

# Impact of a community pharmacy based information program on type 2 diabetic patients' adherence to their oral treatment

<b>Submission date</b> 03/03/2017	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol <input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results <input type="checkbox"/> Individual participant data
<b>Registration date</b> 25/04/2017	<b>Overall study status</b> Completed	
<b>Last Edited</b> 01/05/2020	<b>Condition category</b> Nutritional, Metabolic, Endocrine	

## Plain English summary of protocol

### Background and study aims

Diabetes is a lifelong (chronic) condition that causes a person's blood sugar level to become too high. A survey found that although 80% of patients with type 2 diabetes say they are well informed, 71% would like other additional information. Only 17% of the same patients report receiving instruction in addition to their treatment. Pharmacists could exert a major effect on treatment adherence in chronic disease. The aim of this study to assess the impact of information provided by community pharmacists on patients' adherence to treatment.

### Who can participate?

Patients aged over 18 with type 2 diabetes

### What does the study involve?

Participants are randomly allocated to one of two groups. Participants in one group attend interviews with a pharmacist three times over 6 months (once every 2 months) covering diet, drug treatment and the complications of diabetes. Each interview lasts about thirty minutes and involves general monitoring of the patient and then giving the patient a brochure which is an opening for a discussion between the pharmacist and the patient. Participants in the other group receive treatment as usual. The impact on treatment adherence is assessed in both groups after 6 months by the pharmacist counting the tablets remaining in the treatment packs delivered to the patient during the previous visit.

### What are the possible benefits and risks of participating?

The benefits for the patient are a better knowledge of diet and the complications of diabetes, as well as better management of their treatment. There are no expected risks for the participants.

### Where is the study run from?

182 pharmacies in France

### When is the study starting and how long is it expected to run for?

March 2014 to December 2016

Who is funding the study?  
Merck (USA)

Who is the main contact?  
Dr Yves Michiels

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Yves Michiels

**Contact details**  
1 rue Guynemer  
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France  
21600

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
012014

## Study information

**Scientific Title**  
Impact of a community pharmacy based information program on type 2 diabetic patients' adherence to their oral treatment (IPhODia): a randomized cluster study vs usual practice

**Acronym**  
IPhODia

**Study objectives**  
Diabetes is a prime example of a chronic disease which is increasingly prevalent in France (38% in 7 years) and accounts for nearly 10% of our health spending. The many complications associated with diabetes contribute substantially to this spending and occur when diabetes is insufficiently controlled. The current therapeutic objective of the treatment is measured by the level of HbA1C which should be < 7% as defined by NHANES.

In France, despite significant improvements in the follow up of type 2 diabetes patients, the last results of Entred 2007-2010 are showing an insufficient level of control with too many patients with HbA1C>7%. This epidemiological study points to improved control of cardiovascular risk

factors (lipid profile, high blood pressure) but still inadequate control of glycaemia. Some 41% of people with type 2 diabetes have HbA1c levels above 7% and 15% have levels above 8%.

These figures, testifying to failed therapy, are the source of many hospitalizations especially as glycaemic balance is not achieved. Alongside this, the costs of cover are proportional to this absence of control. The annual cost of a diabetic patient rises from \$2 792 for an HbA1c < 7% to \$6 759 for an HbA1c of 10%. Several additional measures should be contemplated to make therapy more efficacious. Adherence or rather non-adherence is inherent in chronic drug treatment and for diabetes, many studies are increasingly highlighting adherence as a factor for successful or unsuccessful drug treatment. Adherence seems to be one of the key points for the successful treatment of a chronic diseases like diabetes.

General practitioners remain the prime point-of-contact for diabetic patients, in spite of regular controls, physicians encounter difficulties correctly informing their patients mainly due to a lack of time and means. Diabetic patients must, in the majority (90%) of cases, go to the pharmacy for their treatment to be renewed and dispensed. This should be a useful opportunity for detecting and correcting any decline in adherence. Pharmacists, who are par excellence specialists in medication, are an essential actor and thanks to their expertise, their large number and their accessibility, pharmacists could play a beneficial role in patient adherence.

The IPhODia study aims to assess the impact on adherence of specific information provided by community pharmacists.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

In France a clinical trial such as IPhODia does not require ethics approval

### **Study design**

Prospective multicentre randomised controlled trial

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

### **Study setting(s)**

Community

### **Study type(s)**

Other

### **Participant information sheet**

Not available in web format, please use the contact details to request a patient information sheet

### **Health condition(s) or problem(s) studied**

Diabetes

## **Interventions**

The intervention consists of three different pharmaceutical interviews during 6 months (one every 2 months) covering thematic information on diabetes, namely diet for diabetics, monitoring drug treatment and the complications of diabetes. Each interview is composed of two parts and lasts about 30 minutes. It involves first general monitoring of the diabetic patient and then giving the patient a thematic information brochure which is an opening for a discussion between the pharmacist and the patient.

In order to demonstrate the effectiveness of this intervention, a randomised study is performed with two groups of patients, one receiving information from the pharmacists according to the program, the other receiving treatment as usual. Impact on adherence will be assessed using the Medication Possession Ratio (MPR) at 6 months.

## **Intervention Type**

Other

## **Primary outcome measure**

Medication Possession Ratio (MPR), measured by the pharmacist by counting tablets remaining in the treatment packs delivered to the patient during the previous visit, at 6 months

## **Secondary outcome measures**

1. HbA1c level, measured by laboratory analysis at 6 months
2. Adherence, measured by a specific questionnaire (TOP) at 6 months
3. Patient's knowledge acquisition, measured by a specific questionnaire developed by the scientific committee at 6 months
4. Patient's satisfaction, measured by a specific questionnaire developed by the scientific committee, for the patients in group A at 6 months

## **Overall study start date**

01/03/2014

## **Completion date**

31/12/2016

# **Eligibility**

## **Key inclusion criteria**

1. Men or women
2. Age >18 years
3. Diabetics with less four oral antidiabetics medications
4. HbA1c > 6.7%
5. Patient present at pharmacy for more than 6 months

## **Participant type(s)**

Patient

## **Age group**

Adult

## **Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

800

**Key exclusion criteria**

1. Cancer
2. Patients with insulin treatment or anti-diabetics injectables

**Date of first enrolment**

01/03/2014

**Date of final enrolment**

01/09/2016

## **Locations**

**Countries of recruitment**

France

**Study participating centre**

**PHARMACIE NGHIEM**

France

91600

**Study participating centre**

**PHARMACIE BONNET**

France

34000

**Study participating centre**

**PHARMACIE GOULET**

France

76620

**Study participating centre**

**PHARMACIE SUEUR**

France

80230

**Study participating centre**  
**PHARMACIE HENRY**  
France  
18120

**Study participating centre**  
**PHARMACIE BOUDON**  
France  
15120

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**PHARMACIE BERTHOLOM**  
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29910

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**PHARMACIE BERTOUX-FORESTIER**  
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80134

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38114

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**PHARMACIE DRIOUT**

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41500

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**PHARMACIE TROUSSELLE**

France

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**PHARMACIE TARODO DE LA FUENTE**

France

81240

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**PHARMACIE BREYSSE**

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**PHARMACIE FRANCK**

France

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**Study participating centre**

**PHARMACIE LEBAIL**

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**PHARMACIE AUCLAIRE**

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**PHARMACIE MATHEVET**

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**PHARMACIE TROUILLOT-MAURIN-FAURY-VAZQUEZ**

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**PHARMACIE ROUSSEAU**

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**Study participating centre**

**PHARMACIE LAFFLY**

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**Study participating centre**

**PHARMACIE CORGNE**

France

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**Study participating centre**

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**PHARMACIE STAHL**

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**PHARMACIE BAFFOUX - ROUET**

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**PHARMACIE BOUCHARD**

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**Study participating centre**

**PHARMACIE VAURY**

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31260

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43110

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**PHARMACIE COGNARD - LOURADOUR**

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87920

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**PHARMACIE BARBE - LECLERCQ**

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89110

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France

13200

**Study participating centre**

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51000

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67130

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69290

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France

80090

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**PHARMACIE DOUCET**

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45260

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53500

**Study participating centre**

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18120

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## **Sponsor information**

### **Organisation**

Observia

### **Sponsor details**

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### **Sponsor type**

Research organisation

### **Organisation**

MSD France

### **Sponsor details**

34 Avenue Léonard de Vinci

Courbevoie

France

92400

### **Sponsor type**

Industry

## **Funder(s)**

### **Funder type**

Industry

### **Funder Name**

Merck

### **Alternative Name(s)**

Merck & Co., Inc., Merck & Co.

### **Funding Body Type**

Government organisation

### **Funding Body Subtype**

For-profit companies (industry)

### **Location**

United States of America

## **Results and Publications**

### **Publication and dissemination plan**

Planned publication in a high-impact reviewed journal.

### **Intention to publish date**

31/12/2017

### **Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study are/will be available upon request from Laura Romengas (laura.romengas@observia-group.com).

### **IPD sharing plan summary**

Available on request

### **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/06/2019	01/05/2020	Yes	No