Community Pharmacists Can Help Monitor, Manage Cardiometabolic Parameters in Schizophrenia

Health care professionals providing care to patients using second-generation antipsychotics could benefit from incorporating community pharmacists as members of their team.

Patients with schizophrenia are 2-to-3 times more likely to suffer from cardiovascular diseases. Second-generation antipsychotics used to treat schizophrenia worsen the cardiometabolic profile and contribute to increased morbidity and mortality in these patients. However, these patients are less likely to follow-up with tests designed to monitor druginduced cardiometabolic adverse events (CMAEs) in general hospital settings. Intervention programs led by community pharmacists have shown benefits in patient care in other health conditions. A group of researchers in Australia investigated if community pharmacists could help monitor and manage drug-induced CMAEs in patients with schizophrenia.

The researchers interviewed 11 health care professionals involved with providing care to patients with schizophrenia on the benefits, capabilities, and challenges of recruiting community pharmacists to assist with care. They identified and discussed 5 major themes after performing an inductive thematic analysis of the interviews in their report.⁵

Interviewed physicians indicated that although they are aware of the need to monitor and manage drug-induced CMAEs in patients with schizophrenia, there is no consensus regarding the responsible entity. They agreed that involving community pharmacists for managing drug induced CMAEs in patients with schizophrenia is rational and beneficial for patient care. Community pharmacists are competent, have resources, are more accessible, know their patients, and have a positive rapport with them. Additionally, community pharmacists in Australia currently provide professional services to both patients and health care professionals and expanding their services to manage CMAEs is feasible.

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However, interviewed mental health professionals reiterated the need to improve communication between the multidisciplinary team composed of general practitioners, nurses, psychiatrists, and community pharmacists, if they were recruited to provide these services. These include providing access to My Health Record, an electronic health record system in Australia, and legal records as well as designing an algorithm to alert team members of the drug-induced CMAEs in patients so they can be addressed in a timely manner.

Additional challenges highlighted include remuneration for community pharmacists, time and space constraints, and the need to undergo additional training in mental health to be able to provide these services.

The authors also interviewed 5 pharmacists, 3 nurses, and 3 psychiatrists providing mental health care to patients with schizophrenia. Since 10 of them practice in New South Wales and one in South Australia, the report does not capture opinions and insights of the health care professionals in other states and territories of Australia. Additionally, the authors did not interview general practitioners involved with providing health care to patients with schizophrenia.

The study authors conclude that community pharmacists are in a unique position to improve patient care by monitoring and managing drug-induced CMAEs in patients with schizophrenia but several challenges and barriers exist. Further, health care professionals providing care to patients with schizophrenia or other disorders using second-generation antipsychotics could benefit from incorporating community pharmacists as members of their team.

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