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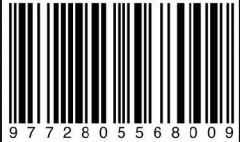
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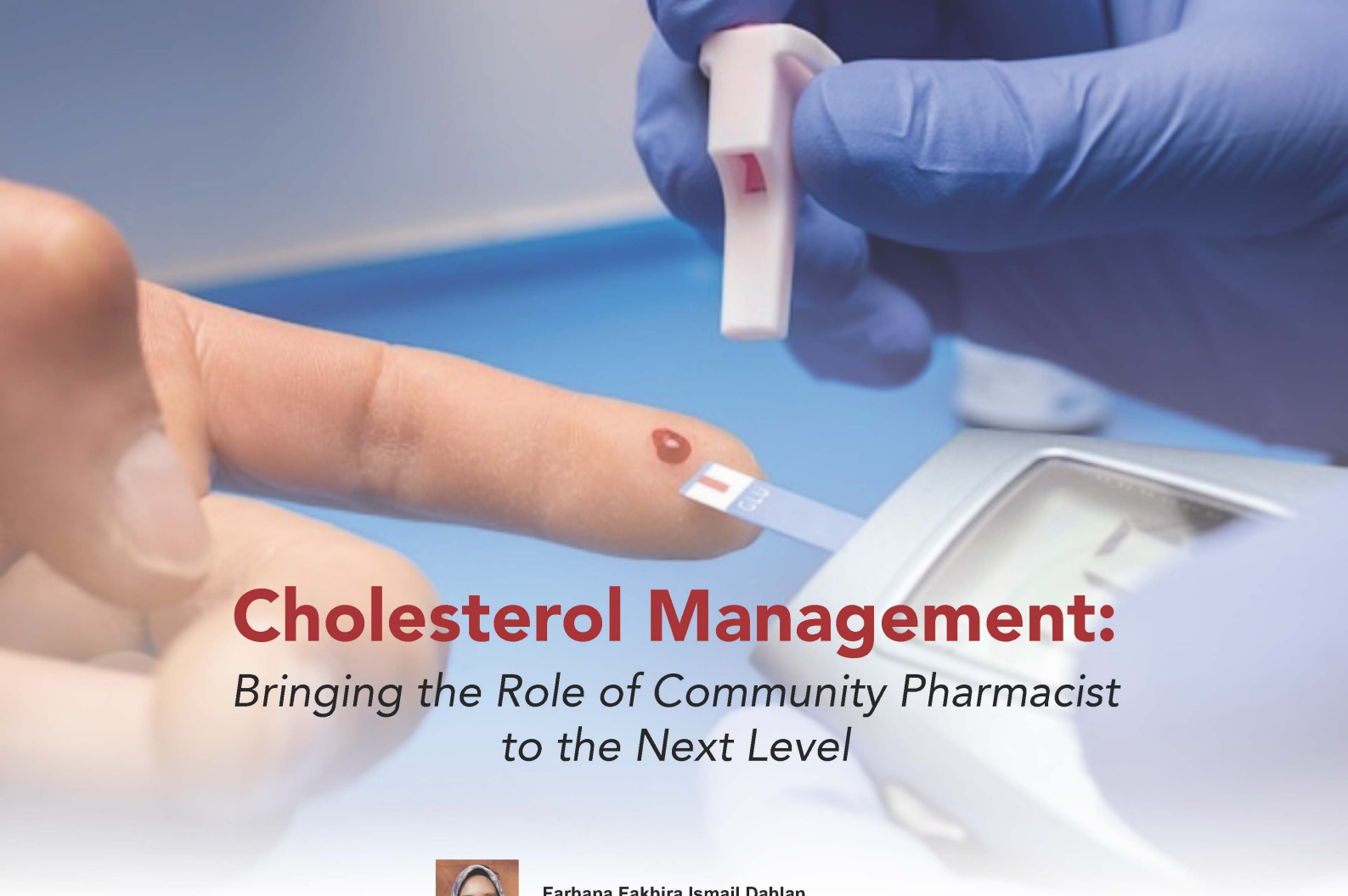
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Cholesterol Management: Bringing the Role of Community Pharmacist to the Next Level



Farhana Fakhira Ismail Dahlan
Faculty of Pharmacy,
UiTM Selangor Branch

Dyslipidemia, is a term used to describe an abnormal level of cholesterol in the blood.

Cholesterol can be divided into several types which are low-density lipoprotein (LDL), triglycerides (TG), total cholesterol (TC) and high-density lipoprotein (HDL). LDL, TG and TC are all cholesterol types which we aim to have lower value, while HDL which also referred as 'good cholesterol' works to bring the 'bad cholesterol' which is the LDL to be excreted through the liver.

Managing cholesterol is essential for lowering the risk of cardiovascular diseases (CVD). It is one of the modifiable risk factors for many CVD and also is the world's largest cause of morbidity and death. It is pretty challenging to manage cholesterol as it is usually asymptomatic in nature. Patients may not experience any symptoms until the cholesterol deposit in the blood vessels becomes higher and starts to lead to complications such as stroke or heart attack. Additionally, as it deposits in the blood vessels, it cannot be seen from the outside. Patients may look thin and have low body mass index, but, their cholesterol level in the blood can be surprisingly high. Due to its asymptomatic nature, patients rarely go for screening and have regular monitoring of their cholesterol. However, it is worth noting

that according to Clinical Practice Guideline of Dyslipidemia 2023, those who aged 30 years and above are highly recommended for screening.

Realizing this, healthcare professionals should work collaboratively to ensure a holistic approach can be made to manage cholesterol. Community pharmacists, as one of the healthcare professional groups are considered to be at the best and ideal position to help the community. This is due to their accessibility, knowledge, and expertise which have proven to be beneficial to patients. Furthermore, patients feel convenient to meet the community pharmacists for a few reasons which include no appointment needed, no consultation fees being charged and as community pharmacists are located at the retail shop, patients may feel like the pharmacists are a part of the society. Several studies have been conducted previously that proved community pharmacists' interventions to be successful.

Pharmacists, who are respected medical professionals in the community, can provide a number of services to help patients in achieving and maintaining optimal lipid levels.

1. Risk assessment and screening:

Community pharmacists are qualified to evaluate patients' cardiovascular risk factors, such as age, family history, smoking status, diabetes status, and physical activity, as well as to perform lipid screenings. Patients are usually unaware of the complications of cholesterol, where they think they are fine. Performing risk assessment enable patients to be categorized to either low, moderate, high or very high cardiovascular (CV) risk. Having this conducted by a community pharmacist, patients then must be informed about their risk score and which category are they in. This is hoped to increase awareness to the public and motivate them to do necessary actions to reduce their risk score.

2. Medication Management:

For patients being prescribed with lipid-lowering therapies, it is pertinent for them to adhere to their regimen. Some patients missed their cholesterol pill before bed, and some patients do not feel that it is compulsory for them to take their medications as instructed. Some cholesterol medications may cause side effects which are called as



statin-associated muscle symptoms (SAMS), where patients may feel muscle pain. As this is unbearable for some patients, they usually decided to stop taking the medication. In fact, there are a few types of cholesterol medications, which can be given according to patient's specific conditions. For patients who are having adherence issues, or sometimes forget to take the medications, they need to be counselled to use alarm or other reminders method to remind them. Most importantly, they need to be told on how crucial the medication is to prevent many CVD in the future. Meanwhile, for patients having SAMS, their medications need to be switched to other alternatives. However, this issue cannot be resolved if patients do not tell their healthcare professionals. As a community pharmacist, who is at the best position in the community, they should refer patients to their healthcare professionals or to their prescriber to be exact, in order to have their medication changed. A referral letter or a complete report can be written to describe the patient's condition, also not to forget to include the pharmacists' details. This will ease the prescriber to have a smooth communication if needed with the pharmacist. Apart from the adherence issue, a community pharmacist is also responsible for evaluating all medications taken by patients and spotting any possible drug interactions or side effects.

3. Patient Counselling and Education:

As discussed earlier, cholesterol does not produce any significant symptoms at the early stage. Hence, encouraging patients to actively manage their cholesterol demands effective patient education.

Patients must be educated on the therapeutic lifestyle interventions that are the cornerstone of cholesterol management. Firstly, dietary modifications. Patients must be told how to restrict their diet, what should be taken in high and low quantities. Pharmacists may also collaborate with dietitians who are considered experts in this field to maximize the impact. Secondly, physical activity. Patients must be advised to increase their physical activity. Pharmacists may also provide alternatives to patients, where an increment of physical activity could also be done by incorporating them into the daily routine. Some examples include parking the car quite a distance from the office, using a staircase instead of the elevators, playing actively with their kids and doing household chores. This could be a great start for patients and make them get used to it. After adapting, patients can be advised to step up to moderate and high-intensity exercises, for about 30 minutes, thrice a week. Next, patients must also be educated about smoking cessation. They can also be encouraged to join smoking cessation programme which is provided without any charge by the Ministry of Health, Malaysia. Further information can be obtained via jomquit.com.

To assist patients in reaching therapeutic objectives, community pharmacists can offer specialized counselling on dietary adjustments, lifestyle changes, and drug adherence. In order to improve patient motivation and knowledge, pharmacists can also provide resources including support groups, digital tools, and instructional materials.



4. Monitoring and Follow-Up:

Ensuring the effectiveness of either by medication or lifestyle modifications, monitoring and regular follow-up are essential. Community pharmacists are encouraged to track patients' progress by conducting regular screening and risk assessments. Improvement especially in lifestyle modifications or medication adherence must be acknowledged and patients should be congratulated for their significant efforts. Referral to physicians or dietitians should be made when needed. A good pharmacist-patient relationship would also ease the monitoring and follow-up sessions. Hence, excellent communication and interpersonal skills are among the skills required by a pharmacist. Of course, as patient, we would feel comfortable meeting our pharmacist who is friendly, and able to understand our circumstances.

In conclusion, community pharmacist-led initiatives are essential for managing cholesterol and preventing many CVDs. Community pharmacists can assist patients in achieving optimal cholesterol levels, provide them with resources such as support groups, digital tools and educational materials. Collaborative work with the physicians or the prescribers and dietitians are also crucial. Patients with dyslipidemia should be managed comprehensively. Hopefully, when community pharmacists are able to extend their role rather than the traditional role of just dispensing, together with collaborative work with other healthcare professionals are able to reduce the morbidity and mortality of dyslipidemia. Community pharmacists are no longer just medication dispensers, but they are actually a superhero who saves patients' lives.

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Department of Research & Innovation,
Level 5, Bangunan Canseleri Tuanku Syed Sirajuddin,
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