# Impact of pharmacists ACCESs to clinical information on the quality and the continuity of care in poly-medicamented community patients: a randomised controlled trial

<b>Submission date</b> 16/04/2008	<b>Recruitment status</b> No longer recruiting	<ul> <li>Prospectively registered</li> <li>Protocol</li> </ul>
<b>Registration date</b> 18/06/2008	<b>Overall study status</b> Completed	<ul> <li>Statistical analysis plan</li> <li>Results</li> </ul>
Last Edited 18/06/2008	<b>Condition category</b> Signs and Symptoms	<ul> <li>Individual participant data</li> <li>Record updated in last year</li> </ul>

Plain English summary of protocol

Not provided at time of registration

## **Contact information**

**Type(s)** Scientific

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**Contact details** 

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## Additional identifiers

EudraCT/CTIS number

**IRAS number** 

ClinicalTrials.gov number

Secondary identifying numbers N/A

## Study information

Scientific Title

**Acronym** ACCES

### Study objectives

Drug-related problems (DRP) are associated with an increased morbidity and mortality. In the primary care setting, the number of poly-medicamented patients is constantly increasing, resulting in an increased risk of DRP.

Access to clinical information, such as laboratory results and health problems, should help the community pharmacist detect more DRPs. The detection of these DRPs, and better documented pharmacist's suggestions, can result in an increase of the acceptance rate by general practitioners. To our knowledge, there are few studies on the impact of access to clinical information on the detection of DRPs by community pharmacists.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Ethics approval received from the local medical ethics committee (Centre de santé et de services sociaux [CSSS] de Laval Ethics Committee) on the 24th September 2007.

**Study design** Randomised controlled trial

**Primary study design** Interventional

**Secondary study design** Randomised controlled trial

**Study setting(s)** Hospital

**Study type(s)** Diagnostic

### Participant information sheet

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

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

Drug-related problems from multiple prescription drugs

### Interventions

All pharmacists in the area of Laval were invited to a three-hour workshop on the interpretation of laboratory results. They also have access to a consultation service with pharmacists currently working at the Family Medicine Clinic of CSSS de Laval. For all patients, the family doctor asked the community pharmacist to perform an analysis of the pharmacotherapy.

To help the pharmacist analyse the drug profile, the intervention group received the following clinical information:

- 1. Most recent laboratory results:
- 1.1. Creatinine clearance
- 1.2. Potassium
- 1.3. Sodium
- 1.4. Lipid profile
- 1.5. Alanine aminotransferase (ALT)
- 1.6. Creatine kinase (CK)
- 1.7. Glycosylated haemoglobin (HbA1c)
- 1.8. Thyroid stimulating hormone (TSH) and free thyroxine (FT4)
- 1.9. Complete blood count
- 1.10. Blood levels of certain drugs (phenytoin, digoxin, lithium)
- 2. Health problems
- 3. Drug profile as figured in the medical record

The control group received usual care.

The duration of follow-up was 8 weeks in both groups.

### Intervention Type

Other

Phase Not Specified

### Primary outcome measure

The following will be assessed after two months of follow-up:

1. Compare the mean number of DRP per patient identified by community pharmacists in both groups (intervention group and control group)

2. Compare the mean number of pharmacotherapy changes per patient between both groups (intervention group and control group)

### Secondary outcome measures

The following will be assessed after two months of follow-up:

1. Compare the proportion of patients in each group for whom at least one intervention was made by the community pharmacists

2. For each type of intervention, compare the proportion of interventions made by the community pharmacists in both groups

3. Compare the proportion of pharmaceutical opinions that resulted in a pharmacotherapy change in both groups

4. Describe and compare the type of contact made between community pharmacists and Family Medicine Clinics pharmacists in both groups

# Overall study start date 01/10/2007

Completion date

24/04/2008

## Eligibility

### Key inclusion criteria

Family doctors or residents:

- 1. Practicing at the Family Medicine Clinic of CSSS de Laval
- 2. Agree to participate and sign the consent form

Community pharmacists:

- 1. Practicing in one of the pharmacies in the area of Laval or surrounding areas
- 2. Have one or more patients eligible for the study
- 3. Agree to participate and sign the consent form

Patients:

1. 18 years old or older, either sex

2. Have an appointment at the Family Medicine Clinic of CSSS de Laval between October 2007 and March 2008

- 3. Takes at least five chronic medications
- 4. Reports being a patient of one of the participating pharmacies
- 5. Agrees to participate and sign the consent form
- 6. Is considered eligible by his family doctor

### Participant type(s)

Patient

Age group

Adult

Lower age limit 18 Years

Sex

Both

Target number of participants

170

### Key exclusion criteria

Is not able to speak or read French
 Is a patient of more than one community pharmacy
 Is not able to give a informed consent

### Date of first enrolment

01/10/2007

Date of final enrolment 24/04/2008

### Locations

**Countries of recruitment** Canada

**Study participating centre Resaerch Team in Primary Care** Laval Canada H7M 3L9

## Sponsor information

**Organisation** Pfizer (Canada)

### **Sponsor details**

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Sponsor type Industry

Website http://www.pfizer.ca

ROR https://ror.org/059g90c15

## Funder(s)

**Funder type** Industry **Funder Name** Pfizer (Canada)

**Alternative Name(s)** Pfizer Inc., Pfizer Consumer Healthcare, Davis, Charles Pfizer & Company, Warner-Lambert, King Pharmaceuticals, Wyeth Pharmaceuticals, Seagen

**Funding Body Type** Government organisation

**Funding Body Subtype** For-profit companies (industry)

**Location** United States of America

## **Results and Publications**

**Publication and dissemination plan** Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

**IPD sharing plan summary** Not provided at time of registration