EFFECTIVENESS OF COMMUNITY-BASED PHARMACIST INTERVENTIONS IN CHRONIC NON-CANCER PAIN: A SYSTEMATIC REVIEW

Feng Chang, BScPhm, PharmD
University of Waterloo

INTRODUCTION / AIM

Chronic pain is a common condition that has significant impact on patients’ physical and psychological well-being. Pharmacists have a key role in providing patient-centred care to optimize drug therapy used in the management of chronic pain.

The objective of this study is to evaluate the effectiveness of interventions by pharmacists providing care in community settings for ambulatory patients with chronic non-cancer pain.

METHODS

Six electronic databases (Pubmed, Cumulative Index to Nursing and Allied Health Literature, COCHRANE, PsychInfo, EMBASE and International Pharmaceutical Abstract) were searched for randomized controlled trials (RCT) and non-randomized studies (NRS) published in the English language involving pharmacists providing direct care in the management of chronic non-cancer pain. Team based approaches were included if a pharmacist was involved. Manual bibliography searches with retrieved articles were conducted. Risk of bias was assessed for all included studies.

RESULTS

The search strategy identified 17 full-text articles from 14 studies. Six of the studies were based on pharmacist-only interventions and the other 8 involved pharmacists working as part of an interprofessional team. The most frequently used pharmacist intervention was consultation involving medication review, recommendations, follow-up, and patient education. There was variation across pain measures and other self-reported measures in the included studies, but most studies showed positive results. Pain intensity reduction achieved ranged 8%-21%.

DISCUSSION / CONCLUSIONS

Pharmacist interventions significantly decreased pain scores, improved quality of life and patient satisfaction, and reduced medication-related side effects and cost. However, the clinical significance remains debatable due to heterogeneity in relation to intervention, outcome measures, clinical setting, sample size, and study duration.

OTHER AUTHORS

Mo Chen
Tejal Patel

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