PHARMACISTS’ COMMUNICATION WITH FOREIGN LANGUAGE SPEAKING PATIENTS IN A FOREIGNER SETTLEMENT AREA, JAPAN

1E Takahashi*, 2Y Takahashi, 3H Sato, 1K Obayashi, 4Y Takehi, 5K Takahashi. 1Takasaki University of Health and Welfare, Faculty of Pharmacy, Takasaki-Gumma, Japan, 2Pharma Mira Co Ltd, Kyoso-Mirai Kakezuka Pharmacy, Isesaki-Gumma, Japan, 3Hoshino Pharmacy, Tsunatori Branch, Isesaki-Gumma, Japan; 4Gumma Pharmaceutical Association, Gunma Pharmaceutical Association, Maebashi-Gumma, Japan; 5Tokyo University Graduate School of Public Health, Department of Global Community Health, Itabashi-Tokyo, Japan

Background and importance Recently, the number of foreign residents has significantly increased in Japan. At the consultation with physicians, the foreign language speaking patients (FLSP) often utilise medical interpreter services or ad hoc interpreters. However, few studies have reported how such patients receive information in community pharmacies affiliated with hospitals/clinics.

Aim and objectives The objective of the study was to examine how and what pharmacists communicate with FLSP at pharmacies, in the Gunma prefecture, one of the most foreign residential prefectures in Japan.

Material and methods A self-administered questionnaire survey was conducted among the pharmacy members of Gunma Pharmaceutical Association, in January and February 2018. The contents of the questionnaire were divided into two parts: (1) pharmacy system targeting the manager; and (2) pharmacists’ experience and skills. The answers were compared between the foreigner settlement area and the other area.

Results Of the 773 pharmacies, 372 pharmacies responded. Approximately 90% of had ever treated FLSP with English and 25 other languages. For the pharmacists’ experiences, 65% of 844 pharmacist participants had some issues with language, regularly/often. Multilingual instruction tools were prepared in 18.5% of the pharmacies. Of the pharmacies without the tools, 54% did not know of the availability of these tools. As a means of communication, ‘accompanying acquaintance and family member interpreter’ was used significantly more often in the foreigner settlement area than in the other area.

Most common medication instructions for FLSP were: how to use, how to follow and confirm the effects of the medicines, and how to confirm the side effects of the medicines. All were explained significantly better in the foreigner settlement area than in the other areas.

Conclusion and relevance Regardless of where pharmacies are located, it is recommended to introduce multilingual instruction tools for FLSP.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

ADHERENCE AND INTERACTIONS IN PATIENTS TREATED WITH ABRIRATERONE AND ENZALUTAMIDE

1MV Tarazona Casany*, 2P Perez, 3E Monte, 4MJ Cuellar. 1Hospital Pharmacy Hospital Universitario Y Politécnico La Fe Valencia Spain, Hospital Pharmacy, Valencia, Spain; 2Hospital Universitario Y Politécnico La Fe Valencia Spain, Hospital Pharmacy, Valencia, Spain

Background and importance Prostate cancer is a common tumour in elderly men. Treatment with abiraterone and enzalutamide increase survival and therefore it is important to assess adherence and interactions of these treatments.

Aim and objectives Our objective was to determine adherence to abiraterone or enzalutamida and interactions in patients with castration resistant prostate cancer (CRPC).

Material and methods This retrospective observational study included patients with CRPC receiving abiraterone or enzalutamid for at least 4 months. Demographic data were obtained from the computerised medical history. Adherence was measured by combining the Morisky–Green questionnaire and the dispensing record. Search and classification of the interactions was obtained from Drugs.com

Results Thirty-seven patients were included, with an average age of 74 years (SD 5). The average number of medications consumed by these patients was 7 (SD 2.5). Comorbidities averaged 5 per patient. All patients were adherent according to the Morisky–Green questionnaire, and combined with the dispensing records, adherence to abiraterone was 85% and 92% to enzalutamida.

Pharmacological interactions were major interactions in 21% of cases, of which the most frequent was amiodarone and abiraterone. Moderate interactions occurred in 65% of patients, the most frequent being enzalutamide with lipid lowering agents (atorvastatin, simvastatin) and enzalutamide with proton pump inhibitors (omeprazole,esomeprazol): 14% of patients had no drug interactions.

Conclusion and relevance In these patients, good adherence to enzalutamida and abiraterone was found. All interactions classified as major were monitored. All patients with CRPC required pharmaceutical care.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

HEALTHCARE PROVIDERS’ VIEWS OF PHARMACY TEAM INVOLVEMENT IN THE PREPARATION AND ADMINISTRATION OF MEDICINES ON INPATIENTS WARDS: AN EXPLORATORY STUDY

1EM Vella*, 2A Cutajar, 3P Lewis. 1The University of Manchester, School of Health Sciences, Manchester, UK; 2Mater Dei Hospital, Department of Pharmacy-Clinical Pharmacy Practice Unit, Mdina, Malta

Background and importance Lack of nursing staff, interruptions when preparing and administering medicines, and lack of knowledge can increase the risk of medication errors. The involvement of the pharmacy team in the preparation and administration of medicines on hospital wards has been highlighted as an opportunity to provide better guidance and support to nurses, enhance patient safety and improve service delivery. However, to date there is no evidence on this development in our country.

Aim and objectives To explore in-depth the views of healthcare professionals towards pharmacy team (pharmacists and pharmacy technicians) involvement in the preparation and administration of medications on inpatient wards in a general hospital.

Material and methods Semi-structured, one to one interviews were conducted with a purposive sample of various healthcare professionals from the country’s main general hospital between February and June 2018. A topic guide was developed to explore the acceptability and extent of involvement, including
related limitations and benefits. The interviews were audio recorded, transcribed verbatim and analysed using framework analysis. Ethical approval was obtained from the participating hospital.

**Results** Thirteen healthcare providers from various clinical areas (medicine, surgery, critical care and emergency) were interviewed: two pharmacists, three pharmacy technicians, seven nurses and one doctor. Interviews lasted on average 20 min. All participants had overall positive views towards pharmacy team involvement. However, there were mixed opinions on the extent of involvement. All participants (with the exception of both clinical pharmacists) agreed that pharmacists and pharmacy technicians can be directly involved by administering oral medications and reconstituting medicines on wards. However, clinical pharmacists felt that direct involvement may be intrusive to nurses. Therefore, they suggested that pharmacists can be indirectly involved by providing advice on preparation/administration processes and in identifying and solving incompatibilities. The perceived benefits of such involvement were less errors and delayed treatment. However, limitations of practical experience, service costs and lack of staff were identified.

**Conclusion and relevance** In this exploratory work, attitudes towards involvement were overall favourable, however various levels of involvement were identified. Therefore, further work should investigate the extent of involvement and feasibility across different clinical areas. These findings add to the evidence base, the acceptability and development of pharmacy team involvement across various clinical areas.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.