

Risk of Pharmacist Prescribing Statins: Physician's Perspective

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Background: Pharmacist prescribing has been shown to have positive clinical outcomes and is cost-effective. When used for primary prevention of atherosclerotic cardiovascular disease in patients with hypercholesterolaemia and/or diabetes mellitus type 2, statins reduce morbidity and mortality. Identifying patients who require statin treatment as timely as possible supports positive clinical outcomes. The possibility for pharmacist recommendation of statins contributes to a proactive approach to primary prevention of cardiovascular disease.

Purpose: To determine the risks, as perceived by physicians, related to prescribing low- and moderate-intensity statins to patients aged 40-75 years with hypercholesterolaemia and/or diabetes mellitus type 2.

Methods: A self-administered questionnaire directed to physicians was developed, content-validated and reliability tested. After ethics approval, the questionnaire was distributed both in person and online. For electronic distribution, an online version of the questionnaire was developed using Google Docs and the following organisations were contacted for dissemination: Malta College of Family Doctors, The Association of Private Family Doctors and Primary HealthCare Malta. Data was analysed using SPSS.

Results: The questionnaire was completed by 62 physicians. The majority had more than 20 years of medical experience (n=44, 71%). Fifty-eight physicians (94%) were specialists in family medicine. Physicians participating in this study opposed the scenario of giving statin prescribing rights to pharmacists (68%). Factors that could ease implementation of pharmacist prescribing in Malta were patient privacy in a community pharmacy setting (74%) and good inter-professional collaboration (73%). Physicians were asked about the perceived risks associated with prescribing of statins by themselves, and 15 physicians (24.2%) thought that there is a high risk for the 'increased incidence of interactions'. Physicians were also asked about the risks associated with potential pharmacist prescribing of statins. Thirty-nine physicians (63%) thought that 'incomplete medical assessment' presented a high risk

followed by 36 (58%) who thought that 'inadequate patient follow-up' was associated with high risk. A Chi-square test did not show a statistically significant association ($p=0.475$) when comparing physician's years of experience and attitude towards pharmacist prescribing of statins.

Conclusion: This research assessed physician's perceived risks associated with potential pharmacist prescribing of statins. Physicians are hesitant to have pharmacist recommendation of statins due to risks associated with limited patient follow-up and unstructured collaborative care. Strategies that could mitigate these risks associated with statin prescribing and increase support towards the implementation of pharmacist prescribing are the development of protocols, interaction checkers and the requirement for patient follow up through clinical laboratory tests.

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