

### Role of community pharmacists in the prevention and management of Metabolic Syndrome in Albania

### EDMOND PISTJA, ALBA THEMELI MEDICAL HEALTH TRAINING CENTER "SANTA MARIA" LEZHE, ALBANIA



#### Introduction

The metabolic syndrome is a cluster of cardiovascular risk factors. It is a high risk condition that can result in serious complications including type 2 diabetes and cardiovascular diseases.

The metabolic syndrome represents a growing health problem in Albania and its prevalence is alarmingly high among the adult population.

Therefore, there is an urgent need to for effective interventions to halt the increasing prevalence of metabolic syndrome and its complications.

The recognition and control of the metabolic syndrome represent a real challenge for all healthcare professionals in Albania, including pharmacists.

There is lack of information about the role of community pharmacists in the care of patients with metabolic syndrome.

# Objectives

The aim of this study was to determine the community pharmacists' awareness and opinions about the metabolic syndrome, explore the services they provide for identifying and monitoring patients, and describe the current self-reported practice of the pharmacists in the prevention and management of the metabolic syndrome.

#### Methods

This study was conducted in 25 community pharmacies in Tirana, the capital of Albania from May 2014 till November 2014.

A descriptive, cross –sectional study was performed on a randomly selected sample of 52 community pharmacists.

Data were collected via face to face structured interview of the pharmacists using a pre-tested questionnaire.

#### Main outcome measures:

Pharmacists' knowledge and views on the metabolic syndrome, monitoring the services provided, self reported practices and perceived effectivness of the various management interventions for the metabolic syndrome.

Table 1. Knowledge of the metabolic syndrome risk factors

Risk factors	Total n (%)	P value
Increased Total Cholesterol Level	45 (90%)	.508
Increased LDL-C level	42 (84%)	807
Increased HDL-C level	40 (80%)	.520
Lack of phsyical activity	47(94%)	.010
Overweight/obese	50(100%)	.650
Smoking	48 (96%)	.418
Heavy alcohol consumption	40(80%)	.309
High salt intake	45(90%)	.620
High saturated fat intake	47(94%)	.727
Male over 45 year old	39( 78%)	.428
Postmenopausal female	38 (76 %)	.329
CVD family history	49(99.9%)	.276

#### Results

The response rate was 97.8 %. Nine pharmacists claimed to know about the metabolic syndrome but only one pharmacist could identify the condition correctly.

After being given a definition of the metabolic syndrome, 67.7% of respondents strongly agreed that its prevalence was rising in Albania.

Nearly two-third of respondents providing height and weight measurements service while 82.7 % and 59.5 % of pharmacies provided blood pressure and blood glucose measurements, respectively.

Waist circumference and lipid profile measurements were the least provided services.

Respondents claimed to be involved in counseling patients on lifestyle modifications including increased exercise (98.1%) and weight reduction through diet ( 96.9 %).

Most pharmacists were involved in encouraging patients' adherence with prescribed treatments (98.6%) and perceived these as the most effective Intervention for the management of the metabolic syndrome.

Respondents were less involved in monitoring patient's response to therapy (75%) and documenting patients care services (5.0%).

## Conclusions

To the author knowledge this is the first study of this kind in Albania.

This study revealed significant deficits in awareness among community pharmacists about the metabolic syndrome.

Given the proper education and training, community pharmacists could be important front-line contributors to the control of this emerging epidemic in Albania.

### References

- 1. Isomma B, Almgren P, Tuomi T, Forsen B, Nissen M, et al, Cardiovascular morbidity and mortality associated with the metabolic syndrome. Diabetes Care 2001;24(4)
- 2. Trinca CE, The pharmacist's progress toward implementing pharmaceutical care. Am. Pharm. 1995; Supl 13;8













