Author's response to reviews

Title: Counselling practices in community pharmacies in Riyadh, Saudi Arabia: a cross-sectional study.

Authors:

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Author's response to reviews: see over
Reviewer's report Title:Counseling practices in the community pharmacies in Riyadh, Saudi Arabia: A cross sectional study Version:3 Date:30 January 2015

Reviewer:Mohamed Azmi Ahmad Hassali

Reviewer's report: Thank you for asking me to review the revised version of the manuscript entitled “Counselling practices in community pharmacies in Riyadh, Saudi Arabia: a cross-sectional study”. I think the authors have addressed most of the comments raised during the first submission of the manuscript. Now, I have some comments/suggestions that I believe will further improve the manuscript. Moreover, some corrections are needed.

1. Page 2, Line 24-27: please rewrite the sentence to be “Evidence suggests that pharmacists counselling improves clinical outcomes, quality of life, drug and disease knowledge and reduces health service utilisation”.

   Added

2. Page 2, Line 29: please remove the comma before “to assess”. I think it is not needed.

   Removed

3. Page 2, line 33: please revise it to be: A four-sections questionnaire.

   Revised

4. For reporting the percentages, I would recommend the authors to report it exactly, not by rounding. For example, page 2, line 36: “10%” should be “9.3%”. This needs to be done for all percentages in the manuscript.

   All percentage now exact not rounded

5. Please revise this statement as the meaning is not clear “A very small proportion of SPs (10%) were counselled on any precautions, even after the SPs started to be inquisitive”

   Revised like text

6. In page 3, line 43, please add a phrase such as “In the cross-sectional survey” to improve the flow before reporting the main results of the second study.

   Added

7. I think this part is not useful: “number of patients visiting the pharmacy, 102 reported that each day between 11 and 30 patients visited their pharmacy with a prescription and 153 reported that the same number of patients visited without prescription.” This is because more than half of the sample (n=178) did not answer it. So, it will not be representing the sample. Therefore, I believe it is better to remove it.

   Removed

8. In page 5, line 88, I think the authors mean “professional” operations. Also, please correct the word “laws” to be “law”.

   Professional added, laws corrected
9. Please support with references the new added section on page 5, lines 86-95. I think the manuscript still needs some proofreading. For example: - In the abstract, the authors used the present tense “The study consists of two parts: simulated patients (SPs) visits to” while in the manuscript text they used the past tense “The study consisted of two parts: simulated patients visits and”. I think consistency is needed.

A reference added. The text was revised for consistency.

10. Page 6, line 1 comma is needed before “we”: “Using simulated patients (SPs) visits and a questionnaire we assessed”.

Comma is added

11. Page 13, line 221: “This means on 150 visits a medicine was dispense.” This needs to be totally revised.

The sentenced was revised and it was removed to follow the data on number of visits to allow more appropriate flow of information.

12. In the abstract, page 3, line 43, the authors mentioned: “A total of 350 questionnaires were distributed”. I believe this needs to be corrected as the authors distributed 400 questionnaires, but only 350 participated, giving a response rate of 87.5%.

Corrected

13. For the section on page 22, lines 348-350, it will be good to quote the SFDA website by providing the link to the specific information that can lead to the electronic directory.

A link was added in the references list

14. In line 292, perhaps you can replace the word “alternatively” with “another possible explanation is that”.

Replaced

15. In line 316, Please check the percentage for the statement “Information regarding dose was the most common type of information provided (93% of the SPs visits), while a very small proportion of SPs were counselled on precautions (93% of the SPs visits).” In the Table it is 97% and 10%, respectively and NOT 93%.

Corrected

16. Regarding the sample size of the SP visits: In the text, it is written as “One hundred and sixty one visits were conducted: Scenario 1 = 49 (30%), Scenario 2 = 50 (31%), Scenario 3 = 20 (12%), Scenario 4 = 42 (21%)” while in the Table no. 2 the total is 150 and for scenario no. 4 is 31. Please correct this discrepancy.

There is no discrepancy. However, the first is the total number of visits while in the Table it is number of medicine dispensed as in 10 visits there was no medicine dispensed (see number 11 for more explanation) A note was added to the table to clarify that.
Thank you. Level of interest: An article of importance in its field. Quality of written English: Needs some language corrections before being published. Statistical review: No, the manuscript does not need to be seen by a statistician. Declaration of competing interests: I declare that I have no competing interests.
Reviewer’s report Title: Counseling practices in the community pharmacies in Riyadh, Saudi Arabia: A cross sectional study

Version: 3 Date: 3 February 2015

Reviewer: Mara Guerreiro

Reviewer’s report: I have assessed the revised manuscript. Overall the authors have adequately addressed my suggestions. In my opinion the manuscript has benefited from the changes introduced by the authors; in particular the discussion section is better structured and stronger in describing the implications for policy and research. In light of the revised manuscript I raise a few additional points, which should generally be seen as discretionary revisions.

1. Lines 65 - 74: “Community pharmacists play a crucial role in optimising medication use and improving patient outcomes, whilst preventing medication misuse and reducing costs. Patient counselling associated with dispensing is an important service provided by community pharmacies. Evidence suggests that pharmacists' counselling improves clinical outcomes, for example in the management of high glucose levels among diabetic patients, and in the management of blood pressure and cholesterol levels. It also improves the quality of life of patients with chronic conditions, such as diabetes, hypertension, and asthma. Pharmacist counselling may reduce health service utilisation, such as visits to general practitioners and rates of hospitalisation. There is also evidence indicating that counselling is effective for improving drug and disease knowledge.” The references provided in this paragraph pertain to counselling in pharmacists’ nondispensing roles. However, the present work focuses on counselling in the context of dispensing. Consequently, I feel the evidence provided is unsatisfactory to justify the relevance of the topic being researched. I would suggest using references specific to the dispensing context (e.g. Williams, K. A., Emmerton, L. M., Taylor, R., Werner, J., & Benrimoj, S. I. (2011). Non-prescription medicines and Australian community pharmacy interventions: Rates and clinical significance. International Journal of Pharmacy Practice, 19, 156–165.).

We used two reviews: Pand and Okumura. In Pand review included educational or counselling sessions that are extended or patients had to be continuously followed-up compared to the one to two minute basic counselling typically offered. Therefore, we removed Pand review. However, in Okumura review 18% of the studies provided a counseling session in a dispensing context. We kept Okumura and added a sentence to clarify the context of counselling. Also we added two new references specifically indicate positive outcomes with pharmacists counselling during the dispensing context.

2. Lines 75 and 76: “Many professional organizations have published guidelines outlining required content for counselling in community pharmacies.” There is a flow problem with the previous paragraph, which is about counselling in nondispensing roles. I would suggest adding “when dispensing prescription medicines” in this sentence.
The guidelines are not specific to POM. Quotation from the reference we used (Ref no.5) "Most guidelines provide recommendations to pharmacists to educate and counsel patients on both prescription and nonprescription medicines" we added such sentence to clarify the paragraph. One of the important guidelines is the ASHP guidelines and quotation form this guideline on the specific points we mentioned under the content of counselling:

".....These points are applicable to both prescription and nonprescription medications. Pharmacists should counsel patients in the proper selection of nonprescription medications. Additional content may be appropriate when pharmacists have authorized responsibilities in collaborative disease management for specified categories of patients".

3. Lines 92 - 96: “The laws also mandate that medications purchased from a community pharmacy are dispensed in their 93 original packages. The information on the outer package must include information such as the 94 name of the medication, active ingredients, pharmaceutical form, strength, storage condition, 95 price, and manufacturer.” Unsure whether this level of detail is needed. To better understand the study and its implications I would value information on 1) whether classification - POM or NPM - is mandatory in the package and 2) whether a patient information leaflet is mandatory. MPG Feb 2015 Page 2 of 3

As for classification is mandatory on the package we stated the mandatory information and classification is not one of them. As for the package insert we added the information.

4. Lines 103 - 104: “They 103 monitor the use of non-prescription medicines, identify drug-related problems, and intervene 104 when necessary to ensure that patients use medicines safely, appropriately, and effectively.” A reference is needed.

A reference was added.

5. Line 111: “This study aims to investigate the counselling practices of community pharmacists in Riyadh, the capital of Saudi Arabia.” Add “when dispensing POM without a prescription and NPM”.

Added

6. Lines 142-143: “There were four scenarios (Table 1). In all the scenarios, pharmacists were assessed on whether they provided the name of the medicine, route of administration, dose, directions for use, and duration of therapy. Clarify at this stage which medicines are classified as POM. Criteria for assessing pharmacists’ performance pertains to the data collection, perhaps this information would flow better in the section “Documentation of the counseling process”.

Classification clarified and criteria moved to documentation section

7. Line 176: “No information provision” was when no verbal information was given about indications, dosing instructions, adverse effects, or specific instructions.” Please note that these criteria do not match exactly with what you have previously stated for assessing pharmacists’ performance (line 143)
Agree. The paragraph in Line 143 was moved to documentation section and combined with Line 176. The new paragraph was revised to ensure that there is no repetition and that type of information collected mentioned in methods in text is consistent with information provided in table in the results.

8. Line 150: “This means on 150 visits a medicine was dispense.” Do the authors mean that a medicine was dispensed in 150 out of 161 SP visits; the former were considered for analysis? Please clarify, it doesn’t flow well considering the previous sentence.

Yes this what it means. Clarified

9. Table 2 - Total a,b Did not spot any note for letter b)

Explained

10. Lines 285 - 289: “Results obtained from the visits using SPs were compared with those obtained in the survey, revealing important discrepancies regarding the type of information provided to customers. In the survey, the majority of the respondents claimed that they provide information on dose, duration of use, and how to use the medication. Nevertheless, actual dispensing practices as measured in the SPs visits showed that patients were poorly informed about such information. My understanding of data is that overall SP data match survey data concerning the nature of the information provided, but there is a discrepancy on the reported frequency of its provision. For example, SPs data suggest that pharmacists only provide information about dosing and instructions on how to take drugs if probed, whereas pharmacists report frequently informing the patients about the dosing and precautions. Not sure whether discrepancies exist on the “type of information provided”, but rather on its frequency.

Agree. The sentence was revised to reflect the actual findings.

11. Line 304: Research suggests that product-based requests result in less assessment and counselling than do symptom-based requests. Add “In the context NPM consultations”.

Added

12. Line 315 - 316: Information regarding dose was the most common type of information provided (93% of the SPs visits), while a very small proportion of SPs were counselled on precautions (93% of the SPs visits). Typo?

Yes it is typo it should be 97% in line 320 as with results in line 236.

13. Abstract, line 47: “We conclude that community pharmacist-led patient counselling practices in Saudi 48 Arabia are currently inadequate.” In light of the convenience sampling used caution should be exerted in respect to generalisability. I would suggest wording the conclusion in the abstract using the same terms and in the body of the paper “The present study highlights the current deficiencies in appropriate dispensing practices and 399 medication counselling at community pharmacies in Saudi Arabia”.
Agree, wording changed