

Allergic Rhinitis Self-Management Program in Community Pharmacy

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- A brief, tailored specialised service for people with intermittent allergic rhinitis (AR) (hayfever) was delivered through community pharmacies in the Sydney metropolitan area. A total of 228 participants with intermittent allergic rhinitis took part in the study designed to improve self-management of the condition. The service was delivered by both Pharmacists and Pharmacy Assistants following training on pathophysiology and over the counter treatments for AR, communications skills and support for self-management of symptoms and medication taking.
- The most frequently reported symptoms of AR were nasal discomfort, including sneezing, itching and congestion. The most commonly reported triggers of AR were plants, dust and changes in weather. The majority of participants relied on oral antihistamines to control their symptoms.
- Seasonal differences were found in outcome measures. Improvements in symptom severity, quality of life, confidence in self-managing AR and adherence to medications were achieved over a 10 day period for the Spring Intervention Group participants. Autumn Intervention Group participants also experienced significant improvements in all outcome measures except for adherence to medications. The two factors contributing most to symptom severity scores at the conclusion of the intervention were quality of life and the strategies devised to control AR triggers. Taking an antihistamine every day did not contribute significantly to symptom severity scores.
 - When Pharmacists and Pharmacy Assistants assisted the study participants to self-manage their hayfever, the most frequently devised strategies to control symptoms related to reinforcing adherence to antihistamine medication and dose instructions. The most frequently devised strategies to control hayfever triggers related to practical action, such as vacuuming frequently, or closing windows. The results suggest that counselling by Pharmacists and Pharmacy Assistants which focuses on the particular symptoms and triggers experienced by patients (rather than general counselling) has the potential to enhance patient self-management of the condition.
- An evaluation of the feasibility of implementing the service was also undertaken. Results showed enthusiastic endorsement of the service by both pharmacy staff and study participants. Perceived benefits of the service included increased confidence and communications skills of pharmacy staff, a structured service protocol with user-friendly materials, enhanced customer loyalty and high levels of satisfaction expressed by participants. Perceived disadvantages of the service included potential time constraints in delivering the service, and at times difficulty in recruiting and engaging patients in the self-management process.
- The average time taken per patient for the intervention was 11.5 minutes. The cost of support materials including brochure, symptom chart, recording symptoms, strategies and medication taking, tissues and a pen was estimated to be approximately \$6. More intervention group patients compared to control group patients purchased multiple medications, and there was a high level of support for the content of the service, its implementation and continuation by patients. Estimating costs incurred in staff training, PARIS service delivery and general pharmacy overheads, as well as possible income from charging patients for the service and additional sales of medicines, it appears that infrastructure investment by pharmacies would need to be minimised to break-even with the costs of delivering the service.

KEY FINDINGS