

“Over the Counter” OTC
Medications
PHAR 437

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- OTC drugs are drugs that have been found to be safe and appropriate for use without the supervision of a health care professional such as a physician, and they can be purchased by consumers without a prescription. -FDA

- Every working day, people come to the community pharmacy for advice about minor ailments.
- With increasing pressure on doctors' workload it is likely that the community pharmacy will be even more widely used as a first port of call for minor illness.

- Members of the public present to pharmacists and their staff in three ways:
 - Requesting advice about symptoms
 - Asking to purchase a named medicine
 - Requiring general health advice (e.g. about dietary supplements)

- The pharmacist's role in responding to symptoms and overseeing the sale of over the counter (OTC) medicines is substantial and requires a mix of **knowledge** and **skills** in the area of diseases and their treatment.

Key skills

- Differentiation between minor and more serious symptoms
- Listening skills
- Questioning skills
- Treatment choices based on evidence of effectiveness
- The ability to pass these skills on by acting as a role model for other pharmacy staff

'patients' vs 'customers'

- refer to the people seeking advice about symptoms as **patients**.
- In the past the approach has been to see the pharmacist as expert and the patient as beneficiary of the pharmacist's information and advice.

Patients

- They are experts in their own and their children's health. The patient:
 - May have experienced the same or a similar condition in the past
 - May have tried different treatments already
 - Will have their own ideas about possible causes
 - Will have views about different sorts of treatments
 - May have preferences for certain treatment approaches
- The pharmacist needs to take this into account in the consultation with the patient and to enable patients to participate by actively eliciting their views and preferences.

How to make a consultation more successful from the patient's perspective – tips from lay people

- Introduce yourself with unknown patients
- Keep eye contact
- Take your time, don't show your hurry
- Avoid prejudice – keep an open mind
- Treat patients as human beings and not as a bundle of symptoms
- Pay attention to psychosocial issues
- Take the patient seriously
- Listen – don't interrupt the patient
- Show compassion; be empathic
- Be honest without being rude
- Avoid jargon, check if the patient understands
- Avoid interruptions
- Offer sources of trusted further information (leaflets, weblinks)

Responding to a request for a named product

- You need to ensure that
 - the requested medicine is appropriate, You also need to bear in mind the
 - previous knowledge and experience of the purchaser.
- Research shows that the majority of patients **do not mind being asked** questions about their OTC medicine purchase.
- exception to this is those who wish to buy a medicine they have used before and **would prefer not to be subjected to the same questions each time** they ask for the product.

- There are two key points here for the pharmacist:
 - firstly, it can be helpful to briefly explain why questions are needed, and
 - secondly, fewer questions are normally needed where customers request a named medicine that they have used before.
- **A suggested sequence**
- Ask whether the person has used the medicine before, and if the answer is yes, ask if any further information is needed.
- Quickly check on whether other medicines are being taken.
- If the person has not used the medicine before, more questions will be needed.
- It can be useful to ask how the person came to request this particular medicine, for example, have they seen an advertisement for it? Has it been recommended by a friend or family member?

Structuring the consultation

- **W** – Who is the patient and what are the symptoms?
- **H** – How long have the symptoms been present?
- **A** – Action taken?
- **M** – Medication being taken?

- **W:** The pharmacist must first establish the identity of the patient: the person in the pharmacy might be there on someone else's behalf.
- **H:** Duration of symptoms can be an important indicator of **whether referral to the doctor might be required**.
- In general, the longer the duration, the more likely is the possibility of a serious rather than a minor case.
- Most minor conditions are self-limiting and should clear up within a few days.

- **A:** Any action taken by the patient should be established, including the use of any medication to treat the symptoms.
- About one in two patients will have tried at least one remedy before seeking the pharmacist's advice.
- If the patient has used one or more apparently appropriate treatments without improvement, referral to the family doctor may be the best course of action.

- **M:** The identity of any **medicines taken regularly** by the patient is important for two reasons:
 - possible interactions and
 - potential adverse reactions.
- The pharmacist needs to know about all the medicines being taken by the patient

- The community pharmacist has an increasingly important role in **detecting adverse drug reactions**, and consideration should be given to the possibility that the patient's symptoms might be an adverse effect caused by medication.
- For example, whether
 - gastric symptoms such as indigestion might be due to a (NSAID) or
 - a cough might be due to an (ACE) inhibitor being taken by the patient.
- Where the pharmacist suspects an adverse drug reaction to a prescribed medicine, the pharmacist should discuss with the doctor what actions should be taken (perhaps including a Yellow Card report to the Commission on Human Medicines (formerly Committee on Safety of Medicines))

- The second mnemonic, **ASMETHOD**, was developed by Derek Balon, a community pharmacist in London:
 - **A** – Age and appearance
 - **S** – Self or someone else
 - **M** – Medication
 - **E** – Extra medicines
 - **T** – Time persisting
 - **H** – History
 - **O** – Other symptoms
 - **D** – Danger symptoms.

- **A: Age and appearance**

- The appearance of the patient can be a useful indicator of whether a minor or more serious condition is involved.
- A child who is cheerful and energetic is unlikely to have anything other than a minor problem, whereas one who is quiet and listless, or who is fractious, irritable and feverish, **might require referral**.

- **The age** of the patient is important because the pharmacist will consider some symptoms as potentially more serious **according to age**.
- For example, acute diarrhoea in an otherwise healthy adult could reasonably be treated by the pharmacist.
- However, such symptoms in a baby could produce **dehydration** more quickly; elderly patients are also at a higher risk of becoming dehydrated.
- Oral thrush is common in babies, while less common in older children and adults; the pharmacist's decision about whether to treat or refer could therefore be influenced by age.

- **S: Clarification as to who is the patient**
- **M: Medication regularly taken, on prescription or OTC**
- **E: Extra medication tried to treat the current symptoms**
- **T: Time, that is, duration of symptoms**

- **H: History**

- There are two aspects to the term 'history' in relation to responding to symptoms:
 - first, the history of the **symptom being presented**, and second,
 - **previous medical history**. For example, does the patient have diabetes, hypertension or asthma?

- Questioning about the history of a condition may be useful;
 - How and when the problem began,
 - how it has progressed and so on.
 - If the patient has had the problem before, previous episodes should be asked about to determine the action taken by the patient and its degree of success.

- **O: Other symptoms**

- Patients generally tend to complain about the symptoms that concern them most.
- The pharmacist should always ask whether **the patient has noticed any other symptoms or anything different from usual** because, for various reasons, patients may not volunteer all the important information.
- Embarrassment may be one such reason, so patients experiencing rectal bleeding may only mention that they have piles or are constipated.

- The importance or significance of symptoms may not be recognized by patients, for example, those who have constipation as a side-effect
- from a tricyclic antidepressant will probably not mention their dry
- mouth because they can see no link or connection between the two problems.

- **D: Danger symptoms**

- These are the symptoms or combinations of symptoms that should ring warning bells for pharmacists because immediate referral to the doctor is required. **Blood** in the sputum, vomit, urine or faeces would be examples of such symptoms, as would **unexplained weight loss**.

- As a general rule, the following indicate a higher risk of a serious condition and should make the pharmacist consider **referring** the patient to the doctor.
- Long duration of symptoms
- Recurring or worsening problems
- Severe pain
- Failed medication (one or more appropriate medicines used already, without improvement)
- Suspected adverse drug reactions (to prescription or OTC medicine)
- Danger symptoms

Injuries

- The list below provides general guidance on when a person might need to immediately go to A&E.
- There has been a serious head injury with heavy bleeding.
- The person is, or has been, unconscious.
- There is a suspected broken bone or dislocation.
- The person is experiencing severe chest pain or is having trouble breathing.
- The person is experiencing severe stomach ache that cannot be treated by OTC remedies.
- There is severe bleeding from any part of the body.

Privacy in the pharmacy

- The vast majority of community pharmacies in England and Wales have a **consultation area**. Research shows that most pharmacy customers feel that the level of privacy available for a pharmacy consultation is now acceptable.
- The pharmacist should always bear the question of privacy in mind and, where possible, **seek to create an atmosphere of confidentiality** if sensitive problems are to be discussed.
- Using professional judgement and personal experience, the pharmacist can look for **signs of hesitancy or embarrassment** on the patient's part and can suggest moving to a quieter part of the pharmacy or to the consultation area to continue the conversation.