

IMPACT of Clinical Pharmacist-Initiated Medication Information Services Among Psychiatric Patients

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Samaksha PB1, Ramesh M2, Kishor M3
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OBJECTIVE	METHODOLOGY
The study aimed to assess the outcomes of clinical pharmacist-initiated medication information services in psychiatric patients.	A prospective interventional study was conducted in the psychiatry outpatient department of a tertiary care hospital in Mysuru for eight months. The clinical pharmacist reviewed all patients who visited psychiatry outpatient department. Patients who met the study criteria were enrolled and followed up for six months. Medication information services were provided to enrolled patients. Assessment of clinical outcomes was performed using Clinical Global Impression and Medication Adherence Rating Scale. Humanistic outcomes were assessed using the WHO-QOL BREF questionnaire. The data of clinical condition, medication adherence, and quality of life were analyzed by paired t-test.
RESULTS	CONCLUSION
Of the 214 enrolled patients, majority [n=123, (56%)] were male, and 176 (82%) patients were adults. Bipolar affective disorder was the most [n=110, 51.4%] common diagnosis followed by depression [n=94, 42.9%]. Substance use disorder [n=10, 4.6%]. The significant improvement observed in clinical outcome in terms of severity, the gradual decrease in the severity of the illness was observed from baseline [n=170, 83%] to follow up I [n=142, 75%], follow up II [n=112, 50%] and follow up III [n=2, 2%]. An increased global improvement in patients received medication information services was observed from baseline [n=2, 0.9%] to follow up I [n=6, 2%], follow up II [n=25, 12%], and follow up III [n=80, 72%]. Marked increase in efficacy index was seen from baseline [n= 2, 0.9%], follow up I [n=3, 2%], follow up II [n=83, 64%] and follow up III [n=92, 84%]. A statistically significant improvement in the quality of life and medication adherence was observed from	The study findings indicate that the clinical pharmacist's medication information services significantly improved clinical and humanistic outcomes among psychiatric patients.

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OBJECTIVE

The study aimed to assess the outcome of clinical pharmacist-initiated medication information services in psychiatric patients.

RESULTS

Of the 214 enrolled patients, majority [n=123, (56%)] were male, and 178 (83%) patients were adults. Bipolar affective disorder was the most [n=110, 51.4%] common diagnosis followed by depression [n=94, 43.9%], Substance use disorder [n=10, 4.6%]. The significant improvement observed in clinical outcome in terms of severity, the gradual decrease in the severity of the illness was observed from baseline [n=179, 83%] to follow up I [n=142, 75%], follow up II [n=13, 10%] and follow up III [n=2, 1%]. An increased global improvement in patients received medication information services was observed from baseline [n=1, 0.4%] to follow up I [n=6, 3%], follow up II [n=25, 19%], and follow up III [n=80, 72%]. Marked increase in efficacy index was seen from baseline [n= 2, 0.9%], follow up I [n=3, 2%], follow up II [n=83, 64%] and follow up III [n=93, 84%]. A statistically significant improvement in the quality of life and medication adherence was observed from the baseline to I, II, and III follow-ups.

METHODOLOGY

A prospective interventional study was conducted in the psychiatry outpatient department of a tertiary care hospital in Mysuru for eight months. The clinical pharmacist reviewed all patients who visited psychiatry outpatient department. Patients who met the study criteria were enrolled and followed up for six months. Medication information services were provided to enrolled patients. Assessment of clinical outcomes was performed using Clinical Global Impression and Medication Adherence Rating Scale. Humanistic outcomes were assessed using the WHO-QOL BREF questionnaire. The data of clinical condition, medication adherence, and quality of life were analyzed by paired t-test.

CONCLUSION:

The study findings indicate that the clinical pharmacist's medication information services significantly improved clinical and humanistic outcomes among psychiatric patients.