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Empowering Communities: *Transforming Healthcare through Community Pharmacy Initiatives for Non-Communicable Disease Prevention*



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The epidemic of growing non-communicable diseases (NCDs)

According to the Department of Statistics Malaysia, the leading causes of mortality in 2020 were ischemic heart disease (15.0%), followed by pneumonia (12.2%) and cerebrovascular disease (8.0%) [1]. Furthermore, according to the National Health and Morbidity Survey (NHMS), 8.4% of Malaysia's adult population, or 1.7 million people, have all three of the risk factors for diabetes, hypertension, and hypercholesterolemia in 2019. The prevalence of diabetes increased steadily from 13.4% in 2015 to 18.3% in 2019. While the prevalence of hypercholesterolemia decreased from 47.7% in 2015 to 38.1% in 2019, the prevalence of hypertension was constant at 30.3% in 2015 and 30.0% in 2019 [2]. The high prevalence of hypertension, hypercholesterolemia, and diabetes will all contribute to an increase in the need for healthcare services. Chronic illnesses usually is a NCDs are said to cause an annual loss of RM 8.91 billion. Furthermore, the estimated cost of the national health burden arising from these diseases' impairment and loss of years of healthy living is RM 100.79 billion, or 7.35% of GDP [3].

Prevention is better than cure. Therefore, the Ministry of Health (MoH) aims to advance the Health Promotion and Disease Prevention - National Strategic Plan for Non-Communicable Diseases (NSP-NCD), 2016-2025. It has five objectives, and two of them are:

1. To reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments.
2. To strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage.

Non-communicable diseases (NCDs) have significant health and economic impacts. The prevalence is increasing in trend. Under the motto "Prevention is better than cure," the MoH strives to promote disease prevention and health promotion. However, to rely on the MoH in its entirety is not a good solution because systemic issues continue to plague Malaysia's ailing health care system. One of the needed initiatives will be the collaboration with the community pharmacy (CP) to provide personalised health education.



Evolution of Community Pharmacy Roles in Preventive Measures for NCDs

Since the 1920s, community pharmacies have gradually improved their professional status by altering pharmacy practice and education [4]. Community pharmacy executives have worked to refocus attention from products to patients as demand for traditional compounding has decreased. Moreover, the community pharmacies are more accessible to the general population than general practices. Based on statistics (2021), Malaysia has approximately 2,889 community pharmacies and 3,892 registered community pharmacists across the country [5]. In addition, based on the National Health and Morbidity Survey (NHMS) 2019, of the 11,155 respondents interviewed, 10.3% reported community pharmacy utilisation for health purposes [6]. This utilisation of the community pharmacist is increasing in trend, and it shows the demand for going to the community pharmacy among the Malaysian population.

Community Pharmacy-Based Intervention Services (CPIS)

Currently, there are many contributions of community pharmacy (CP) to NCDs prevention. Overview of the existing literature, summarising the current state of CP involvement in delivering



preventive services for NCDs. The current services are, screening for diabetes, hypertension, hyperlipidaemia, smoking cessation and weight management. Most of the studies showed positive impact which promotes these services in the community pharmacy. However, the main issue is to ensure these services could be sustained by community pharmacist.

Currently, there are a lot of community pharmacies that provide preventive services for certain NCDs known as community pharmacy-based interventions services (CPIS), such as diabetes mellitus, hypertension, hyperlipidemia, and weight management. However, there are several issues experienced by the community pharmacy that prevent this initiative from being established. The issues are time constraints, operational demands, financial constraints, limited space & human resources, pharmacist workloads, lack of patient awareness & demand, regulatory and legal constraints, lack of training, perceived lack of impact, and resistance to change.

In addition, CP have recently been asked to contribute to sustainable healthcare systems through active participation in an integrated model of care and by playing a major educational role for environmental conservation. Therefore, dramatic changes in their institutional context have led to increasing competition in the drugs retail sector and a shift toward a service-oriented business. These factors urge rethinking of the business model of these hybrid organizations, which combine a profit-oriented, social, and more recently addressed, environmental identity. In addition, the sustainable business model (SBM) can support community pharmacies to integrate sustainability in day-to-day pharmacy practice, although it should be customized based on the contextual characteristics of the business and on differences between countries, such as health policies and regulations.



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