

Pharmacists optimise drug choices, educate patients and providers, and monitor therapies in chronic non-cancer pain, potentially enhancing outcomes and lowering costs.

Pharmacist interventions for Chronic Non-Cancer Pain: A Scoping Review

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Introduction

- CNCP affects a substantial proportion of the population and **reduces the quality of life**.^{1,2}
- Pharmacist interventions have been shown effective in improving patient outcomes.³

Objective

- To identify, describe and categorise **pharmacist interventions** for patients with CNCP.

Methods

- We searched Medline, Embase, PsycInfo, and CINAHL databases, and the Cochrane library.
- Two reviewers performed title-abstract and full-text screening. One reviewer extracted and charted data.
- We followed the PRISMA-Scr guideline.⁴
- Categorisation of interventions, based on the **ESCP definition of clinical pharmacy**.

References

- ¹Helme RD et al., *Clin Ger Med*, 2001
²Brevik H et al., *Eur J Pain*, 2006
³Thapa P et al., *Brit J Clin Pharm*, 2021
⁴McGowan J et al., *J Clin Epi*, 2020

Results

- Our search identified 3,592 articles.
- We included 244 articles for full-text screening.
- **46 articles** met the inclusion criteria.
- 90% of included studies were of North American or European origin.
- Frequent study designs were **pre-post studies** (40%), **cross-sectional studies** (24%), **RCTs** (16%), or **chart reviews** (9%).

Intervention types in all studies

- Drug selection
 - Medication management: 22%
 - Remote medication review: 27%
 - Medication review with patient contact: 44%
 - Medication reconciliation: 9%
- HP education: 9%
- Patient education: 56%
- Monitoring: 36%
- Compounding: 2%

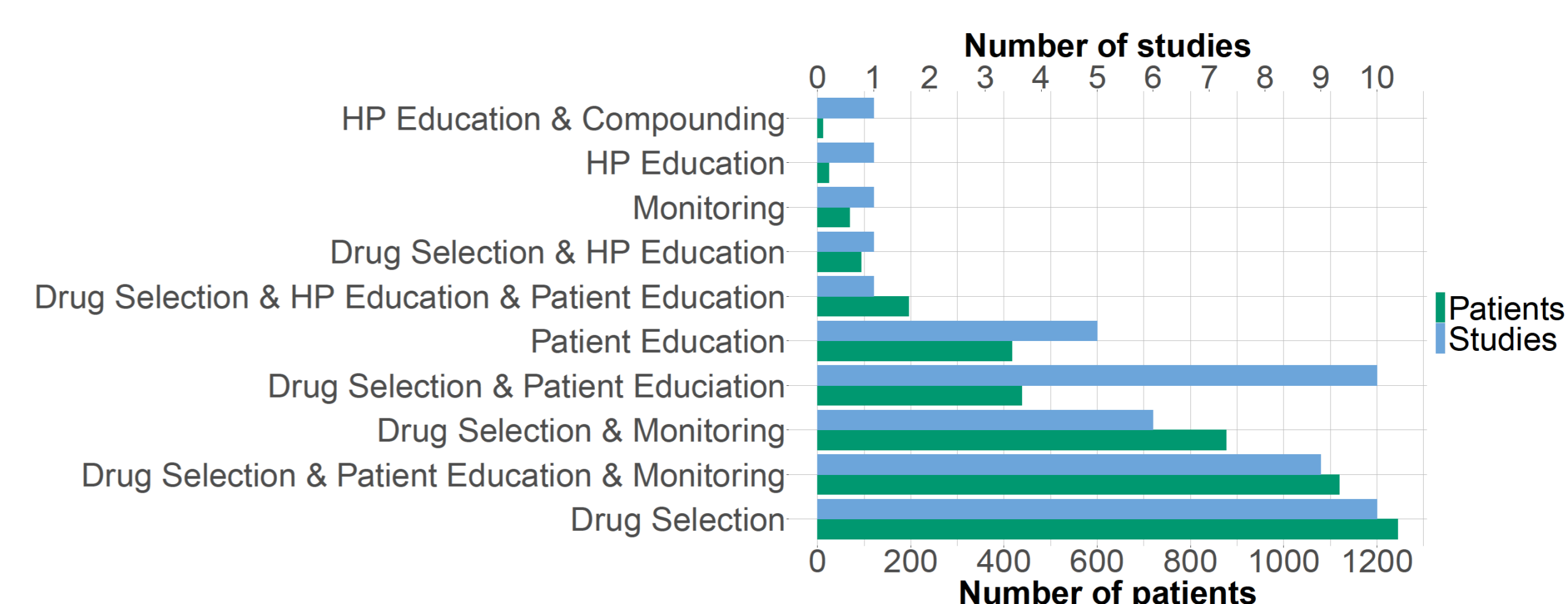
Cost-efficiency

- Six studies (9%) reported on cost-efficiency.
- Four of those (67%) reported saving costs.
- Two (33%) reported increasing costs.

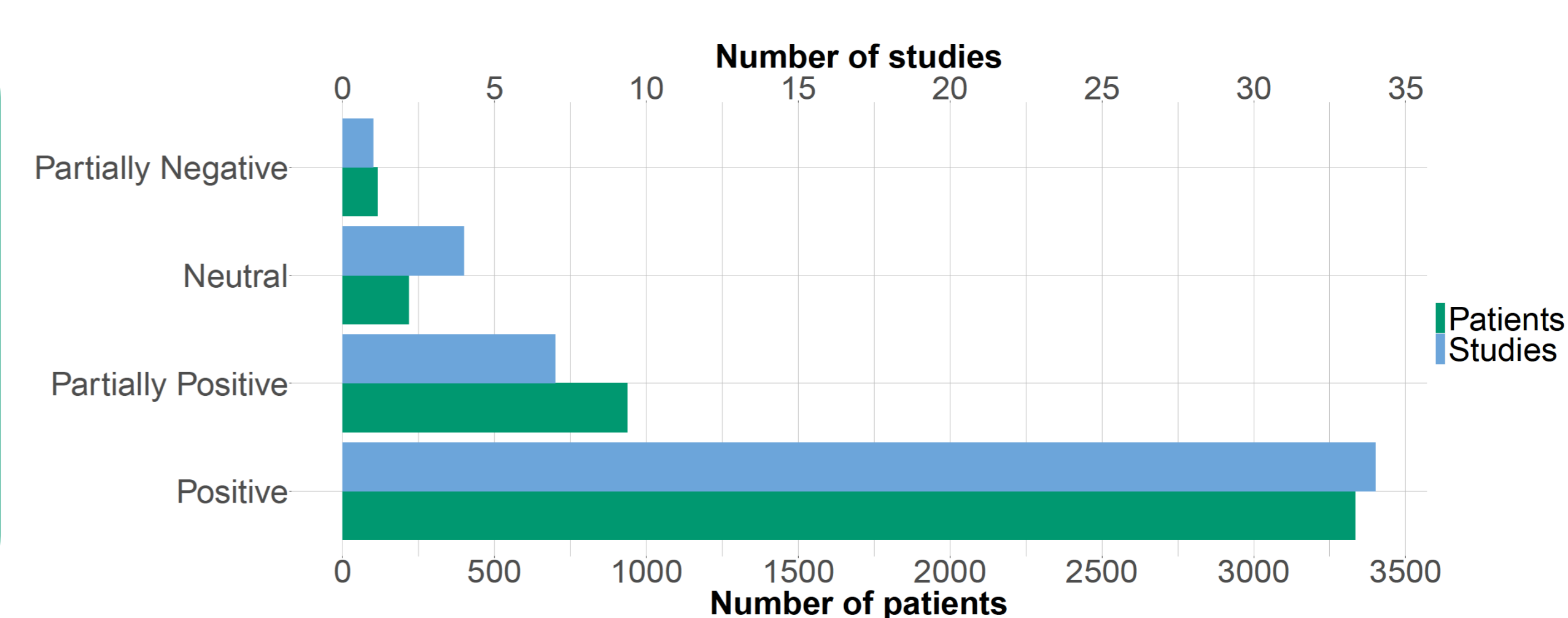
Conclusion

- This scoping review reveals a **diverse landscape of pharmacist interventions** targeting patients with CNCP.
- **Medication reviews** with or without patient contact and **patient education** were performed frequently.
- Pharmacists **combined multiple approaches** within their interventions, following the recommended multimodal approach.
- Pharmacist interventions may positively impact **patient outcomes** and **reduce costs**.

Intervention combinations



Outcomes of interventions



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