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**PHARMACY PRACTICE**



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# An Evaluation of Verbal and Written Methods in Counselling Cancer Patients

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## INTRODUCTION

Despite increased public awareness of health care related issues, studies have shown that many patients do not know how, when, or with what to take their medications and are not aware of potential side effects.<sup>1,2</sup> Other studies have shown that inadequate communication about medication is one of the principal reasons why 30 to 50 percent of patients deviate from their medical regimen.<sup>3,4</sup>

Providing the patient with written information leaflets about prescription drugs has been shown to help reinforce the verbal counselling a patient receives.<sup>3,5</sup> In an effort to assess our prescription counselling service, an evaluation was conducted by the Pharmacy Department at the Tom Baker Cancer Centre (TBCC), an outpatient treatment facility. The purpose was to assess patient recall of his/her therapeutic regimen, as well as to obtain feedback about the written information leaflet provided. The objective of the evaluation was also to assess the patient's subjective impressions of the counselling session and to determine if patients could recall the proper procedure for refilling their medication.

## METHOD

From May 4 to July 17, 1992, outpatients with a diagnosis of cancer,

who were prescribed an oral chemotherapeutic agent which they had not received previously, were counselled regarding that therapy. The patient received information regarding drug name, route, administration information, precautions, side effects, refill information (if refills were authorized), potential interactions and required monitoring as outlined in the current counselling procedure at our institution. Verbal information was reinforced with written information.

Approximately two weeks after the counselling session, the patient was contacted to determine if he or she was willing to participate in the survey by telephone between 0900 hours and 1600 hours, Monday to Friday. Results were descriptive in nature.

## RESULTS

During the designated time frame, 296 patient counselling sessions took place. The study was able to follow-up on 102 patients, and a total of 114 medications dispensed. Reasons for patients not participating in the survey were as follows: could not be contacted (139 patients), not discharged home (30 patients), non-English speaking (13 patients), involved in a clinical trial (six patients), declined to participate (four patients), and could not tolerate therapy (two patients). Twelve of the

102 patients (11.8%) were receiving combination chemotherapy while the remaining patients were receiving only one medication.

Only 56.1% of the 114 drugs could be correctly named by the patients. When asked regarding correct administration, only one of 114 drugs (0.8%) was being taken incorrectly. In that case, tamoxifen was being administered on an empty stomach with resultant gastrointestinal distress which might have been avoided by administering it with food.

A large percentage (96.1%) of the people interviewed found the written leaflet about their medication very useful. The majority of the patients found the section on common side effects beneficial. There were two people who did not recall having received any written information. One person found the information leaflet "very sparse" and furthermore "did not find it very useful", while the other was not able to read English.

All of the participants that were interviewed found the pharmacist that counselled them approachable and were very satisfied with the counselling they received.

Only 15 of 114 medication orders in 15 patients authorized refills. Thirteen of the 15 patients (87%) knew the proper procedure for refilling their medication.

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**Acknowledgements:** The authors would like to acknowledge the contribution of all staff pharmacists and technicians at the Tom Baker Cancer Centre.

## DISCUSSION

This study demonstrates that the various aspects of counselling implemented at the TBCC are well received. Previous studies have shown that people generally do not remember the name of the medication that has been prescribed to them.<sup>1</sup> A study conducted by Gibbs et al has also shown that giving an information leaflet about the medication, did not improve patient recall of their medication.<sup>1</sup> However, this is in contrast to a previous finding for leaflets on penicillin and NSAIDs.<sup>6</sup> Our response rate of less than 60% indicates that further efforts are needed if patients are to be able to recall medication name.

The therapeutic benefit is likely increased by taking medications as prescribed. Only one of 102 patients indicated that they did not take the medication as instructed. This is at odds with the literature which suggests that 40-70% of patients on long-term therapy omit 10-40% of their doses.<sup>7</sup> However, this stated compliance rate of >99% is similar to an assessment performed recently at our centre which identified a 96% compliance rate with tamoxifen therapy according to prescription refill information.

Written information leaflets have been in use at the TBCC since the early 1980s. Many pharmacies use leaflets to help reinforce their verbal counselling to patients. A study by the American Pharmaceutical Association showed 142 of 200 (71%) of randomly selected pharmacies used written information leaflets when counselling on prescription medication.<sup>8</sup> The leaflets used at the TBCC give the generic and trade name of the drug, dosage form, auxiliary

measures, as well as listing the common side effects. Patients appreciate being forewarned about adverse effects of a drug during a course of prescribed therapy.<sup>9</sup> It is possible that informing patients of side effects may cause them to believe they are experiencing them, however, provision of information has not been shown to increase the incidence of side effects reported by patients.<sup>2,3</sup> Written information leaflets are an important tool for educating patients on prescription medication.<sup>1,10-12</sup>

The participants in the study had positive comments about the pharmacy staff at the TBCC. They found the pharmacist that served them to be very approachable and had little difficulty in asking questions about something they did not understand. The patients commented favourably on the fact that the pharmacist comes out of the dispensary and sits beside the patient to explain their new drug regimen. This may have helped to minimize the barrier between the pharmacist and patient, and to facilitate communication.

Lastly, the study addressed the procedure for refilling their medication. The TBCC issues a refill letter when the doctor has prescribed refills of a medication, which tells how long the supply of medication should last, and the correct procedure for obtaining a refill. This procedure seems to be working rather well, as only two people did not know the correct refill procedure. Both patients were on the cyproterone/diethylstilbestrol regimen and did not recall having received a refill letter.

In conclusion, the method of counselling employed at the TBCC was successful in terms of enhancing

the patient's understanding of their medication regimen and ensuring that patients were familiar with the correct procedure for obtaining a refill. As well, the patients indicated a high degree of satisfaction with the counselling service. ☒

## REFERENCES

- Ridout S, Waters WE, George CF. Knowledge of and attitudes to medicine in the Southampton community. *Br J Clin Pharm* 1986;21:701-12.
- Busson M, Dunn APM. Patients' knowledge about prescribed medicines. *Pharm J* 1986;236:624-6.
- Halperin JA, Morris LA. Effects of written drug information on patient knowledge and compliance: a literature review. *Am J Hosp Pharm* 1979;69:47-52.
- Kessler DA. Communicating with patients about their medications. *N Engl J Med* 1991;325:1650-2.
- Harvey JL, Plumridge RJ. Comparative attitudes to verbal and written medication information among hospital outpatients. *DICP Ann Pharmacother* 1991;25:925-8.
- George CF, Gibbs S, Waters WE. The benefits of prescription information leaflets. *Br J Clin Pharm* 1989;27:723-9.
- Anon. Helping patient to make the best use of medicines. *Drug Ther Bull* 1991;29:1-2.
- Meade V. APhA survey looks at patient counselling. *Am Pharm* 1992;32:307-9.
- Zellmer WA. Reassessing patient counselling. *Am J Hosp Pharm* 1991;48:1453.
- Busson M, Dunn APM. Patients' knowledge about prescribed medicines. *Pharm J* 1986;236:624-6.
- Dodds LJ, King RW. Factors affecting attitudes to the provision of information with prescribed drugs. *Pharm J* 1989;242:R7-12.
- Smith JM, Stephenson JE. Information for patients: general principles and a survey of hospital outpatients and the general public. *Proc Guild Hosp Pharm* 1984;18:21-39.