

Euro Diabetes 2019: The international debate on the pharmaceutical Care for Diabetes type 2 in 28 EU countries: An update of the last decade- Angela Pizarro- New University of Lisbon

Angela Pizarro

New University of Lisbon, Portugal

The collaboration of community pharmacies with primary health care networks to supporting demand for type 2 diabetes mellitus (DM2) is urgent. The analysis of European health systems intervention for DM2 eradication in the last decade points to an insufficient combination of prevention, early diagnosis and outcome sets pharmacotherapeutic- monitoring of the disease. One of the possible solutions to this public health's problem has proved to be the inclusion of pharmacy services DM2-oriented (PS-DM2) in strategic primary care health programs, provided by the community pharmacist. However, considering that the normative framework of good pharmacy practices and clinical orientations/ guidelines for DM2 from each 28 EU country may represent a limitation to this extension of the community pharmacist's role, it is necessary to analyze the structure of this new generation of pharmacy services at a regional (EU) and local (EU28) level, in terms of type, of protocols/ guidelines for their practice and of legal framework, in order to assess their evolution throughout time. The present study proposed a qualitative approach about the recent phenomenon of PS- DM2 in EU28 over the last decade.

Discussion: Few studies address a concrete interaction between community pharmaceutical services and people with T2DM's health outcome sets monitoring during the study period (2008–2018). The found evidence demonstrated both the benefit of DM management by CPH through these pharmacy services and the success of their implementation in terms of adherence to treatment and correct use of medicines. Thus, the application of this close and permanent set of T2DM care services has become an essential model of qualified pharmacy practice for policy considerations. The lack of evidence about the EU as a whole implies the detailed study of each country.

Limitations of the Study: The selected studies on the supply of pharmacy services for DM in the EU28 countries between 2008 and 2018 were heterogeneous in several aspects, such as target groups/age groups, health care providers (pharmacists, nurses, and other healthcare providers), disease or target disorder considered in the study, as well as means/strategies to evaluate

outcomes and their approach. Also, the studies have shown to be unclear in terms of the organizational and operational strategy of implementing PS (of methodology/protocol/practitioners) and their adaptation to individuals or populations. Besides, the study found that the structure of these PS varies according to the legislation of each health system with regard to community pharmacy, pharmacist, and pharmaceutical care provision. Also, the type of DM of the most of studies explicitly referred to a type of DM, but somewhat generalized to the designation of “diabetes mellitus” or “diabetes.” This is one of the main limitations in the selection of study materials, and it implied that the analysis had to be reorganized, in studies with information on the new categories PS-DT2DM and PS-IT2DM.

Conclusions: Type 2 diabetes mellitus implies multimorbidity and polypharmacy, so people with this disease or at risk to develop it (prediabetes) should have a close, frequent, and rigorous monitoring of their health outcomes sets (e.g., parameter values and treatment adherence). EU28 community pharmacy services for T2DM have assumed this role in primary care networks over the last decade. This pharmaceutical patient care has been provided by the CPH. He manages the disease at a core, basic and advanced level. That is, CHP performs the diagnosis, the patient referral to the GP, and the pharmacotherapeutic follow-up at the community pharmacy. This is realized in the form of 13 subtypes of T2DM-oriented pharmacy services: 2 of them specific for T2DM and 11 for T2DM's risk factors. The present study concluded that the implementation of this pharmaceutical care upgrading was increasing over the period of the study (2008–2018) in 22EU countries, at least. In addition, more evidence was found about these 13 subtypes in the United Kingdom, besides it being the country which gave more recognition to the CPH and pharmacy for the provision of advanced care services (“diabetes management”). However, most EU 28 countries do not have legal support (guidelines, targets, and strategies), and this can condition effective pharmaceutical assistance collaboration in the primary care network.