
Counselling on Alendronate in Community Pharmacies of Northern Sri Lanka: A Simulated Patient Study

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Alendronate is a drug of choice for osteoporosis. Proper administration is essential for optimal bioavailability and to minimize adverse effects, requiring effective patient counselling. A pharmacist plays a vital role in counselling for optimum use of medication and better adherence. If not, treatment outcomes may be compromised. The current research aims to evaluate adequacy of counselling practices and associations with dispenser and pharmacy characteristics. A cross-sectional observational study was conducted using a simulated patient in 151 pharmacies in Northern Province. Information provided was recorded in a structured checklist immediately after leaving the pharmacy; visits with two or more patients were considered as busy hour and pharmacist identification was based on displayed license. Counselling was classified into two domains: advice to enhance bioavailability and to reduce adverse effects. Counselling was categorized as adequate or inadequate; adequate-counselling was further classified as complete (both domains' instructions) or incomplete (first domain only). Others considered inadequate. Of 151 surveyed pharmacies, alendronate was available in 99 and 05 were permanently closed. Only 14 pharmacies provided adequate counselling, of which 8 were complete and 6 incomplete. Aspects of adequate and complete counselling included taking on an empty stomach (26), with a full glass of water (12), maintaining an upright posture (10), and avoiding food/drink for 30 minutes (15). Other counselling included weekly dosing (96), while advice on missed doses, adverse effects, food and/or medicine interactions was almost absent. Counselling adequacy was significantly higher with pharmacist dispensing ($p < 0.001$), and during non-busy hours ($p = 0.009$) with gender and location have no effect. Counselling on alendronate sodium was largely inadequate in community pharmacies in the Northern Province, Sri Lanka, with adequacy mainly influenced by dispenser qualification and pharmacy busyness.

Keywords: *Alendronate sodium, community pharmacies, osteoporosis, patient counselling*

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