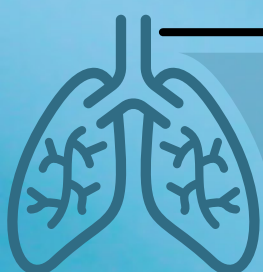
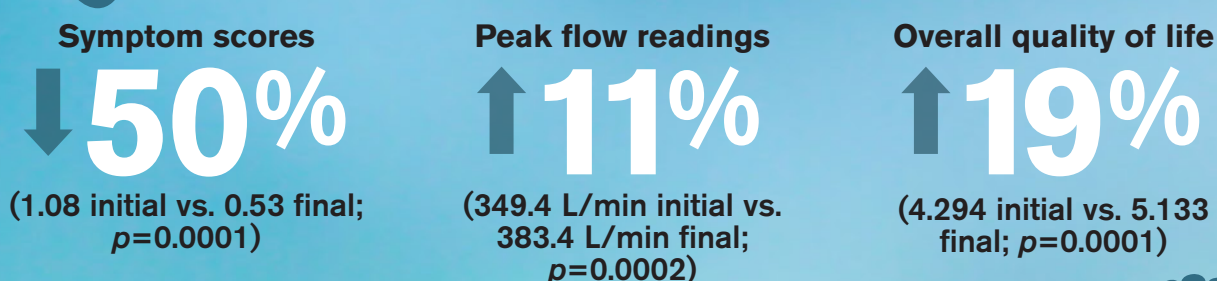


# WE ALL KNOW...

Small actions from you could mean **impressive** changes for your patients, and research in Canada shows it.



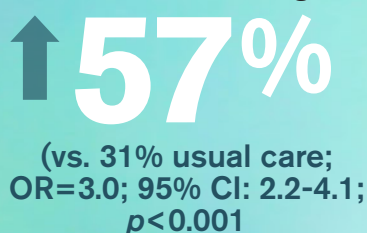
In 119 patients with asthma who received pharmacy enhanced care<sup>1†</sup> in British Columbia:



In 344 patients at high risk for CV events who received pharmacist intervention<sup>2‡</sup> in Alberta and Saskatchewan:



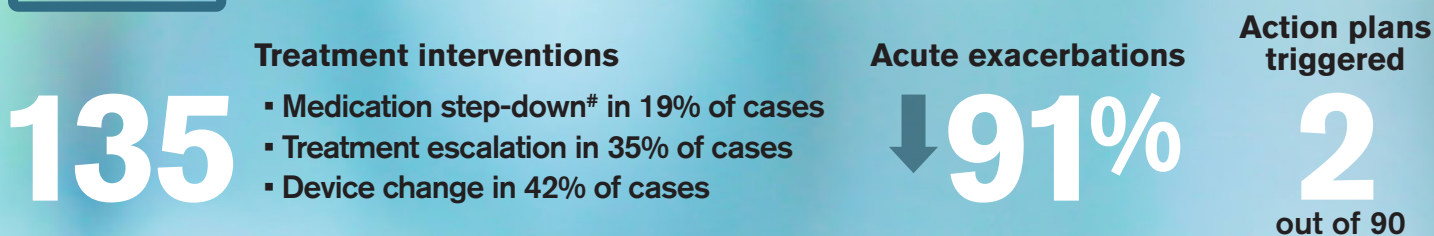
Cholesterol risk management<sup>§</sup>



Study terminated early due to **“Striking evidence of benefit”**



In 90 patients with COPD who received pharmacist intervention for 12 months<sup>3¶</sup> in Quebec:



**Research shows: Patient counselling from pharmacists works.**  
How will **you** influence your patients' outcomes today?

Treatment Education

Enhanced Counselling

Pharmaceutical Opinion

Medication Intervention

\*Enhanced care included appointments of approximately one hour with a pharmacist in a private counselling area every two to three weeks for at least three appointments, and then follow up appointments at least every three months for the remainder of the study.

†Eighteen pharmacies and 20 pharmacists in British Columbia recruited patients who were randomly assigned to receive enhanced care (EC) or usual care (UC) for their asthma. Overall 191 patients were assigned to EC, 214 to UC, and 226 to control. Major outcomes measured were peak expiratory flow rate, symptoms, knowledge scores, drug utilization, asthma quality of life scores, and days off work or school in the previous month.

‡Randomized controlled trial in 54 community pharmacies in Alberta and Saskatchewan involving 675 patients at high risk for CV events, with 332 patients who received pharmacist intervention and 325 patients who received the usual care. The primary endpoint was a composite measure of improvement in the process of cholesterol risk management.

§Pharmacist intervention included taking patient history of modifiable and nonmodifiable CV risk factors, point-of-care serum total cholesterol, education on CV risk factors, and encouragement to see physician

¶A study investigating the benefits of patient-professional collaboration involving more than 90 patients with COPD in Quebec. Patients received collaborative care from a pharmacist, nurse, and inhalation therapist. Major outcome measures included number of consultations with a physician, number of triggered action plans, and change in acute COPD exacerbations.

#When a patient moves from intensive therapy to less intensive therapy in the management of COPD.<sup>4</sup>

**References:** 1. McLean W, et al. The BC Community Pharmacy Asthma Study: A study of clinical, economic and holistic outcomes influenced by an asthma care protocol provided by specially trained community pharmacists in British Columbia. *Can Respir J*. 2003;10(4):195-202. 2. Tsuyuki RT, et al. A Randomized Trial of the Effect of Community Pharmacist Intervention on Cholesterol Risk Management. *Arch Intern Med*. 2002;162:1149-1155. 3. Côté S, et al. Clinique Partenaire en MPOC: Un projet novateur de la beauce. *Info RQESR*. Mars 2019;8-9. 4. Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. 2020 Report.