolation.

Patients learn through different means and a patient's illness may make certain learning strategies more difficult. Written information must be assessed for readability and should be reviewed with the patient verbally. Patients should be taught the vocabulary of their illness so they can comprehend information and converse with their physicians. The Cancer Society website provides a glossary of terms for cancer patients.

Audiovisual resources can be helpful for patients who are suffering from fatigue and discomfort. These resources require less concentration. Audiovisual materials often include discussions with other patients which can instill confidence and hope. Patients can be provided with audiotapes of their consultations with specialists which they can listen to privately, in their homes. This allows the patient to absorb the information, empowers them and increases their ability to make decisions.[21]

Tools to assist memory and organize multiple medications should be made available. Dosettes, medication cards, charts and reminder phone calls can be helpful. Setting up a reward system or a contract can be effective when patients aren't motivated to take their medication. Referrals should be made to home-care agencies if there are no family or friends available to supervise medication use and provide support. Home-visit consultations allow the pharmacist to conduct a more thorough review of medications, identify and resolve medication-related problems, and provide some social support.

Check-off lists of symptoms and diagrams to identify symptoms of illness or adverse effects can be helpful in monitoring patients.

Pharmacy Environment: Privacy is of the utmost importance to some special patients because of societal biases. Providing a private area for counselling or arranging for home consultation will help patients absorb necessary information and speak freely about their symptoms and concerns.

Accessibility may become a problem for patients in wheelchairs or for those in a weakened state who are unable to leave

TABLE 2 Comprehensive Pharmacy Services for Special Patients

- Provide education on condition, medication and medication use using a variety of methods (written, audiovisual, verbal):
  - brief description and indication for each medication
  - aspects of drug administration – in relation to food and other drugs
  - description of adverse effects – how to distinguish severe from less serious
- Skill development for administration of medications for patient/caregivers
- Access to educational materials on nonconventional treatments
- Schedule medication to fit patient's life
- Provide dosettes, charts, unit dose as needed
- Motivate patient to adhere through contracts, rewards, counselling
- Monitor adverse effects, suggest ways to manage
- Monitor symptoms for effectiveness of medications and show patients how to do this
- Counselling in private, appropriate use of telephone
- Counselling and tools used for decision-making
- Referrals to support groups
- Advocacy and information available on access to drugs and services – referrals to health professionals, care givers, agencies, special programs, government programs, clinical trials, less expensive alternatives
- Counselling and education for family and caregivers on assisting patient, relapse planning and palliative care
- Communicating with other health professionals and involvement in the team (e.g. palliative care team)
- Provide home visits for patients unable to come to the pharmacy
- Empathy and emotional support for patient and family

their homes. The pharmacy should be wheelchair-accessible and provide delivery and home consultation.

Comprehensive Pharmacy Services

To meet special patients' many challenges, additional comprehensive pharmacy services are needed. A summary of services that pharmacists can provide is shown in Table 2.

Coping with Special Patients' Needs

Pharmacists are ideally placed to recognize the issues affecting medication adherence by special patients and to address them through advocacy, education, referral, consultation and monitoring. This often involves searching out special resources or developing resources to suit specific needs. The psychosocial and environmental aspects of illness must be taken into consideration, and pharmacists need to empathize with patients and their families.

Pharmacists need to take care of their own physical and emotional needs in order to remain effective with patients. Gaining extra knowledge and staying up-to-date on specialized treatments and resources can reduce the stress of answering questions from patients and healthcare providers. Empathizing with patients, without becoming overly emotional, can be a challenge. However, the pharmacist should avoid becoming detached. Coping mechanisms for the pharmacist can include talking with peers, appropriate humour and having sufficient personal time. Recognizing personal biases and stress levels is important and should be dealt with.

Although working with special patients requires extra time, effort and may cause stress for the pharmacist, it can be very rewarding as patients and their families will be generous in their appreciation and praise.

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QUESTIONS

1. Which patient could be considered "special"?
a) 79-year-old male with an upper respiratory infection
b) 28-year-old female getting a contraceptive prescription
c) 39-year-old male with hypertension
d) 48-year-old male with glaucoma
e) 52-year-old female with menopausal symptoms

2. All of the following challenges facing special patients contribute to the greater needs of of this group EXCEPT
a) Large number of medications
b) Foreign language
c) Feeling different
d) Social stigma
e) Desire to seek nontraditional treatments

3. In Case # 1, what therapeutic issues should the pharmacist consider when counselling the HIV/AIDS patient Jerry?
a) Need for privacy
b) Need for referral for help with activities of daily living
c) Feelings of anger about situation
d) Risk levels of various types of side effects
e) Waiting time for appointments with specialists

4. In Case #1, Jerry has all of the following needs EXCEPT
a) Privacy during discussions
b) Information about alternative treatments for HIV/AIDS treatments.
c) Information about adverse effects of medications.
d) Referral to support group
e) Empathetic approach

5. Which psychosocial issue contributes to the greater needs of special patients?
a) Risk of serious side effects
b) Need for stable housing
c) Social stigma of the condition
d) Involvement of many different specialized

health-care professionals
e) Multiple risky treatment choices

6. Although patients may go through various stages of emotions in varying orders, a patient newly diagnosed with terminal cancer would most likely be displaying which emotions or behaviours?
a) Acceptance of her fate, calmness
b) Depression, crying
c) Denial, questioning diagnosis and information
d) Anger, complaining about everything
e) Lonely, isolating herself from people

7. In Case #2, Sherry could provide the most assistance to Linda by
a) Providing audiovisual resources about living with cancer
b) Getting involved with the palliative care team
c) Referring Linda's mother to decision-making tools about cancer treatment options
d) Discouraging use of alternative treatments
e) Warning about the addictive properties of pain medication

8. When assisting special patients with information about alternative treatments, the pharmacist could do any of the following EXCEPT
a) Direct the patient to credible sources of information
b) Recommend use of product over extended time to see true effect
c) Avoid judging the patient's decision
d) Recommend continuing prescribed medications
e) Warn the patient about potential interactions with prescribed medications

9. All of the following statements about quality of life (QOL) are correct EXCEPT
a) QOL involves patient's physical, emotional and mental ability.
b) Patient's personal and family issues should be kept separate from clinical issues.
c) Ability to function at work and in social situations may be affected by medication.
d) Alternatives should be recommended to the physician when medication affects patient's QOL.
e) Patient should be informed how to minimize the impact of medication on QOL.

10. Which response by the pharmacist to each of the following emotions or behaviours experienced by special patients are appropriate?
a) Lonely – allow privacy
b) Anger – let the patient vent, empathize
c) Disoriented – reassure
d) Bargaining – provide information
e) Accepting, ready to die – provide decision-making tools

11. In Case #3, Kim lives with her husband and attends a local physician who has prescribed amitriptyline 25 mg tid. What issue is increasing the pharmaceutical care needs of Kim?
a) Feeling guilty for not being able to care for her family
b) Lack of family support
c) Complicated dosing regimen
d) Difficulty getting an appointment with her doctor
e) Feeling unfocussed and distracted

12. In Case #3, which resources would the pharmacist find helpful when assessing if Kim's medication is having some effect?
a) Pill organizers
b) Reward system
c) Check-off list of symptoms
d) Home visits
e) Audiovisual information

13. In Cases #1 to 3, all of the following resources can be used by the pharmacist to assist her in dealing with special patients EXCEPT
a) Utilizing a variety of information sources for patient referral
b) Staying detached and focusing on drug-related issues only
c) Keeping up-to-date on key issues relating to special patients
d) Communicating and sharing information with other involved health-care professionals
e) Arranging appointments with patients to provide in-depth counselling

14. Good resources to which pharmacists can refer special patients include all of the following EXCEPT
a) Health food stores
b) Health Canada's Health Network
c) National disease support groups
d) Audiovisual resources on disease state
e) Community support agencies

15. Audiovisual resources are helpful for special patients for all of the following reasons EXCEPT
a) Patients are unable to take in all the information in one session.
b) They can help empower patients.
c) Hearing other patients discuss issues can increase confidence.
d) They allow for two-way discussion with patients.
e) Special patients suffering from fatigue are unable to concentrate.

16. In Case #4, all of the following would help Sue to be compliant with her psychiatric medications EXCEPT
a) Educating her about mood disorders
b) Encouraging her friends to offer social support
c) Providing reassurance about the effectiveness of regular medication use
d) Keeping discussion to a minimum to avoid her outbursts
e) Explaining how to manage expected adverse effects

17. In Case #4, Sue would benefit least from which informational method?
a) Written information about mood disorders
b) Community information session
c) An audiotape depicting patients discussing living with mood disorder
d) Referral to a website about mood disorders
e) Private counselling session with the pharmacist about managing mood disorder medication

18. The most important aspect of the pharmacy environment, when considering special patients counselling needs, is/are
a) Privacy
b) Pharmacy décor
c) Comfort of seating
d) Display of products available
e) Noise level

19. In Case #5, regarding alternative treatment for HIV/AIDS, the most appropriate response for the pharmacist would be to
a) Tell Vic alternative remedies are not useful.
b) Advise Vic against telling his physician.
c) Advise Vic to continue with prescribed treatment.
d) Refer Vic to the manufacturer's website for information.
e) Tell Vic you do not know about alternative remedies.

20. In Case #6, the most appropriate help the pharmacist can provide Lou regarding treatment for prostate cancer is
a) An audiovisual tape of patients discussing overcoming the impact of cancer on their lives
b) A pill organizer
c) Written information on radiation therapy
d) A referral to home care
e) A discussion about decision-making tools and referral to a website for more information

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COUNSELLING SPECIAL PATIENT GROUPS
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1 CE UNIT IN QUEBEC
CCCEP #128-0404
AUGUST 2004

Not valid for CE credits after April 30, 2007

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Feedback on this CE lesson

1. Do you now better understand how to counsel special patients? ❑ Yes ❑ No
2. Was the information in this lesson relevant to your practice? ❑ Yes ❑ No
3. Will you be able to incorporate the information from this lesson into your practice? ❑ Yes ❑ No
4. Was the information in this lesson... ❑ Too basic ❑ Appropriate ❑ Too Difficult
5. Do you feel this lesson met its stated learning objectives? ❑ Yes ❑ No
6. What topic would you like to see covered in a future issue? _____

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