Background  Community pharmacies are the first point of contact in the healthcare system. Thus, community pharmacists have a crucial role in optimising the medicines use process and promoting patient outcomes.

Purpose  The study aimed to examine counselling and dispensing practice in community pharmacy in Riyadh city, the capital of Saudi Arabia.

Materials and Methods  The simulated patient (SP) method was used to measure how pharmacists provided patient counselling. There were four scenarios. Scenarios 1 and 2 concerned drug-drug and drug-food interactions, scenario 3 concerned the proper time of administration, and scenario 4 concerned side effects. Each pharmacy was visited twice with different scenarios. The simulated visits were conducted between April and May, 2012. A questionnaire to test the attitude of community pharmacists regarding counselling and dispensing practice was distributed in the same period.

Results  There were 161 simulated visits. Community pharmacists did not ask SPs any questions during 144 (90%) visits. Pharmacists did not provide any information to SPs during 152 (95%) visits. When the SPs asked specific questions about their medicines, pharmacists provided no information during 30 (19%) visits. 350 questionnaires were distributed. Of the respondents, 232 (64%) reported that they usually or always told the patient about the purpose of medicines or the diagnosis, 302 (98%) reported that they usually or always gave patient information on how to use or apply the medicine. 299 (85%) said they were satisfied with their counselling practice.

Conclusions  Dispensing practice in the community in Saudi Arabia seems inadequate. There is a strong need to improve medicines counselling and dispensing practice in community pharmacies.

No conflict of interest.

Background  Venous thromboembolism (VTE) is a common complication of hospital admission. Pulmonary Embolism (PE) accounts for 5–10% of deaths in hospitalised patients and is the most common cause of preventable hospital mortality. Prophylactic Low-Molecular-Weight heparin (LMWH) reduces the risk of VTE but is widely under-prescribed. Although LMWH prophylaxis in SVUH has been cyclically audited since 2007, the use of thromboprophylactic LMWH has not been studied in comparison to the incidence of hospital-acquired VTE.

Purpose  To measure the use of LMWH thromboprophylaxis and to compare this to the rate of confirmed hospital-acquired VTE.

Materials and Methods  The pharmacy dispensing and stock management system provided data on the use of thromboprophylactic LMWH from 2007 onwards. Data on the incidence of hospital-acquired VTE was collected from the Hospital Information System. These figures were compared with one another.

Results  The rate of use of thromboprophylactic LMWH in SVUH rose by 26% over the study period. The average incidence of hospital-acquired VTE was 8.3 (range 6.8–9.3) per 1,000 inpatient admissions over the same period. This average is consistent with published rates, but the incidence in SVUH increased over the study period.

Conclusions  Hospital-acquired VTE is a major public health issue and is associated with substantial morbidity and mortality. Appropriate thromboprophylaxis is considered to be the most effective strategy for preventing VTE. Although the use of LMWH thromboprophylaxis in SVUH increased steadily over the study period, the incidence of VTE also increased over the same period, suggesting that there are other factors (e.g. patient complexity, inappropriate LMWH dosing etc.) influencing the rate of hospital-acquired VTE. Audit of LMWH thromboprophylaxis is a useful tool to assess awareness and compliance with in-hospital VTE prophylaxis guidelines. Trends in the incidence of hospital-acquired VTE may be helpful in assessing the effectiveness of in-hospital thromboprophylaxis, when other factors are taken into consideration.

No conflict of interest.