

вання або лікування великих ділянок шкіри препаратами, що містять сульфадіазин, може виникнути аргірія – внаслідок накопичення срібла в тканинах шкіра може набувати злегка сірувате забарвлення. Топічні форми депротеїнізованого гомодеривату з крові телят (Солкосерил) репаративної дії не можна застосовувати при глибоких пошкодженнях шкіри, оскільки може відбуватися інфікування ушкоджених ділянок. Банеоцин (бацитрацин цинку + неоміцину сульфат) не слід застосовувати при значних та тяжких ураженнях шкіри через можливу резорбцію препарату з розвитком ототоксичного ефекту з втратою слуху, також можливі тяжкі кардіогенні або нефрогенні екскреторні порушення, ураження вестибулярної систем. Окрім вибору оптимального лікарського засобу відповідно до клінічної ситуації, з метою забезпечення ефективного та безпечного його використання слід чітко враховувати загальні та специфічні особливості застосування препарату та можливі побічні реакції про які провізор (фармацевт) при відпуску його з аптеки повинен наголошувати в обов'язковому порядку.

Прийняття пацієнтами рішення щодо симптоматичного лікування поверхневих відкритих ран (мікротравм) без консультування з провізором (фармацевтом) підвищує ризик ускладнення терапії внаслідок вибору не того лікарського засобу та/або неправильного його застосування через неврахування особливостей застосування самого препарату та його лікарської форми.

Таким чином, врахування основних підходів до фармацевтичної опіки при симптоматичному лікуванні поверхневих відкритих ран (мікротравм), які базуються на професійних знаннях та власному досвіді дипломованих спеціалістів закладів роздрібної торгівлі лікарськими засобами (провізори та фармацевти) допоможе оптимізувати надання фармацевтичної допомоги населенню в цьому питанні.

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WAYS TO OPTIMIZE THE PHARMACEUTICAL CARE OF PATIENTS WITH HEADACHE

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Purpose. Analysis of the completeness of pharmaceutical care by pharmacists of visitors to pharmacies seeking medicines for headaches.

Materials and methods. A questionnaire of 64 pharmacy pharmacists found out the frequency of treatment for headaches, the spectrum of their purchase on their own and on the recommendation of the pharmacist, the presence of “threatening symptoms”, as well as aspects of informing the patient (duration of treatment, possible side effects, factors for the occurrence of headaches,

etc.).

Results. Headache was the cause of circulation of 60.9% of visitors among all types of pain (joints, muscle pain, etc.). Most often, combined medications were purchased independently and on the recommendation of a pharmacist (53.1% and 54.7% of cases, respectively), and only 37.5% were recommended to paracetamol to visitors. In 95.7% of cases, respondents were wary of possible drug interactions, but 34.8% of them did not mention possible side effects of the medications. At the same time, 48.9% of respondents, unfortunately, did not take into account the level of blood pressure and did not associate it with a headache.

Conclusions. Information when dispensing medications for the indicated positions was provided in sufficient quantities in the range from 39.1 to 78.3%. The lowest position was in identifying “threatening symptoms” (39.1%) and in informing patients about interactions with other medications (36%). The frequency of providing information on other positions was a little over 50%. Which cannot be considered as a satisfactory level for pharmaceutical care, since it determines the low safety profile of this approach to medicinal therapy.

Keywords. *headache, pharmaceutical care, treatment of headache, non-narcotic analgesics, “threatening symptoms”.*

Introduction. Headache (HA) is one of the most common medical syndromes in the population of all countries of the world and because this is a specific medical and social problem. WHO estimates that from 47% to 83% of people aged 18-65 years have the HA during the last calendar year, and about 4% of the adult population suffers from pain lasts 12 days or more per month. This pain syndrome is based on many physiological factors that are dependent on hormonal, sensorineural, humoral, and some other disorders, usually associated with age-related inferiority of their regulation. However, with age, the incidence of HA does not decrease, since epidemiological studies indicate the occurrence of this syndrome in 17-50% of people over 65. The problem is compounded by the fact that this pathology is not perceived by the population as a serious disorder, as they often are episodic and does not lead to death, and are not contagious. Therefore, at least 50% of people with HA are engaged exclusively in self-medicate and do not seek specialized medical care. Wherein the vast majority of cases, as is known, various preparations of non-narcotic analgesics are used [1-3].

At the same time, incorrect use of analgesics, in particular, combined, as well as the lack of their use in HA overtime frequently leads to chronic forms of headaches, to the appearance of tolerance to the treatment of transformed forms of the disease and to accompanying psychological and emotional pathology. Directly associated with frequent headaches. Of no less significance is a rational use of medications and for the successful treatment of concomitant diseases. In this regard, the rationalization of the use of medicines against HA is an urgent public health problem because its solution promotes a noticeable increase in the quality of life of patients. A significant role in improving the effectiveness and safety of medical therapy for HA is giv-

en to pharmaceutical care carried out by the pharmacist with the direct release of the medication to the patient in the pharmacy [4, 5].

The purpose of the study was the analysis of pharmaceutical care by the pharmacists of pharmacy visitors who are seeking medicines for headaches to develop recommendations for improving the rationality of their use. Particular attention was paid to ensuring the safety of medication treatment.

Materials and methods of research. According to a specially designed questionnaire, an anonymous survey of 64 pharmacists from Kharkiv's pharmacies was conducted. Information was obtained on the frequency of treatment for headache medicines, its type (cluster, tension headache, migraine, etc.), the spectra of medicines purchased independently and on the recommendation of the pharmacist, and the presence of "threatening symptoms" in patients. Various aspects of informing the patient during the process of pharmaceutical care were also clarified (total duration of treatment, possible side effects and storage conditions of the medication, etc.). Also, it appears as presenting pharmacists about the most common causes of HA and a general strategy of treatment of such patients. The obtained qualitative results of the survey were ranked in five categories of the type "never", "rarely", "in half the cases", "often enough" and "always".

Results and discussion. Overall, the headache was the reason for applying to the pharmacy 60.9% of visitors among the contingent of all kinds of pain (spine, joints, muscle pain, etc.). Spectrum medicines purchased patients was fairly broad, but when they are combined into groups lead position occupied combined medications (mostly comprising a combination of paracetamol + caffeine), constituted 53.1% of purchases. Next, in decreasing frequency of use, paracetamol followed - 21.9%, ibuprofen (15.6%) and acetylsalicylic acid (9.4%). In situations where a pharmacy visitor asked the pharmacist to recommend an over-the-counter medication for HA, these were most common combination medications (54.7% of recommendations) of which 60% were codeine-containing (paracetamol + caffeine + codeine). Closes rating ibuprofen (3.1%). In this way, in more than half of the pharmacists recommended a combined medications, and in 32.8% it was codeine-containing analgesics. As it turned out, these tips to visitors based on the belief that the combined analgesics most effective help in the treatment of HA. It should be noted that the use of paracetamol, the effectiveness of which was proved by many controlled clinical trials, was recommended by pharmacists in only 37.5% of cases. It looks at least unfounded, and requires, in particular, an adequate review positions pharmacists. A high percentage of recommendations by pharmacists in these cases of codeine-containing preparations also attracted attention. At the same time, we know that regular use of codeine-containing medicines contributes to the violation of the right strategy to overcome the pain. And in several cases, such combined medicines, with regular use,

translate the HA into a chronic form, contribute to the development of drug-tolerant forms of the syndrome, and lead to other side effects. What negatively affects the quality of life of the patient [6, 7].

Referring to the additional information requested by the visitors at the recommendation of a particular medication, 23% of respondents did not detail the situation. However, 95.7% asked about the patient is taking medication, which indicated that professional vigilance for possible side effects. In particular, arising from drug interactions. Several less elucidated the incidence of episodes of HA (93.6%) and only 53.2% tried to find out the presence or absence of previous head injuries. It should be noted here that headaches after head injuries require a mandatory examination by a physician. And medication such pathology may be fundamentally different from a symptomatic therapy for self-medication. Interested in the presence of arterial hypertension in the visitor with HA only 48,9% respondents. A possible relationship to starvation, overexertion (mental or physical), the presence of associated disorders, etc. symptoms were only interested in 12,8-17% of cases. It is noteworthy that of high blood pressure and HA interconnection spoke positively only 48.4% of respondents, 14.1% of the denied, and 37.6% were undecided on this issue. In this case, one-third believed that the positive effect with HA can give vasodilators. At the same time, it is known that with a vasomotor mechanism for the occurrence of HA, which is observed in not less than 15%, this group of medications does not affect. Moreover, in many patients, they cause an increase in headache, since it contributes to the occurrence of intracranial hypertension. The explanation is the pathogenetic mechanism of the formation of this type of headache, which is based on venous hypotension. Such form of HA is often observed in pulmonary patients, in the menopause, with atherosclerosis of the cerebral vessels, and so on. In such cases, the treatment is carried out by an individually selected combination of vasoconstrictor and sedative medications prescribed by the physician [1, 5, 7].

About 15% of patients purchased combined preparations containing phenobarbital. Type Pentalgin, Sedalgin-Neo, Sedan-M, etc. At the same time, it should be remembered that these painkillers are not recommended for those patients who daily gets behind the wheel. In the event of emergency transport situations, the presence of phenobarbital (plus codeine!) in the blood can be regarded as a state of narcotic intoxication. It should also be remembered that phenobarbital is excreted from the body for more than three days. Also, phenobarbital is contraindicated in many concomitant diseases and very actively enters into undesirable drug interactions with other medications taken by the patient. All this requires special attention of pharmacist in the pharmaceutical care of patients.

When dispensing medications at the pharmacy, "threatening symptoms" were rarely detected in patients 56.5% of respondents, and often enough - 30.4%. Only

8.7% of those surveyed always revealed them by questioning and 52.2% often helped the patient in choosing a medication and always - another 26.1%. At the same time, the importance of identifying said groups of symptoms emphasized in several publications and is important for early detection of serious diseases and their complications (such as vascular malformations, stroke, etc.). Undoubtedly, the detected frequency of diagnosis of such conditions cannot be considered satisfactory in this category of patients. First of all, because it determines the low level of safety of the pharmaceutical care of the patient [5, 6].

As it is known, up to 10% of HA associated with an excessive or inefficient use of various medicines. Approximately 40% of them are so-called abuse headaches, which are caused by prolonged use of analgesics for chronic headache. This is most often observed with prolonged use by patients of aspirin, barbiturates, benzodiazepine medicines, ergotamine-type preparations and other medications used in the treatment of migraine. The pathogenesis of this type of HA is complex and consists of both biological and psychological components. For the last of them, the personality characteristics of the patient are important, the formation of the habit of taking non-steroidal analgesics, often with a preventive purpose, fear of pain, as well as possible depression and anxiety. In the remaining 60% of cases of HA associated with the irrational use of medicines, there are various pharmacologically unfavorable preparation interactions. In developed countries, this percentage is higher and more often associated with the active treatment of concomitant diseases. And it must be remembered that the non-steroidal analgesics, which are the basis of treatment of pain syndromes, often incompatible with other medicines. Our data indicate that the respondents always provided tips on how to receive medications (dose, method of application) only at 56.5% of the visitors, and another 21.7% of respondents did this often. Moreover, 13% rarely gave this information, and never - 8.7% of pharmacists. Information on the total duration of treatment HA is often provided almost half of the respondents - 47.8%, and always - else 26.1%. Thus, 73.9% of pharmacists adequately orient patients to assess the efficacy of treatment analgesics. In particular, pay attention to the fact that pain medications unless recommended by a specialist should not take longer than 5 days. And if they are required at HA quite often - several times a week - it is necessary to compulsory examination by a physician to determine the presence of some particular disease [3, 8, 9].

On the possible side effects of informed patients often 34.8% of respondents, is always - else 30.4%. At the same time, 17.4% of respondents did so rarely and never did - even 17.4%. Informing on the measures to be taken in the event of side effects is always carried out by respondents in 30.4% of cases, often - 26.1%, rarely - 26.1%, and never - 17.4%. Interaction with other medications indicated always - 34.8% of the total number of respondents, often - 30.4%, rarely - 21.7%, and never - by 13%.

Relatively medication compatibility with food and alcohol to inform patients with the same frequency of 26.6% often and always, rarely - 27.7%, and never - 26.1%. At the same time receiving anesthetics and alcohol combined is generally not recommended. This is due, primarily, with a significantly increased risk of adverse effects of medications on the liver and kidneys. And the development of the side effects. But almost half of the cases, pharmacists have not emphasized this feature of the use of pain medication. It also lowered the safety profile of the treatment they recommended. Informing patients about the conditions of storage of the medication in the home is often carried out 30.4% of respondents, and another 30.4% were doing it always. Rarely did 21.7%, and never - 17.4%. In the latter cases, the pharmacists relied on the patient to read the instructions attached to the medication.

Conclusions. Thus, information on dispensing medications for the treatment of headache syndrome for the indicated positions was always or often provided in the range from 39.1 to 78.3%. The lowest position in pharmaceutical care was in identifying “threatening symptoms” (39.1%) and in informing patients about interactions with other medications (36%). Which cannot be considered as a satisfactory level for pharmaceutical care in general, since it determines the low safety profile of this approach to medication. The most important frequency was to help the patient choose a particular non-prescription medication (78.3%). Thus 48.9% of respondents, unfortunately, disregarded blood pressure and it's associated with a headache. The frequency of providing information on other positions of just over 50%. It can be considered insufficient for full-fledged pharmaceutical care. The results obtained were the basis of recommendations made to improve the pharmaceutical care of patients with headache.

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ШЛЯХИ ОПТИМІЗАЦІЇ ПРОВЕДЕННЯ ФАРМАЦЕВТИЧНОЇ ОПІКИ ПАЦІЄНТІВ З ГОЛОВНИМ БОЛЕМ

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Мета. Аналіз повноти проведення провізорами фармацевтичної опіки відвідувачів аптек, що звертаються за лікарськими засобами від головного болю.

Матеріали та методи. Анкетуванням 64 провізорів аптек з'ясувалася частота звернення за препаратами від головного болю, спектру їх придбання самостійно і за рекомендацією провізора, наявності «загрозливих симптомів», а також аспекти інформування пацієнта (тривалість лікування, можливі побічні ефекти, фактори виникнення головного болю та т.ін.).

Результати. Головний біль був причиною звернення 60,9% відвідувачів серед усіх видів болю (суглоби, м'язовий біль та т.ін.). Найбільш часто самостійно і за рекомендацією провізора купувалися комбіновані препарати (відповідно, 53,1% і 54,7% випадків), а парацетамол рекомендувався тільки 37,5% відвідувачам. У 95,7% випадків респонденти проявляли настороженість щодо можливої лікарської взаємодії, але можливі побічні ефекти препаратів не згадували 34,8% з них. При цьому 48,9% респондентів, на жаль, не враховували рівень артеріального тиску і не пов'язували його з головним болем.

Висновки. Інформація при відпуску препаратів по позначених позиціях надавалася в достатньому обсязі в діапазоні від 39,1 до 78,3%. Найнижчу позицію займало виявлення «загрозливих симптомів» (39,1%) та інформування пацієнтів про взаємодію з іншими ЛЗ (36%). Частота надання інформації по інших позиціях становила трохи більше 50%. Що не може розглядатися як задовільний рівень для фармацевтичної опіки, оскільки визначає низький профіль безпеки такого підходу до лікарської терапії.