

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

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

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

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

Study type(s)

Diagnostic

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(s)

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)

Key secondary outcome(s)

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

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

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Is not able to speak or read French
2. Is a patient of more than one community pharmacy
3. 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

Research Team in Primary Care

Laval

Canada

H7M 3L9

Sponsor information**Organisation**

Pfizer (Canada)

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, Pfizer Inc

Funding Body Type

Government organisation

Funding Body Subtype

For-profit companies (industry)

Location

United States of America

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary