



Editorial

The Role of Community Pharmacies in Respiratory Disease Control[☆]

El papel de las farmacias comunitarias en el control de las enfermedades respiratorias

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Community pharmacies play an essential role in the healthcare network. While their main activity may be dispensing medication, this is not their only task: pharmacies contribute greatly to disease prevention and follow-up of chronic patients. The trend toward a more patient-oriented approach in pharmacy care is now firmly consolidated. As a consequence, the future role of the community pharmacist involves the provision of professional services that require greater involvement in the healthcare processes of each individual patient. While the importance of delivering pharmacy care services in the community pharmacy is widely accepted, changes are slow, and full implementation of the strategy has been limited. However, the current economic situation has given impetus to this change, since optimizing resources has become a priority. Accordingly, there is a pressing need to define the role played by community pharmacists in controlling the most common chronic diseases. More importantly, healthcare strategies must be redefined to include the contribution that the community pharmacy can make.¹ In this scenario, it is important to prevent respiratory health from being overshadowed by other specialist areas, and scientific societies and professional associations must work together to draw up pharmacy care programs in the area of respiratory medicine.

In our opinion, priorities lie in the following areas:

1. *Early diagnosis*: community pharmacies already participate successfully in early disease detection programs, such as colorectal cancer and HIV.^{2,3} Underdiagnosis is known to be a problem with an enormous impact on chronic respiratory diseases, such as chronic obstructive pulmonary disease (COPD). Could pharmacies participate in COPD screening? Scientific studies show that they can. A pilot study conducted by the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) found that pharmacists are in contact with individuals at risk of developing COPD (mostly previously unexamined middle-aged adults),

and can select and examine these subjects using a questionnaire and spirometric testing.⁴ Similar studies have been conducted in asthma, and this strategy may be equally applicable to other diseases, such as sleep apnea–hypopnea syndrome (SAHS). Interestingly, these studies have confirmed that pharmacists are capable of performing quality spirometric testing with appropriate training and quality control supervision. However, other less complex screening instruments are available that may be of more use in the non-hospital setting, including the community pharmacy. In short, it is obvious that pharmacists can help counter underdiagnosis of COPD, but the most appropriate tool is still to be defined.

2. *Smoking cessation*: as we know, the first step in respiratory disease prevention is counseling on healthy habits, including smoking cessation. Moreover, once disease has been diagnosed, the patient must stop smoking in order to prevent progression. It is clear, then, that the fight against smoking must continue. Numerous reports in the scientific literature assess the value of pharmacies in smoking cessation activities among the general population. The most promising results are from 2 randomized clinical trials that showed the positive impact of a pharmacy care program on smoking cessation rates among participants.⁵ Thus, the incorporation of community pharmacies in smoking cessation programs in cooperation with primary care centers and specialized units may help in the fight against smoking.
3. *Follow-up of chronic patients*: this is without doubt the most widely studied service, and studies have been published in many countries, mainly in the 2 most prevalent chronic diseases: asthma and COPD. Studies in the latter have shown that pharmacies can have an impact on 4 basic areas: treatment adherence, inhalation technique, anti-influenza vaccination, and, as mentioned above, smoking cessation.⁶ This has a positive impact on parameters such as quality of life, visits to the family doctor, and healthcare spending.⁷ In terms of asthma, some of the most important work has been done in Australia, where the introduction of innovative programs has shown that community pharmacies can contribute to the management of asthma by supporting patients with poor disease control. The introduction of a pharmacy care program can improve aspects such as inhalation technique, quality of life or understanding of the disease, and this

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positive impact is reflected in asthma control questionnaires.⁸ In brief, the community pharmacy can play a positive role in the control of patients with chronic respiratory diseases.

4. *Continuing professional development*: despite the promising results discussed above, the speed of the integration of pharmacy services will depend on two factors: continuing professional development and comprehensive care. Most of the pharmacists who participated in the above-mentioned projects received appropriate training and supervision, without which many of the programs would not have been so successful. For example, several studies have revealed room for improvement in the pharmacist's understanding of and approach to the management of inhaled therapy,⁹ suggesting that those wishing to participate in these programs must receive appropriate, accredited continuing professional development.
5. *Comprehensive care*: there is little doubt that the great challenge facing community pharmacies is coordinating their services with those of medical professionals, in particular primary care.⁴ For example, if a pharmacist detects a possible COPD, there must be a reliable and effective mechanism for informing the primary care physician. The primary care physician must also be informed of the pharmacy care given to an asthmatic patient who has recently begun treatment. This is clearly the cornerstone of any healthcare program that aims to include the community pharmacy. Coordination via a shared clinical history and electronic prescription systems are essential if the efforts of several different healthcare services are to be effectively managed.¹⁰

The time has come to emulate other medical specialties, and to take steps to include community pharmacy care in our efforts to achieve our ultimate aim: to improve the prevention, diagnosis and

treatment of respiratory diseases. To achieve this, all stakeholders must come together to bring down the barriers and replace them with bridges. Patients who cross them will surely be more healthy travelers.

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