

Improving drug adherence

Strategies to improve medicines adherence and the role that pharmacists can play in achieving this were among topics discussed at this year's Renal Pharmacy Group Conference. Shona Kirk reports.

Pharmacists need to make maximum use of medicines use reviews (MURs) said Rob Horne, head of the department of practice and policy at the School of Pharmacy, University of London.

Speaking at the 25th Renal Pharmacy Group conference last month, he said this will involve giving patients a "common sense rationale" for their treatment, addressing individual concerns and tailoring a convenient regimen to address practical barriers; this will help to improve medicines adherence. "We are not using MURs properly. The system is there, we are just not doing it right," he said.

Professor Horne described several 'myths' about adherence to medicines. He said that non-adherence is not a "feature of the disease" and is not associated with

age, gender or intelligence. He also said that there is no evidence that simplifying the treatment regimen solves the problem. "Just providing clear instruction is not good enough," he added.

Professor Horne suggested that pharmacists will provide more ongoing clinical support to patients in the future, which they are well placed for. "This requires the application of our whole knowledge, not just pharmacology and pharmaceuticals but, increasingly, behavioural medicine. Behavioural medicine is a key area of growth for pharmacy practice," he said.

Professor Horne added that patient beliefs are the main causes of non-adherence to medicines, and that it is important for pharmacists to ask questions in the right way and listen to patients.

Prizes were awarded for the following work, presented as posters at the conference:

Pharmacy-led hepatitis B vaccination

A hepatitis B vaccination programme run by a renal pharmacist has been established in the pre-dialysis clinic at the Royal Derby Hospital. The pharmacist requests blood tests, counsels patients about the need for the vaccination, and provides them with written information and a letter to take to their practice nurse, who will administer the vaccine. All patients with chronic kidney disease who will require renal replacement therapy should be immunised against hepatitis B.

Effectiveness of long-acting ESAs

A long-acting erythropoiesis-stimulating agent (ESA) (Mircera; Roche) was as effective as short-acting ESAs (Neorecomon; Roche, or Aransep; Amgen) at maintaining haemoglobin response in the desired range in stable haemodialysis patients, according to Israr Baig, the independent prescriber who carried out the switch from short-acting to long-acting ESAs at Gloucestershire Royal Hospital. ESAs are used for the treatment of anaemia in chronic kidney disease.

Reducing 'culture negative' peritonitis

Increasing the dialysate effluent sample volume from 40ml to 60ml led to a decrease in the number of 'culture negative' results obtained in patients with a diagnosis of peritonitis who received peritoneal dialysis, according to Christine Sluman, a specialist nephrology pharmacist at Wirral University Teaching Hospital NHS Foundation Trust. This volume is in line with recommendations from the International Society for Peritoneal Dialysis recommendations.

Treating CKD and associated disorders

More data is needed before we can determine whether patients with bone and mineral disorders caused by secondary hyperparathyroidism in chronic kidney disease benefit from the calcimimetic cinacalcet, according to John Cunningham, professor of nephrology at the Royal Free Hospital and University College London.

Professor Cunningham said that although several studies have shown positive results with cinacalcet, such as decreased fracture rates, we need to wait for the results of a prospective randomised trial, such as the EVOLVE (evaluation of cinacalcet HCl therapy to lower cardiovascular events) trial that is being conducted by Amgen, before we have a definitive answer. This trial will also provide data about all-cause mortality and cardiovascular risk with cinacalcet.

The decision about which treatment approach to use is currently based on patients' parathyroid hormone, phosphate and calcium levels. Dr Cunningham suggested that patients with high PTH and high phosphate and calcium levels would

gain the most benefit from calcimimetics; whereas those with high PTH and low calcium and phosphate levels would benefit most from vitamin D supplements.

Portable dialysis for home use

A portable haemodialysis machine is being used at the Lister Renal Unit in East and North Hertfordshire NHS Trust, said Roger Greenwood, clinical director of the unit. The 'NxStage' haemodialysis machine is designed to be used for five or six two-hour sessions per week. More frequent dialysis may improve outcomes in patients with chronic kidney disease (patients usually receive three sessions per week).

Dr Greenwood said that mobile dialysis machines are a useful addition to haemodialysis units but they will not replace the traditional machines. He said that he hopes that 10% of patients in the Trust who need dialysis will be self-dialysing at home by 2015 and that 50% of these will be using mobile machines.

The UK Renal Pharmacy Group 25th anniversary conference was held in Birmingham on 14 November.