



# Controlling the Obesity Epidemic: “ Where Does the Pharmacist Weigh In?”

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## Introduction

World Health Organization estimates that 1.5 billion adults were overweight in 2010.

Obesity and overweight are the fifth leading risk for worldwide deaths.

Obesity is also a growing health concern in Albania.

Obesity has been identified as a key risk factor for many chronic diseases, including hypertension, dyslipidemia and type 2 diabetes mellitus.

Community pharmacists are in an ideal position in providing care and education for obese people helping them in their fight.

## Objectives

The objective of this study was to investigate the role of community pharmacists in obesity counselling and to identify the barriers to counselling in Albania.

Table 1

Responses to the frequency, comfort and effectiveness of aspects of obesity management (n=206)

Aspects of obesity Management	*Frequency of counseling Mean (SD)	*Comfort level with counseling Mean (SD)	*Perceived Effectiveness Mean (SD)
Diet and exercise	4.22 (1.06)	4.28 (1.19)	4.47 (0.83)
Diet foods	4.03 (0.99)	4.06 (0.98)	4.11 (0.94)
Prescribed anti-obesity medications	3.29 (1.23)	3.40 (1.05)	3.37 (0.65)
Non-prescribed anti-obesity products and dietary supplements for weight loss	3.14 (1.09)	3.36 (1.29)	3.23 (1.27)
<b>Overall Scale mean</b>	<b>3.67 (1.19)</b>	<b>3.77 (1.19)</b>	<b>3.80 (1.05)</b>

Table 3

Anticipated barriers to counseling obese patients (n =206)

Barriers	% (95%CI)
Lack of patient awareness about pharmacists' expertise in counseling	76.2 ( 69.7-81.7)
Opinions about people with obesity (i.e., lack of willpower and do not adhere to the interventions to reduce their weight)	71.8 (65.1-77.8)
Lack of pharmacist time for counseling	69.4 (62.6-75.5)
Lack of pharmacists who are expertise in counseling	55.8 (48.8-62.7)
Lack of patient demand for counseling	53.4 (46.4-60.3)
Lack of privacy for counseling	52.4 (45.4-59.4)
Lack of pharmacist interest in counseling	49.5 (42.5-56.5)
Lack of repayment to the pharmacist for counseling	48.1 (41.1-55.1)
Belief that obesity is controllable without medications	45.1 (38.3-52.2)
Opinions about obesity as not a disease	40.5 (33.6-47.4)

## Methods

The study involved 30 community pharmacies that were selected via stratified and systematic random sampling.

A pretested self- administered questionnaire collected information on frequency and comfort level with obesity counseling and the perceived effectiveness of four aspects of obesity management ( diet and exercise, prescribed antiobesity medications, diet foods and non-prescription products.

Information on perceived confidence in achieving positive outcomes as a result of counseling and barriers to counseling were also collected.

Descriptive and Spearman'r analysis were conducted using SPSS version 17. Responses with Licert scale rating (1 to 5) and binary choices (yes/no) were presented as mean (SD) and ( 95 CI) respectively.

Table 2

Responses on perceived confidence in achieving positive outcomes as a result of counseling patients with obesity (n = 206)

Outcomes	Perceived confidence Mean (SD)
Eating a calorie-controlled diet	3.75 (1.57)
Engagement in regular exercise	3.73 (1.27)
Patient adherence to nutritional advice	3.68 (1.27)
Proper use of nonprescription products and dietary supplements for weight loss	3.59 (1.24)
Minimization of adverse effects from anti-obesity medications	3.46 (1.37)
Patient adherence to anti-obesity medications	3.43 (1.35)
Proper handling of missed doses of anti-obesity medications	3.21 (1.21)
<b>Overall scale mean</b>	<b>3.44 (1.09)</b>

## Results

The response rate was 93.6%. The overall mean (SD) responses indicated that pharmacists counseled obese patients sometimes to most of the times 3.67 (1.19) and were neutral to comfortable with counseling about aspects of obesity management 3.77 ( 1.19) **Table 1**

Respondents perceived obesity management aspects to be somewhat effective 3.80( 1.05). Of the four aspects of obesity management, diet and exercise and diet and foods were the highest ranked in terms of frequency of counseling, comfort level and perceived effectiveness. **Table 2**

Pharmacists were neutral to confident in achieving positive outcomes as a result of obesity counseling 3.44(1.09).

Overall mean response of counseling obese patients by pharmacists were correlated with their perceived comfort with counseling.

The most anticipated barriers to obesity counseling were lack of patient awareness about pharmacists expertise in counseling and pharmacists opinion that obese patients lack willpower and are non-adherent to weigh reduction interventions. **Table 3**

## Conclusions

1. Strengths, weaknesses and barriers related to obesity counseling by pharmacists in Albania were identified and suggestions were provided to strengthen that role.
2. Due to the high prevalence of obesity and overweight among the population in Albania, there is a greater need for pharmacist involvement.

## References

1. WHO.; Obesity and overweight, 2011
2. Mainick SD, Knobler H : The complications of obesity QJ Med 2006, 99: 565-579
3. Department of Health, London: Pharmacy in England . Building on strengths – delivering the future,2008

