

COMMUNITY PHARMACY ANTI-COAGULATION MANAGEMENT SERVICE Case Studies

HOW CAN THESE STORIES HELP ME?

The Community Pharmacy Anti-Coagulation Management Service (CPAMS) is an excellent example of integrated patient care. Each of these case studies illustrate how pharmacists and GPs are working together for the benefit of the patient.

Case Study 1 - Alan

Alan has multiple cardiac conditions and was prescribed warfarin by his GP years ago and before the community pharmacy anticoagulant management service was available. He hated having to go to a laboratory to be tested and the needles that were used in the testing process. On top of this having to wait for a phone call from his practice nurse to get the test results left him feeling anxious. Inevitably Alan stopped taking his warfarin and his INR levels become unstable.

Getting started with CPAMS

Concerned Alan had stopped taking his warfarin about his INR levels, his practice nurse had a discussion with the local pharmacist and they made a plan.

Alan's practice nurse made an appointment with him and on arrival she took him to the adjoining community pharmacy to show him its testing room.

Alan's pharmacist took him through the testing process so that he could see no needles were involved. This made him feel less anxious and gave him confidence because he could see the results immediately.

Following this visit Alan has become a frequent visitor to his community pharmacy for INR testing using CPAMS.

How has CPAMS helped Alan?

• His INR levels are now stable.

• He has established a relationship with his community pharmacists and is comfortable talking to them about his medicines & what is happening in his life that may affect his medication

• The ability to immediately see on the computer screen if his INR sits within range has helped Alan to feel in control and involved in the monitoring of his INR levels and general health.

• His community pharmacy is his convenient 'one stop shop' for INR testing and for dispensing changes should any adjustments be made to his warfarin dosage.

• He is confident that should his pharmacist have any cause for concern, he will talk to him, his GP or practice nurse about it.

CPAMS benefits for pharmacists

A chance to use their professional expertise and judgment to provide advice on his medicines.

Providing a key contribution as part of a multi-disciplinary team to improve Alan's overall health.



CPAMS patient having INR level tested.

CPAMS Case Study 2 - Carl

Carl is in his early twenties and has a few underlying medical conditions. His low INR levels were a concern for his GP.

Carl does shift work and often struggled to get to a laboratory for INR testing and this meant his warfarin dosage couldn't be adjusted by his GP to match his INR levels and so he stopped taking his medicines.

Getting started with CPAMS

Carl's GP and community pharmacist worked together to get him on-board and registered in the Community Pharmacy Anti-Coagulation Management Service.

Initially when Carl started with CPAMS he came into the pharmacy for an INR test every three days so the pharmacy could work with him to adjust his INR levels so they were in the optimum range.

How has CPAMS helped Carl?

By working together Carl, his pharmacist and GP have managed to keep his INR levels in the optimum range.

Instead of being tested every three days, Carl is now tested once a week and his overall health has improved.

Carl's community pharmacy was open on some week nights and on Saturdays so he can be tested at odd times of the day and week. This flexibility allows his pharmacist to tailor the best ways to support him.

Each test is an opportunity for Carl and his pharmacist to identify patterns or issues that may prevent him from maintaining INR levels in the ideal range.

Carl's pharmacist and GP have built a solid relationship and his pharmacist can now arrange for and dispense an urgent prescription to help him remain adherent.

Each time he is tested Carl's pharmacist has a supply of warfarin.

CPAMS Case Study 3 - Nigel

Nigel is a grumpy 68 year old male patient suffering from Atrial Fibrillation, hypertension and high cholesterol and was referred by his GP to CPAMS.

In addition Nigel has a tendency to binge drink and his diet can vary dramatically. These lifestyle factors have had a negative impact on his INR level and when this happened his pharmacy found Nigel challenging and hard to manage.

Getting started with CPAMS

To begin with Nigel's community pharmacist spoke to his GP and learned that they had also experienced similar issues when working with him.

They discussed his history of unpredictable INR fluctuations each time his dose was changed from 7mg to 8mg.

Together they decided to manage small INR level fluctuations outside the target range by keeping Nigel's warfarin dose the same. Instead of changing his dose his GP and pharmacist spoke to him about the importance of sticking to a consistent diet and avoiding alcohol binges. His pharmacy tested Nigel weekly until his INR levels were back in range.

How has CPAMS helped Nigel?

Each time Nigel's INR results fluctuate they return to within the healthy range within a week.

By working closely with the GP Nigel's pharmacist was better informed to have difficult conversations with him about how to manage his lifestyle while on warfarin.

Nigel's regular medications are now unchanged for two years and his INR has been very stable. This has helped him avoid any complications.

Overall Nigel's general health has improved.