## BELIEFS, KNOWLEDGE AND EXPECTATIONS ABOUT MEDICINES AND PHARMACISTS IN ASTHMA AND PULMONARY ARTERIAL HYPERTENSION PATIENTS PRELIMINARY RESULTS

S. Renet<sup>1,2</sup>, M. Chaumais<sup>1,3,4</sup>, O. Las Vergnas<sup>2</sup>, M. Humbert<sup>3,5,6</sup>, A. Rieutord<sup>1</sup>.





Chronic diseases have changed the management of patients and their status, to move toward a new "patient-pharmacist" partnership.

✓ Asthma (AS) and pulmonary arterial hypertension (PAH) are two chronic thoracic diseases with differences in terms of prevalence, management and drug delivery process (hospital / community pharmacies).  Medicines and pharmacists were perceived differently depending on asthma or PAH patients.

✓ The ignorance about "what exactly pharmacists do" makes their role ambiguous for the patients leading to difficulties in describing their expectations of pharmaceutical care.

✓ Little is known regarding patient's **beliefs, knowledge and expectations** of their medicines and pharmacists, despite these parameters influencing their adherence, behaviour and health outcomes.



Future results will provide material for pharmacists' professional learning



To gain detail insight **beliefs**, **knowledge**, **expectations of medicines and pharmacists** (hospital/community) from AS and PAH patients.

# **Preliminary results**

### **Semi-structured interviews**

**14 patients** (5 As *vs* 9 PAH) Mean duration : 37 +/- 10 min From December 2013 to April 2014

# Material and methods





Beliefs	PAH	AS	Reasons
Necessity	6	3	Healing, Living
Constraint	3		Adverse effects, Delivery process Out-of-stock
Poisons		2	Adverse effects, Dependance

**n.b.:** 3 AS patients distinguished: *unnecessary* corticosteroids *versus vital* salbutamol and terbutaline contrary to all PAH patients : all medicines are *vital* 

#### Knowledge

All patients well known their medicines

#### **Expectations**

**PAH patients**: drug delivery process must be done at community pharmacy

Pharmacists					
Beliefs	PAH	AS	Reasons		
Retailers	2	3	Commercial attitude Push the sale		
Advisors	3		Advice for OTC medicines Moral support		
Medicines	2	2	Medicines expert (delivery process and advice		

<sup>1</sup>AP-HP- Hôpital Antoine Béclère HUPS, DHU-Thorax Innovation, Service Pharmacie, CLAMART.
<sup>2</sup>Université Paris Ouest, Centre de recherche éducation et formation, NANTERRE, France.
<sup>3</sup>Inserm, UMR\_S 999- LabEx LERMIT, Centre chirurgical Marie-Lannelongue, Le Plessis-Robinson.
<sup>4</sup>Université Paris-Sud, Faculté de Pharmacie, Châtenay-Malabry, France.
<sup>5</sup>Université Paris-Sud, Faculté de médecine, Le Kremlin-Bicêtre, France.
<sup>6</sup>AP-HP- Hôpital du Kremlin Bicêtre, centre de référence de l'hypertension pulmonaire sévère, DHU thorax innovation, Service de pneumologie et soins intensifs.

#### Knowledge

All patients considered pharmacist as *essential* but did not well know and define his roles (5 PAH - 4 AS) *especially for hospital pharmacist* 

### **Expectations**

All patients: Adapted advice according to patients' needs

**PAH patients:** Low pharmacists' knowledge concerning PAH and its management. Therefore patients did not ask them advice for these.



Vanterre La Défense





