

References

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AN EXPLORATION OF COMMUNITY PHARMACISTS' EXPERIENCE, KNOWLEDGE AND PERSPECTIVES OF FRAILTY AND MEDICINES OPTIMISATION IN FRAIL OLDER PEOPLE: A QUALITATIVE STUDY

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Introduction: Frailty is a heightened state of vulnerability due to an accumulation of age-related defects in separate physiological systems (1). Frailty is becoming increasingly common, with up to 50% of older adults being diagnosed with mild, moderate or severe frailty (35%, 12% and 3% respectively) (2). Community pharmacists may often be the primary healthcare professional with whom frail older people have most frequent contact due to their convenience and accessibility. Therefore, it is hypothesised that community pharmacists could play a wider role in frailty identification and medicines optimisation for frail older people.

Aim: To explore community pharmacists' knowledge of frailty and its assessment, their experiences and contact with frail older patients in the community pharmacy setting, and their perceptions of their role in optimising medicines for frail older people.

Methods: Two strategies were used to recruit community pharmacists registered in Northern Ireland (NI). Community pharmacists were recruited through the Pharmacy Forum NI bi-monthly newsletter and the School of Pharmacy Undergraduate Placement Network, followed by snowballing. The interview topic guide was developed based on the published literature, current frailty guidelines and through discussion within the research team; it was piloted with four pharmacists. Semi-structured interviews commenced in March 2020. Due to the Covid-19 pandemic, face-to-face interviews were logistically not possible, therefore telephone interviews were conducted at a time convenient to participants. All interviews were recorded, transcribed verbatim and analysed using inductive thematic analysis.

Table 1. Characteristics of interview participants and the community pharmacies in which they worked (n=14)

Participant characteristics	n (%)
Female	9 (64.3)
Male	5 (35.7)
Time qualified in years	n (%)
<5	4 (28.6)
5 to 9	1 (7.1)
10 to 15	5 (35.7)
>15	4 (28.6)
Location of pharmacy	n (%)
Urban	7 (50)
Suburban	4 (28.6)
Rural	3 (21.4)
Size of pharmacy	n (%)
Independent	5 (35.7)
Small/medium chain	2 (14.3)
Large chain	7 (50)

Results: To date, 14 interviews have been conducted, lasting between 24 and 72 minutes. Apart from one interview, all were conducted over the telephone. Participant characteristics are summarised in Table 1. Analysis of interview transcripts is ongoing. Findings to date have highlighted the key role community pharmacists feel they play in assisting frail older patients with their medicines (especially during the current pandemic). Many saw themselves as a 'point of contact' for frail older people and highlighted the holistic approaches they used to care of such patients: "It's easier to get in contact with us than other healthcare professionals and we tend to be the first port of call really" [CP2]. Interviews highlighted a lack of pharmacist knowledge surrounding frailty as a condition and its assessment, with participants primarily focusing on the physical aspects of frailty (e.g. weight loss, weakness) when observing or 'informally assessing' patients. None of the participants reported formally assessing their patients using validated frailty tools or checklists: "It's not something that I've ever thought about. We don't have any tools readily available to us that I know of and certainly nothing that would be standardised" [CP1].

Conclusion: This study has highlighted that community pharmacists felt they could contribute to optimising medicines for frail older people. However, the findings emphasise the need for more formal training for community pharmacists about the clinical aspects of frailty, frailty assessment and future interventions to address the medicines-related issues they have encountered with this patient population.

References

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A QUALITATIVE STUDY EXPLORING PATIENT SUGGESTIONS FOR THE DESIGN, FUNCTIONALITY AND IMPLEMENTATION OF DIGITAL HEALTH TECHNOLOGIES BEFORE AND AFTER BARIATRIC SURGERY.

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Introduction: Health behaviour changes made during the pre-operative period can positively impact on post-operative outcomes and the success of bariatric surgery.(1) Digital technologies present an opportunity to support patients with this. Currently, little is known about the optimal design or delivery of digital technologies for this patient cohort. In order to develop useful and effective digital strategies for this unique patient cohort, it is important to first understand *how* bariatric surgery patients want to be supported.(2)