



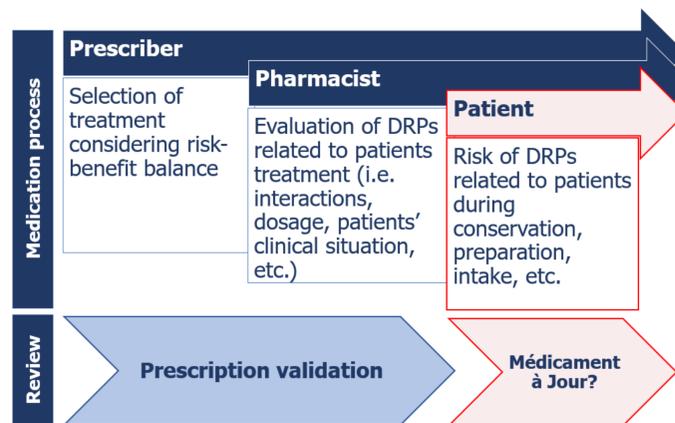
Evaluation of an enhanced service for medication review in Swiss community pharmacies “*Médicaments à Jour?*”: study protocol

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Background

In Switzerland, it is estimated that 20,000 people are hospitalized each year as a result of **drug related problems** (DRP). There are many sources of DRPs, such as incorrect storage or missing dosages from packages. Community pharmacies (CP) are well positioned to identify and manage such DRPs in a timely manner. In Switzerland, no pharmacy service that focus on the management of DRPs related to patients’ practice is currently recognized and remunerated. A new service, *Médicaments à Jour?* (MaJ?), has been developed. It is focused on DRPs related to self-medication (NICE recommendation), it uses home-based patient data (WHO recommendation) and it includes a review of the patient’s treatment.



Objective

To evaluate the impact of the MaJ? service for adults with polypharmacy in Swiss CP for the identification and management of DRPs.

Methods

A **pre-post intervention study** will be carried out in CPs in the canton of Vaud for 15 months.

Volunteer pharmacists will be trained and include patients with the following **inclusion criteria**:

- Adults  who can visit the CPs 
- With a prescription for at least four chronic drugs for at least three months 

Trained volunteer pharmacists will asked recruited patients to bring their medication to the CP to conduct **three structured pharmacist-patient consultations at 6-months intervals**.



Outcomes

- Primary outcome of the study is the identification of DRPs.
- Secondary outcomes are  Patients’ knowledge about their treatments
Number of expired or leftover medications
Description of pharmaceutical interventions performed to manage DRPs

Results

The study has been approved and will be supported by health authorities and local pharmacists association.

The Ethics Committee concluded that the study does not fall under the Swiss Human Research Act.

It will begin in summer 2022 in 19 to 35 pharmacies that will recruit at least 162 patients after randomization of eligible patients through a sequence of computer-generated random numbers.

Ad-hoc tools (**medication management plan**) and **validated tools** (**PharmDISC tool**, **patient knowledge tool**) will guide pharmacists throughout the consultation. Educational training and support for pharmacists will increase quality of service provision and fidelity of study protocol.

An intention to treat analysis will be undertaken for those patients with less than three consultations during the study period.



Conclusions

This study will evaluate the impact of a new service that includes validated, structured and standardized interventions, training and supervision for CP staff, self-medication evaluation and use of home-based patient data. MaJ? is an enhanced service designed to overcome those barriers found in the implementation process of medication review services. It also follows WHO and NICE recommendations.

Keywords: Community pharmacy services; Medication review; Switzerland.

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