Capital Health Network would like to acknowledge the support of Seqirus.
Trusted information at the point of care

- Evidence based and easy to use
- Developed for local health professionals, by local health professionals
- Clear, local and relevant referral options
Trusted information at the point of care

Register and access ACT & SNSW HealthPathways today

https://actsnsww.healthpathways.org.au
Quit for 2
Smoking cessation for pregnant women in Community Pharmacy

Karen Campbell – Capital Chemist Southlands
Louise McLean – Capital Chemist Southlands

With thanks to
Tracey Greenberg - NSW Health Tobacco Cessation trainer
Ben Gilbert - Capital Chemist University of Canberra
Robyn Smith - Pharmacy Guild of Australia - ACT Branch
Dr Colin Mendelsohn
Quit for 2

• ACT Branch of Pharmacy Guild recently completed 2 year smoking cessation program:
  – 200 ACT pharmacists trained in smoking cessation
  – 61 ACT pharmacies offering advice & support

• Quit for 2 follows on from this:
  – Support women to quit smoking when they become pregnant
  – Encourage women to visit their local pharmacy for smoking cessation counselling support
Quit for you. Quit for two

- The ACT program will utilise the current campaign materials developed by the National Tobacco Strategy for their Quit for you. Quit for two program
  - Materials readily available from NTS website
- Nurses/Midwives well placed to refer pregnant women to their local pharmacy for support
Who is smoking in the ACT?

• ACT smoking rates (2011-12)
  – Males 17%, females 12%
  – 30% of 18-24 year olds
  – 28.4% ATSI
  – 9.2% smoked while pregnant
Who smokes while pregnant in the ACT?
Missed opportunities

• All health professionals should systematically identify smokers and treat at every opportunity
  – Supporting Smoking Cessation. RACGP 2014

• But many barriers...
  – Lack of time, training, confidence
  – Fear of alienating patients/customers

• Advice from a health professional is one of the most effective ways to encourage people to quit

• One in every 33 conversations will lead to a patient successfully quitting smoking
Capital Chemist Southlands

• Pharmacy easy and convenient point of contact
• 2 consulting rooms
• Up to 6 pharmacists rostered on at any given time
• Designated floor pharmacists
• Pharmacists and pharmacy assistants specially trained in nicotine replacement therapy and Quit for 2
• Allied health can call directly to refer
The 5 A’s

- **Ask** all patients about smoking
- **Assess** readiness to quit
  - Assess nicotine dependence
- **Advise** all smokers to quit
- **Assist** (according to willingness and needs)
- **Arrange** follow up

ASK

• Routine screening on forms
  if ex-smoker ask when last smoked
• Open ended questions
  “how do you feel about your smoking at present?”
• Remember to ask if they smoke anything
  eg cannabis, waterpipes
ADVISE

• Clear, personalised advice increases abstinence rates

• Reinforce that every cigarettes they don’t have is doing them good

• Its not too late to slow the decline of lung function

• Educate on the effect of smoking on the baby
Effects of smoking on the developing baby

- Oxygen in mother’s blood is replaced by carbon monoxide, so less oxygen gets to the baby

- Blood flow to baby is reduced, so lower levels of nutrients

- Risk of baby dying through miscarriage or being stillborn
Effects of smoking on labour

• Smokers more likely to go into premature labour (baby needs NICU - can’t go home)

• Low birth weight baby leads to complications in labour

• Lower birth weight, sickly and underdeveloped
Effects of smoking on newborn

• Risk of asthma, chest infections and ear infections

• May be born addicted to nicotine – cry and be cranky as they go through withdrawal

• More likely to die of SIDS (cot death)

• Learning and behavioural problems
ASSESS

• Stages of quitting – where are they up to?
  “are you interested in quitting?”

• Pre-contemplation, Contemplation, Preparation, Action, Maintenance

• Planting the seed
The Fagerstrom test for nicotine dependence

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>Answers</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How soon after waking up do you smoke your first cigarette?</td>
<td>Within 5 minutes</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>6-30 minutes</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>31-60 minutes</td>
<td>1</td>
</tr>
<tr>
<td>2. Do you find it difficult to abstain from smoking in places where it is forbidden?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>3. Which cigarette would you hate to give up?</td>
<td>The first one in the morning</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Any other</td>
<td>0</td>
</tr>
<tr>
<td>4. How many cigarettes a day do you smoke?</td>
<td>10 or less</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>11 - 20</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>21 - 30</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>31 or more</td>
<td>3</td>
</tr>
<tr>
<td>5. Do you smoke more frequently in the morning than in the rest of the day?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>6. Do you smoke even though you are sick in bed for most of the day?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>very low dependence</td>
</tr>
<tr>
<td>3-4</td>
<td>low dependence</td>
</tr>
<tr>
<td>5</td>
<td>medium dependence</td>
</tr>
<tr>
<td>6-7</td>
<td>high dependence</td>
</tr>
<tr>
<td>8+</td>
<td>very high dependence</td>
</tr>
</tbody>
</table>
ASSIST

• Information
• Refer to pharmacy for assistance, advice and support with pharmacotherapies
• Empathy and support – non judgmental
• Develop coping strategies
• Stress Paradox
NRT and pregnancy

- Approved in pregnancy if unable to quit without it
- Likely need higher doses
- No RCT data for efficacy
- Insufficient safety data
- BUT available data and expert opinion suggest it is less harmful than continuing to smoke
- Oral NRT is first choice, 16hr patch if needed
NRT in lactation

- Intermittent dosing products recommended
- Infant nicotine concentration low
- Unlikely to be harmful
- Safer than cigarette smoke exposure
NRT Options

- Patches – some are covered by PBS
  - $6.30 or $38.80 for 1 month supply
- Lozenges
- Quickmist spray
- Gum
- Inhalers
Questions?
Collaboration between Nurses and Pharmacists to improve patient care.
Specific areas where referral to a Pharmacist may be beneficial to assist in medication management and patient education...

- Home Medicines Review
- In-Pharmacy Medicines Review
- Diabetes Education & NDSS Supplies
- Dose Administration Aids
- Asthma Education & Inhaler Technique
Home Medicines Review (HMR)

Patient Eligibility Criteria:

• Is a current Medicare/DVA cardholder
• Is living in a community setting
• Is at risk of or experiencing medication misadventure

• AND

• The GP confirms that there is an identifiable clinical need and the patient will benefit from the HMR service

• One HMR service can be conducted per eligible patient on referral from a GP

• A subsequent HMR may only be conducted if more than 24 months has elapsed since the date of the most recent patient interview or when the patient’s GP specifically deems a subsequent review is clinically necessary.
In-Pharmacy Medicines Review
(MedsCheck and Diabetes MedsCheck)
**Patient Eligibility Criteria:**

- Is a current Medicare and/or DVA cardholder
- Has not received a MedsCheck, Diabetes MedsCheck, Home Medicines Review (HMR) or Residential Medication Management Review (RMMR) in the previous 12 months
- Is living at home in a community setting
- **AND**
- Is taking 5 or more prescription medicines
- **OR**
- Has had a recent significant medical event
- **OR**
- Is taking a medication associated with a high risk of adverse events
In-Pharmacy Medicines Review (Diabetes MedsCheck)

Patient Eligibility Criteria:

- Is a current Medicare and/or DVA cardholder
- Has not received a MedsCheck, Diabetes MedsCheck, Home Medicines Review (HMR) or Residential Medication Management Review (RMMR) in the previous 12 months
- Is living at home in a community setting
- Is unable to gain timely access to existing diabetes education/health services in their community
- **AND**
- Has recently been diagnosed with type 2 diabetes (in the last 12 months)
- **OR**
- Has less than controlled type 2 diabetes
Diabetes Education & NDSS supplies
Credentialled Diabetes Educators (CDE)

- The Capital Chemist Group has Pharmacists who have undertaken additional training to become Credentialled Diabetes Educators.

- There is often a delay accessing appointments with CDEs through ACT Health, so referral can be made directly from the patient’s GP to one of our Pharmacist CDEs for consultations in our private consultation rooms.
Dose Administration Aids
Dose Administration Aids (DAA)

- A DAA is a tamper-evident, adherence device developed to assist medication management for a patient by having medicines divided into individual doses and arranged according to the dose schedule throughout the day.
- There are multiple brands available on the market that are used.
- DAAs can be provided on a regular basis or on an ad hoc basis (e.g. respite care).
- Home delivery is available for patients who need this service.
- Cost;
  - There is a cost to the patient for using this service.
  - DVA patients can have the cost covered for them by their GP writing a DVA DAA prescription.
Questions?
Break
Arthritis & Osteoporosis in General Practice

Rebecca Davey, RN/RM

CEO Arthritis ACT
Arthritis

Over 100 types

Degenerative Osteoarthritis

Inflammatory RA
Inflammatory AS
Inflammatory PS

Non-inflammmatory Fibromyalgia

Infective Ross River Virus

Diet Related Gout
Diet Related Haemochromato

Septic Post op
Septic Post cannula
# Osteoporosis

<table>
<thead>
<tr>
<th>T-Score</th>
<th>Result</th>
<th>What is the outcome?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to -1</td>
<td>Normal</td>
<td>You should ensure you have adequate calcium, enough vitamin D and that you do regular exercise- these are all important factors for maintaining healthy bones</td>
</tr>
<tr>
<td>-1 to -2.5</td>
<td>Osteopenia</td>
<td>At risk of developing osteoporosis. Fracture risk is low to medium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Take immediate action to minimize further bone loss.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Your doctor will ensure calcium and vitamin D levels are adequate and discuss any possible risk factors for osteoporosis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Your doctor will monitor your bone density with a follow up DXA scan after 1-2 years.</td>
</tr>
<tr>
<td>-2.5 or lower</td>
<td>Osteoporosis</td>
<td>Fracture risk is high</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Your doctor will start treatment with specific osteoporosis medicines ad ensure adequate calcium and vitamin D levels.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Your doctor should discuss possible medical causes and risk factors with you.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow up tests to monitor bone health and treatment.</td>
</tr>
</tbody>
</table>

*Arthritis*

*Australian Capital Territory*

*Including Osteoporosis ACT*
Role of General Practice

- Primary diagnosis
- Education of the individual
- Appropriate referral
- Honesty
- Behaviour management/change
- Primary/mental health care plans
What are we caring for?

RA

- Fertility
- Mental Health
- Osteoporosis
- Pain Management
- Education/Work Interruption
- Lower income/increased life support costs
Standards in care

- ACSQHC Clinical Standard for Osteoarthritis of the knee
- Osteoporosis prevention, diagnosis and management in menopausal women and men over 50 years
- HANDI guidelines – non-drug interventions (RACGP)
- APNA resource for nurses in general practice (Osteoarthritis)
Diet as a treatment method

People who are overweight have double the risk of developing knee OA, and those who are obese have four times the risk. About 70% of knee replacements are carried out on patients whose weight is significantly contributing to their OA. However, only about 8% of Australians incorporate weight loss as part of their OA treatment, even though symptoms may be reduced if patients shed just 5% of their body weight.
Exercise as a treatment

- Primary treatment in osteoarthritis and for falls prevention for osteoporosis
- Significant impact on depression and mental health symptoms
- Social integration
- Pain relief
Alternative medications

- Fish oil has had some scientific proof of working in RA, but dose required is large (30ml BD)

- Most complementary medicines are purely placebo

- Many prescription medications now thought to be placebo
Arthritis ACT can help

- Hydrotherapy across Canberra
- Dietitian clinic for weight management and other gut related issues
- Land based exercise classes
- Support groups
- Mental health support groups
Q&A
Join in the conversation and get connected with your fellow colleagues.
Thank You!

Capital Health Network
ACT’s primary health network