

Pharma World

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"Nothing about me without me" The Empowered patient will save the health systems
Meeting Roberto Frontini, President of the EAHP Focus on patient's safety
Counterfeit medicines Two strategies for Europe **A new scientific revolution** Just waves to duplicate DNA
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Reflux Disease

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Paola Testori Coggi, Director General for Health And Consumers, European Commission

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Via Eritrea, 21 - 20157 Milano - Italy
Phone +39 02390901

Publisher: Ivo Alfonso Nardella

Editor in chief: Giorgio Albonetti

Editorial Staff:

Cristiana Bernini - Phone +39 0239090689 - Fax +39 0239090332
cristiana.bernini@tecniche nuove.com

Contributors to this edition:

T. Azzani, G. Bernuzzi, R. Ceredi, P. Colombo, C. Lazzarini, S. Mercuri,
G. Miglierini, A. Rossi, C. Scarpignato, E. Solari

Sales Manager: Cesare Gnocchi
cesare.gnocchi@tecniche nuove.com

Public relation Director:

Ennio Canazza - Phone +39 0239090305
e-mail: ennio.canazza@tecniche nuove.com

Advertising Coordination:

Fabrizio Lubner (person in charge), Debora Malatino
Phone +39 0239090263 Fax +39 0239090236

Subscriptions:

Luisa Branchi (person in charge) - luisa.branchi@tecniche nuove.com
Alessandra Caltagirone - alessandra.caltagirone@tecniche nuove.com
Domenica Sanrocco - domenica.sanrocco@tecniche nuove.com
Phone +39 0239090440 - Fax +39 0239090335
abbonamenti@tecniche nuove.com

Commercial and sales department:

Milano - Via Eritrea, 21
Phone +39 0239090283 - 0239090272 - Fax +39 0239090033
commerciale@tecniche nuove.com
Internet: www.tecniche nuove.com

Service provider: Fastweb SpA, via Caracciolo, 51 Milano
Internet: www.pharmaworldmagazine.com

Regional Offices:

Bologna - Via di Corticella, 181/3
Phone +39 051325511 - Fax +39 051324647
Vicenza - Contrà S. Caterina, 29
Phone +39 044/540233 - Fax +39 0444540270

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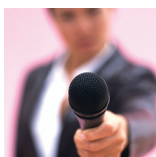
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Hospital Pharmacists

Focus on patient's safety

This year marks the 40th anniversary of the European Association of Hospital Pharmacists (EAHP). PharmaWorld met President Roberto Frontini (Germany) to describe the state of the art of an emerging job which is becoming increasingly important to ensure patient's safety

Dr. Frontini, which are the main targets achieved in these 40 years of EAHP's history and work?

Surely the most important goal achieved so far is the recognition of our profession and its importance at European level and beyond. The growing participation in our annual convention is our witness as it has counted 3700 international members this year in Milan. Today the conference has become an important event for professionals, so important as to be the second after the U.S. Congress. Another proof of recognition of our professionalism has been the achievement of our

representative in Brussels. Only this way we can make politicians and authorities understand the meaning and objectives of our profession and build an unanimous project among all the Community countries.

Who is the hospital pharmacist?

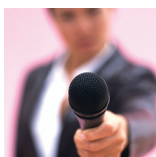
The hospital pharmacist has mainly three roles. The first, more recent and towards which several EU countries including Italy are moving, is the department pharmacist, the one who must "carry" the active ingredients at the patient's bedside, individualizing his therapy. This means meeting the patient,



Roberto Frontini,
President of the European Association
of Hospital Pharmacists (EAHP)



to understand his needs, consider the possible drug interactions, genomics, and then suggest the appropriate changes to the physician. These changes may affect the dosage and become indispensable in case of impaired renal function or to prevent the occurrence of drug interactions in patients assuming many drugs. The department pharmacist can play an important role to solve the compliance problems, which we know affect up to 50% patients. The compliance problem is often underestimated, in addition with the huge expenses for health services due to the waste of medicines, the occurrence of adverse events, inadequate or lack of response to treatment, which may cause relapsing disease. It has been shown that the compliance problem can be at least partially solved by explaining to the patient the importance of the treatment he has been prescribed, the meaning of the pharmacokinetic and pharmacodynamic profile of a drug and



then by encouraging the proper therapy intake. And this role is the pharmacist's.

The second role that the hospital pharmacist leads is in the laboratory where he is responsible for the preparation and reconstitution of therapies. This does not mean to compete with industry, but only to work customizing the treatment.

Finally, the hospital pharmacist is the link between the hospital and the territory for the definition and transmission of therapies both for the admission and discharge from the hospital. The info transmission from the hospital to the territory is a very important and delicate moment, susceptible to errors and therefore it may put the patient at risk.

Which role does the department pharmacist play within the hospital team?

The model we are aiming at is the American one that expects the presence of the hospital pharmacist in the medical team during the visits to the patient's bedside. Currently several pilot studies are considering the presence of the department pharmacist and the results collected so far are very positive and likely to prove, that after an initial suspicion by the medical staff, the suggestions proposed by the pharmacists are accepted in more than 90% cases. This denotes a high recognition of the surplus value that the hospital pharmacist can give in definition and use of drug therapies.

What is the situation of the hospital pharmacist in Europe and the differences in the diverse countries?

The latest survey held by our association can help us describe the state of the art and identify the key changes that our profession is going through. The results show that the pharmacist's presence in hospitals is still very variable in many European countries, but in any case it's inadequate compared to the ideal one. The average number of pharmacists in hospitals is 4.7 with 1 pharmacist/100 in-patients; significantly less than the American model which has 11.7 pharmacists/hospital and 17.5 hospital pharmacists/100 in-patients. In Europe the primacy for the best pharmacist/patients ratio goes to the United Kingdom (3.47 pharmacists/100 in-patients),



followed by Switzerland and Portugal.

The figure of the department pharmacist is much more developed in Western Europe, particularly in the United Kingdom and Netherlands, while in Eastern Europe the hospital pharmacist is busier in the preparation and production of drugs for a customized therapy. One of the main differences among the European countries is the presence or not of a postgraduate school in hospital pharmacy and its obligation to be attended if willing to work in hospitals. There are countries, like Italy, France and Spain in which specialization is mandatory, while in others countries a simple degree in Pharmacy is required. Moreover there are some interesting cases as in Finland, which used to have a postgraduate school that has been subsequently closed due to economic problems. Its recent re-opening in 2010 shows how important it is for pharmacists who want to work in the hospital to receive adequate training.

What other aspects of the survey are worth noting? What areas must be improved?

The survey shows that the activities of the department pharmacists in most cases are not documented in medical records. In the European average only 16% does so, only 7.6% in Italy. Unfortunately this contributes to cloak the pharmacists' interventions breaking their traceability path. This is a delicate and very important item we need to work on.

What do you think about the pharmacists' training pathways? What harmonization at European level?

By the Pharmine project we want to assess

the type of training – both basic and specialist – that our pharmacists receive in different countries. Unfortunately there is no harmonization and this is what we need to work on because this profession is one of the 7 professions automatically recognized in all countries along with doctors, nurses, dentists and architects. As for the degree program, we believe that the studies' pathway, too focused on chemistry, does not offer adequate preparation for most pharmacists that after their graduation, in 95% cases choose to work in a pharmacy, in contact with patients. We therefore need to change the study pathways by increasing clinical skills.

As for postgraduate schools, EAHP aims at creating a European Academy, not to compete with national schools, but to encourage the smaller Countries that, for a limited number of students, aren't able to assure training to those pharmacists who want to work in hospitals. It's also our objective to identify the excellence centers where students can practice.

What are the main targets EAHP aims at in the coming years?

First we are considering creating a common platform for the specialization in hospital pharmacy as a basis for mutual recognition of this profession throughout Europe. We would also like to create European standards for the production of drugs on a small scale; our survey shows in fact significant differences that must be overcome in the next years. Finally we aim to foster collaboration with other groups of pharmacists and health professionals to assure our patients' safety.