IS THERE A ROLE FOR THE PHARMACIST IN SCREENING FOR METABOLIC SYNDROME?

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Background:
Evidence for a pharmacist role in the screening of MetS has been shown to be effective in at-risk populations (1). Despite, migrants being an at-risk group for the development of MetS, no literature has described screening of migrants by pharmacists.

Aim:
To identify the impact, of the pharmacist role in screening migrants upon arrival in a Middle Eastern country and following 24 months of residency in the Middle East (ME).

Methods:
❖ This prospective longitudinal observational study is being conducted over two periods. The initial phase was the retrospective pharmacist facilitated screening process of the migrants to Qatar (the new HMC employees, within three months of arrival to Qatar) included screening for DM, HTN, central obesity and dyslipidemia (high triglycerides and low high density cholesterol). Migrants with normal metabolic parameters at baseline were included in the second phase which is the follow-up study 24 months post residing in Qatar, as illustrated in figure 1. Follow-up laboratory tests, BP and waist circumference measurement are being repeated two years post residing in Qatar. Moreover, a questionnaire to address the change in their lifestyle since migration is being applied (Figure 2).

❖ Participants were coded with a unique study identification number on data collection sheets and during data analysis.

❖ Descriptive analysis was utilized for baseline characteristics. ANOVA test will be applied to ascertain the incidence of the MetS among migrants and non-migrants.

Participants newly developed 1 or 2 MetS criteria as per IDF criteria (2) identified by the pharmacist

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References:

Figure 1: Flow diagram of participant recruitment during period one

Figure 2: Flow diagram of participant follow up during period two

Figure 3: Flow diagram of participant follow up during period two

Figure 4: The potential impact of the project