

PHARMACIST AMBULATORY PAIN SERVICES IN A NON-CANCER CHRONIC PAIN CLINIC - A DESCRIPTIVE STUDY.

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Background:

Multidisciplinary pain services incorporating a clinical pharmacist have been shown to substantially improve patient clinical outcomes including reducing pain intensity, reducing opioid-related adverse effects and improving quality use of medicines¹.

Whilst there is strong evidence on the impact of pharmacy pain services on patient care in the inpatient and primary care setting², to date, there are few studies which have explored the impact of a clinical pharmacy service for outpatient chronic non-cancer pain clinics.

Aims & Objectives:

This study explored the utility of a clinical pharmacist in triage, assessment and management of patients presenting to the ambulatory chronic non-cancer pain clinics of a public health network.

Methods:

This prospective multisite cohort study enrolled patients from multiple chronic non-cancer pain clinics from July to December 2021. A pharmacist was assigned one day per week to the Ambulatory Pain Management Service (APMS) to help improve the triage and assessment of clinic patients, based on Victoria's real-time prescription monitoring system (SafeScript).

The pharmacist systematically reviewed clinic referrals and identified high-risk patients who were then presented at the multidisciplinary case conferences.

High-risk criteria were defined, in line with SafeScript traffic light system. Data was collected on pharmacist activities including completion of Best Possible Medication Histories (BPMH), review of pain management plans and relevant drug interventions and patient education.

Results:

A total of 253 patients were included in this study, with mean age (SD) of 50.7 (16.7) years, of which 173 (68%) were female. Sixty-eight patients (27%) were identified as meeting the high-risk criteria, including ten (4%) patients who had multiple high-risk factors (ultra-high-risk) – **Figure 1**.

The breakdown of high-risk patients by SafeScript categories are presented in **Figure 2**. Of note, stratification by gender revealed that 66% of all high-risk patients, including eight out of ten (80%) patients with multiple risk-factors, were female.

Guided by the risk criteria, the pharmacist completed 67 BPMH and provided 22 drug interventions to the clinic physicians, which included seven recommendations for dose adjustments, six recommendations to cease a medication and nine recommendations to start a new medication.

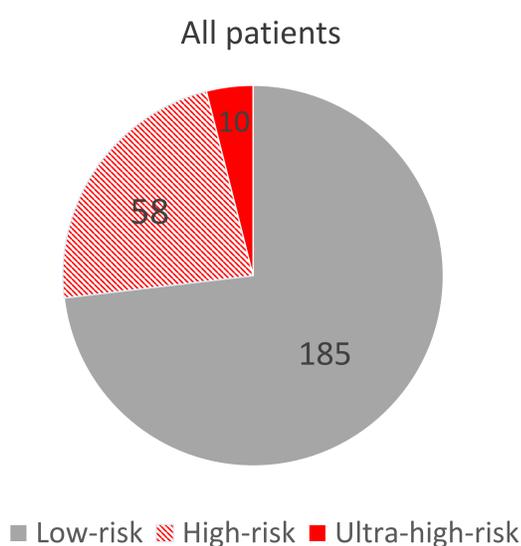


Figure 1: Patient distribution by prescription risk factors

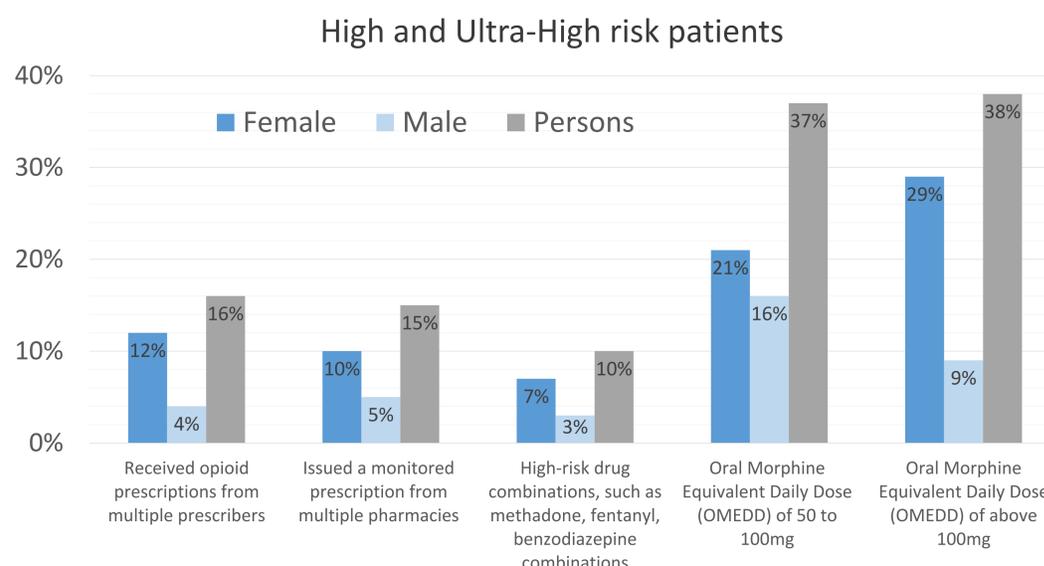


Figure 2: Female patients had substantially more high-risk prescription factors than males, including three-fold likelihood of using OMEDD 100mg or more compare to male patients.

Conclusions:

The clinical pharmacist improved the clinic's governance for monitoring, assessment and referral of patients based on high-risk criteria which in turn helped improve clinic triage process. Future studies can further explore the wider impact of clinical pharmacy services for ambulatory pain management services.

References:

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