ISRCTN74420611 https://doi.org/10.1186/ISRCTN74420611

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	[_] Prospectively registered [_] Protocol
Registration date 18/06/2008	**Overall study status** Completed	[_] Statistical analysis plan [_] Results
Last Edited 18/06/2008	**Condition category** Signs and Symptoms	[_] Individual participant data [_] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr Lyne Lalonde

Contact details
Resaerch Team in Primary Care
CSSS de Laval, Hôpital de la Cité-de-la-Santé
1755 René-Laennec, room D-S145
Laval
Canada
H7M 3L9
+1 450 668 1010 ext. 2743
lyne.lalonde@umontreal.ca

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.

Primary study design
Interventional

Study design
Randomised controlled trial

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
Resaerch 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