

# A Brief Review about Patient Counselling

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## ABSTRACT

All around the world, the profession of pharmacy and the notion of pharmaceutical care are quickly evolving. In addition, the pharmacist's role in promoting logical and cautious use of medicine is becoming more important as a result of his technical and professional understanding. It is clearly known that patients who are adequately informed about medications and how to take them receive safe and effective treatment. Therapeutic pharmacists interact with patients on a frequent basis and assist with clinical treatments in addition to the numerous technical activities performed behind the counter. It is not enough to simply hand over a medicine kit to the patient or their representative; it is also necessary to hand over the correct drug to the correct person with the correct information. The act of assisting a client in seeing everything clearly, potentially from a unique perspective. This might assist the client in focusing on feelings, experiences, or behaviour with the goal of achieving positive change and establishing a trusting connection. Confidentiality is essential for successful counselling.

**Keywords:** Adherence, Compliance, Controlled Therapy, Emerging trends in India, Patient counseling, Pharmacist.

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## INTRODUCTION

There have been linked requirements all across the world for the past four decades. A concerted effort has been made to change the perception of patient counselling as a component of pharmaceutical therapy. From its initial concentration on medicine Indian Scenario supply, pharmacy profession has shifted to patient care. As a developing country with over a thousand modern pharmaceutical practices, India has a significant obligation to ensure suitable care for many lakh people. The country is confronted with numerous innovative and safe medication therapies that are both cost-effective and socially challenging in terms of disease burden and limited commitment.<sup>1</sup> For the past four decades, there have also been related needs all over the world. There has been a determined attempt to shift the public's image of patient counselling as a component of pharmaceutical therapy. When we are summoned to the counselling area, we are presented with a fresh problem that must be thoroughly investigated to provide useful information. As we approach the counter, we must pay attention to the patient's nonverbal cues for any communication hurdles that must be overcome. A pharmacist in a clinical setting faces a variety of obstacles when providing counselling services. The distinction between a positive and bad pharmacotherapeutic outcome is solely determined by the effectiveness of the pharmacist consultation. Although each pharmacist has their unique approach to counselling a client, they must adhere to certain essential principles, such as introducing the client themselves, recognizing the correct patient using patient information, providing comfort and ensuring the patient's privacy, as well as answering their questions.<sup>2</sup> Pharmacists today recognize that the practice of pharmacy has grown throughout time to include not just the preparation and distribution of medicines to patients, but also engagement with patients and other health care providers in all aspects of pharmaceutical care. Pharmacists

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are directly responsible to the patients they serve, according to the standard pharmaceutical care concept. Patient counselling improves patient care from this patient-centered perspective. Providing competitive and competent pharmacy services is critical from the pharmacist's perspective.<sup>3</sup> Patient counselling and patient-pharmacist interaction are clearly important aspects of the pharmacist's profession nowadays. Patient counseling's most important job is to improve patients' quality of life and deliver great care. Assessing the patient's understanding of the therapy, including correct use and adverse effects of the medicine; enhancing patient compliance; and motivating the patient to take an active role in health management are all goals of patient counselling. Patient counselling has been shown in studies to improve patient care in a variety of ways.<sup>4</sup>

- Increasing patients' comprehension and management of their medical ailment to reduce medication mistakes reducing the occurrence of negative medication reactions and drug-drug interactions
- Patient outcomes and satisfaction with care are improving.
- This counselling should be based on a review of the patient's previous health and medication history, as well as a basic grasp of the patient's nature and surroundings.

### Counselling for Patient's Goal

The patient must understand the significance of medication in his overall health.

It is necessary to build a professional connection that allows for ongoing engagement and consultation.

It's important for patients to have a better understanding of how to deal with prescription side effects and drug interactions.

During disease treatment and self-care management, the patient becomes an informed, efficient, and active participant.

Medication interactions and hazardous drug reactions should be avoided, and the pharmacist should be seen as a professional who provides pharmaceutical care.

### Potential Pharmacist Benefits

In the eyes of patients and other health-care providers, you have a higher professional status. Creating a vital component of patient care that cannot be replaced by technicians or technology.

Improved job satisfaction because of better patient outcomes.

A service that adds value to the patient's experience. Payment for counselling services generates revenue, which is now minimal but expanding.

The patient should be able to: Recognize why a prescription drug is helpful for sustaining or boosting well-being because of a properly executed counselling contact. Accept the health care professional's help in building a working connection and laying the groundwork for ongoing engagement and consultation. Develop the ability to make more informed decisions about medication compliance and adherence. Improve your coping methods for dealing with stress.<sup>5</sup>

### Pharmacist Characteristics

- *Listen attentively:* Counseling is a collaborative effort. The pharmacist must pay close attention to the patient and keep track of both verbal and nonverbal communication.
- *Behavior:* This allows the pharmacist to assess the patient's understanding of their ailment and drugs.
- *Be adaptable:* The pharmacist should be adaptable and provide advice and information that is customized to the specific requirements and capabilities of each patient.
- *Show empathy:* The pharmacist should try to understand the patient's personal suffering and situation as if it were his or her own problem.
- *Be nonjudgmental:* Pharmacies should not criticize a patient's behavior based on his or her ailment or the group to which he or she belongs.
- *Be compassionate:* Patients may become irritated, irrational, or aggressive during counseling sessions. The pharmacist should recognize and tolerate the patient's feelings.
- *Speak with assurance:* The pharmacist should speak with assurance because this will increase the patients' acceptance of the pharmacist's recommendations.<sup>6</sup>

### FACTORS TO THINK ABOUT DURING COUNSELLING

This article's main goal is to help people comprehend what he needs to do with pharmaceuticals or other non-drug treatments. Occasionally, a number of issues arise, resulting in a tangle. A pharmacist should constantly consider a patient's psychology, beliefs, education level, and any superstitions.

#### Communication, Both Verbal and Non-Verbal

Misunderstandings can arise from both verbal and nonverbal communication. Individuals using idioms (e.g., patient has 'cold feet') may cause miscommunication. Idioms should be avoided. In the same language, distinct words have diverse meaning. In most cultures, using someone's first name who isn't a friend is considered impolite or disrespectful. Other cultures may not be comfortable with casual touching and hugging that many Americans do without even thinking about it, and some cultures may not be comfortable with looking someone in the eye directly, especially if that person is in a superior position, and some cultures may not be comfortable with casual touching and hugging that many Americans do without even thinking about it.

#### Spirituality and Religion

Misunderstandings about religion and spirituality are prevalent. Some religions forbid blood transfusions, while others may refuse to have blood collected because they believe it will bring them bad luck or death. Some cultures require prayer at specific times of the day, and holy days may impose restrictions on particular behaviors, such as driving on the Sabbath. Sacred symbols exist in a variety of cultures

#### Dietary Practices

Muslim patients' dietary customs may include things like Ramadan. Some ethnic groups are unable to accept or are barred from eating particular foods (e.g., Hindus are forbidden to eat beef). The patient's diet, both in terms of substance and preparation, must be known to health care practitioners. Many cultures have devised their own treatments for sicknesses and diseases. Some final suggestions are:

- Remember of the customs and beliefs of non-secular, ethnic, and up to date immigrant groups in your area
- Try and work within the health belief system of the patient and family
- Respect patients' viewpoints; hear them
- Find out about the customs of the patient, alternate health care methods and medications
- Explain risks of not taking medication

### CONSULTATION WITH THE PATIENT

#### A. Patient Counselling While Prescribing

The consultation is an important part of the prescribing process, and the prescriber should be aware of it and how to use it to improve their practice. In the consultation, a wide range of practical abilities are required:

- Interpersonal skills: are the capacity to communicate with patients and form relationships with them.
- Reasoning abilities: the ability to obtain relevant information, interpret it, and then apply it to diagnosis and treatment.
- Practical abilities include the ability to conduct physical exams and use clinical instruments.<sup>7</sup>

## **B. Disseminating Information About Treatment Risks and Benefits**

When it comes to drugs, it's critical to communicate the dangers and advantages of treatment. This is because many drugs are used for a long time to treat or prevent chronic diseases, but we know that they are not always taken as prescribed. Medicines that treat hypertension, for example, do not always appear to have a substantial therapeutic effect on patients' symptoms. A well-informed patient is more likely to comply with therapy, resulting in less waste of health-care resources, such as professional time and drugs that are dispensed but not used. It is not easy to communicate risk. Many diverse aspects and inherent uncertainties must be considered, and patients' risk assessments are mostly based on emotions, opinions, and values, rather than facts. Healthcare practitioners must be able to convey risks and benefits with patients in a way that allows the patient to grasp the risks to the greatest extent possible. It's also a good idea to let the patient know that almost all treatments come with some risk, and that there's almost always a trade-off between benefit and risk. When describing risks and benefits to patients, keep the following guidelines in mind:

- Patients' risk evaluations are mostly influenced by their emotions rather than facts.
- Describe the trade-off between benefits and drawbacks.
- Avoid using risk phrases that are solely descriptive, such as 'low risk'.

## **C. Procedures for Conducting a Medication Interview with a Patient**

### *Greetings and the Interview's Purpose*

If the patient is unfamiliar to the pharmacist, he or she should be greeted and the pharmacist should make introductions. Small chat should be used to relax the patient. The session's purpose as well as the patient's benefits should be stated. The patient should feel secure in the knowledge that the information acquired will be kept private.

### *Gathering Basic Information*

Gather basic information such as your full name, address, phone number, birth date, all your regular health-care providers, insurance information, and occupation.

### *Health History of the Patient*

All current and previous medical issues, including symptoms and length of illness, should be discussed with the patient. If a woman of childbearing age is pregnant or lactating, she

should be asked. It's important to figure out if the patient has allergies and what kind of reaction they had when they were exposed to the drug.

### *Use of Prescription Medications*

Each of the medical conditions listed above should be handled one at a time. The patient should be asked to list all current medications they are taking, including the name, strength, prescriber, dosage form, and route of administration, dosing schedule, including how well the patient follows the prescribed regimen, the patient's perception of how well the medication works, and any adverse effects they have had and the steps taken to alleviate them.

### *Nonprescription Medicine Use*

The patient should be asked to detail how they utilize all nonprescription products. This includes all over-the-counter medications, as well as nutritional supplements and herbal remedies. Patients frequently have trouble recalling these products and how to utilize them. The pharmacist may utilize prompters such as asking each person in turn about the major product categories

### *Life-Style Questions*

It's best to save questions concerning lifestyle concerns and recreational drug use for the conclusion of the interview, when the patient has gotten to know the pharmacist and the process. The pharmacist should explain that using these products can influence drug therapy, and that having a clear understanding of the extent of use is critical for providing the best possible care to the patient. Reassure the patient that this information is kept private. It should be possible for the patient to refuse to submit this type of information. The patient should be questioned about their usage of tobacco, alcohol, and recreational substances.

### *Closing the Interview*

After the pharmacist has completed the systematic collection of information, the patient should be given the option to add any further information or ask any questions. The pharmacist should emphasize that any information gathered will be kept confidential unless it is necessary to share some of it with another health care practitioner while providing care to the patient. The pharmacist will want some time to analyse the data and create any recommendations for the patient. A follow-up appointment with the patient should be organized for this reason. Thank the patient for taking the time to fill out the questionnaire.<sup>8,9</sup>

## **D. Advise Patients on the Use of Prescription Refills**

Whether the patient is starting a new drug or refilling an existing prescription, the core elements of a patient counselling session remain the same. During a counselling session for a refill, however, the focus of the talk is different. The following three areas should be addressed at a refill counselling session:

- Verify that the patient is taking the proper drug and is conscious of its indications. Show the drug to the patient to confirm there's not a mix-up with another prescription.
- Inquire about the patient's medication usage. This informs the pharmacist whether the patient has followed the prescribed treatment plan. The drug profile information provides additional evidence of the patient's compliance. Has the patient returned for a refill at the correct time? Is that the patient sure of the knowledge when describing how he or she has been taking the medication? Appropriate medicine use should be praised, and you ought to support the patient in overcoming any concerns that have prevented them from sticking to the regimen.
- Inquire about the patient's response to the drug. What are the benefits of taking the drug for the patient? What issues have emerged because of using the medication? How has the patient dealt with these issues? Provide viable solutions to any problems that have yet to be handled. Remind the patient of the advantages of continuing to take the drug. Confirm the proper follow-up procedures for the patient's monitoring.<sup>10</sup>

#### E. Counselling Techniques for Patients with Barriers

There are two types of patient barriers: functional and emotional.

Functional obstacles arise when a patient has difficulties receiving and comprehending the pharmacist's communication. Low illiteracy, hearing or vision disability, and non-English speaking patients are all examples of this type of barrier. There are four subcategories of functional barriers:

- Sensory impairments, such as vision and hearing loss
- Disparities in language—low literacy, non-English speakers
- Problems with comprehension—psychiatric disorders, mental retardation, and dementia.
- Culture as a Barrier to Communication was explored earlier in the chapter under alternative health ideas. The following are some suggestions for improving counselling:
  - ◇ Rephrase or carefully repeat when necessary; speak slowly and face patient
  - ◇ Reassure patient as needed
  - ◇ Ask for feedback from patient to assess level of understanding
  - ◇ Keep it simple; avoid jargon
  - ◇ Prioritize the information to be given, stress the most important points, break the information into small segments of information
  - ◇ Use association to daily act whenever possible, have a conversation.

#### F. Children and Adolescents Counseling

Ten guiding principles for teaching children and adolescents about medicines was produced by the USP Pediatrics

Advisory Panel and its Ad Hoc Advisory Panel on Children and Medicines. These principles promote activities that enable children and adolescents to take an active role in their own health, particularly when it comes to medication use.

#### TEN GUIDELINES FOR TEACHING CHILDREN AND TEENAGERS ABOUT MEDICINES

1. Children have a right to adequate information about their medicines that matches their health situation, capacities, and culture as users of medicines.
2. Children are curious. Children's drugs should be discussed directly with health care providers and educators.
3. Children's interest in drugs should be encouraged, and that they should be taught the way to ask questions about medicines and other therapies of health care practitioners, parents, and other caregivers.
4. Children learn by watching their elders. Parents and other caregivers should model proper medication use for his or her children
5. Children, their parents, and their health-care providers should see a progressive transfer of responsibility for medication use that takes under consideration parental responsibilities likewise because the child's health and skills .
6. Medical education for kids should include both what children want to grasp about drugs and what health professionals believe they ought to know.
7. As a part of their school health education, children should learn the fundamentals of medicine and the way to use them properly.
8. Information regarding the overall use and misuse of medicines still because the specific medicines that the kid is taking, should be included in children's medicine education.
9. Children have a right to information which will help them avoid becoming poisoned as a result of medication usage.
10. Children who are invited to participate in clinical trials (with their parents' permission) have the proper to receive adequate information to assist them comprehend what they're doing.<sup>11</sup>

#### PATIENT COUNSELLING OBSTACLES

##### A. Emotional Considerations

Patients with a changed state of mind due to dread of illness, out-of-pocket expenses, work and business interruptions, and so on. Other factors include uncertainty about what to expect with this new illness or symptom, reliance on providers to provide the best treatment and on family to help with day-to-day tasks, fear of change and death, pain and discomfort, lack of privacy in physical examinations, loss of identity as a healthy person (which sounds strange but is mostly true). People are more likely to trust or respond favorably to another individual when they receive social support.<sup>12</sup>

## B. The Pharmacy Setting

Many community pharmacies do not have a dedicated room for private counselling and discussion between the pharmacist and the patient. In addition to a lack of privacy, pharmacists frequently face other obstacles to meaningful engagement with their patients, such as

- a lack of supportive people.
- A significant workload and backlog
- People who are waiting for their medicines to be filled or for pharmacist assistance.
- Incoming phone calls and coworker requests for information or assistance.
- Interns and other employees, as well as
- Inadequate computer hardware, software, and services
- Getting ready for new consultation roles<sup>13</sup>

## BARRIERS TO COMMUNICATION AMONG PHARMACISTS

Nervous movements or "fidgeting," crossed arms or legs, turning or leaning away from the patient, failure to maintain eye contact, and obvious distractedness are examples of inappropriate nonverbal behaviors that pharmacists who are uncomfortable interacting with patients or who have had little training in patient interaction may engage in. Pharmacists have also mentioned the following impediments to successful communication:

- Lack of time.
- Financial concerns.
- Poor communication skills or a lack of confidence in those skills.
- Lack of information of current drugs or medical history, as well as the patient's failure to value the counselling session or pharmacist expertise.

Lack of time and financial constraints in patient counselling can be overcome by expanding the employment of technical employees to relieve pharmacists of dispensing responsibilities, allowing them to spend more time with patients. The patient's lack of appreciation for the usefulness of a pharmacist consultation can be overcome by publicizing the service and personally giving the consultation to each patient with a brief discussion of the process' importance in enhancing patient medication therapy outcomes.<sup>14</sup>

## TACTICS FOR OVERCOMING BARRIERS

The following strategies can be used to overcome patient-based barriers. Using a variety of materials:

- Pictograms are symbols that are used to represent something.
- Adherence aids
- Oral and written information
- Schedules for follow-up
- Tapes with audio and video
- Creating prescription instructions that are unique to the patient.<sup>15</sup>

## Counseling Approaches

There are a variety of techniques that can be used to provide good counselling. Some of them include giving the patient written information and using customized materials. Labeling, medicine, a drug remainder chart, and giving customized medication containers and closures are some of the compliance aids that might be used. Pharmacopoeia of the United States (USP). The following four stages of medication counselling are defined by behavior standards for medication counselling.

Stage 1: Medication information transfer, which consists of a pharmacist's monologue offering basic, brief information about the safe and proper administration of medicine.

Stage 2: Medication information and exchange, during which the pharmacist responds to questions and provides specific information tailored to the patient's needs.

Stage 3: Medication education is a collaborative, interactive learning experience in which the pharmacist gives complete information about the proper use of medicines.

Stage 4: Drug counselling, in which the pharmacist and the patient have a thorough discussion with the goal of providing the patient with advice that improves problem-solving abilities and aids in the proper management of medical problems and medication use.<sup>16</sup>

## Patients who should be Counselling at all Times<sup>17,18</sup>

- Patients and their caregivers who are perplexed.
- Patients who are deafeningly deaf
- Patients who are illiterate.
- Patients with a medication change in their profile.
- Patients getting medication that requires special storage or has a difficult administration.
- Medication is given to both the children and the parents.
- Patients who are new to a medicine or who are receiving it for the first time (transfer prescription).

## Patients that Need to be Counselling at Regular Periods Include

- Prescription and monitoring with the goal of increasing drug efficiency, reducing drug toxicity, and increasing cost effectiveness.
- Drugs having a narrow therapeutic index are monitored therapeutically.
- Provider of drug information
- Customer service

## PHARMACIST'S ROLE<sup>19,20</sup>

- Prescriptions and monitoring are done with the goal of increasing drug efficiency, reducing drug toxicity, and increasing cost effectiveness
- Drugs with a narrow therapeutic index are subjected to therapeutic drug monitoring.
- Service for drug information
- Service to patients collecting historical medical history to improve patient compliance.

## SCENARIO IN INDIA

Many new potent and effective medications are being developed in specific dose forms such as aerosols, patches, and modified released formulations, among others.<sup>21</sup> Previously, physicians were required to share all information regarding the drugs they prescribed to their patients, but this is no longer the case. Because of physical tenderness, anxiety, and fears about the disease or related problems, physicians are too busy, and patients are unable to listen to all the information provided by the doctor regarding his drugs. Pharmacists and chemists from other countries arrived to India in the 1990s to work in hospitals and community pharmacies, where they engaged in discussions with patients about their medications and patient education programmes. Hospital pharmacists can counsel patients in the hospital from admission to release, as well as in outpatient clinics and dispensaries afterward. In a community pharmacy, a pharmacist can directly advise a patient on how to cure a symptom of a mild sickness. These provide a unique opportunity for Indian community pharmacists to start counselling as part of their pharmaceutical sales. Only community pharmacists have the opportunity to gain experience about patients' OTC drug practices. The idea of spreading PC was stymied by a scarcity of qualified individuals. In India, the concept was quickly accepted, which is a positive trend with the goal of developing a new generation of practice-oriented pharmacy professionals. Counseling is now available all around the world. The importance of mental health and wellness has been recognized by governments all over the world. As a result, a plethora of counselling organizations have sprouted up in countries all over the world to assist with certification and organization development. It supports strong professional standards that are attentive to international counseling's cultural and economic realities.<sup>22</sup>

### Some Common Disease Counseling<sup>23</sup>

#### *Coronary Heart Disease<sup>24</sup>*

The goal of treatment, as with other chronic diseases, is to reduce mortality, morbidity, and associated degradation in quality of life. In a variety of methods, a pharmacist can assist in the management of this chronic illness.

Points for drug counseling in coronary heart disease are listed here.

**Beta Blockers:** Hypotension, dizziness, headache, and bradycardia should all be monitored. Provide information to the patient about the risk of nocturnal dreams and CNS issues. Before you stop taking the drug, explain why you need to taper your dose.

**Nitrates:** Sublingual administration, sublingual pills should not be chewed or crushed, transdermal patches, and do not stand up straight after taking this medication. Keep an eye fixed out for bluish lips, fingernails, or palms.

**Aspirin:** Encourage the patient to take the medication with a meal. Keep an eye fixed out for abdominal pain, tarry stools, fever, and blood spitting. If the pills are enteric-coated, tell

the patient to not crush or chew them.

**Asthma<sup>25</sup>:** Asthma is a chronic illness that necessitates the use of medications for the rest of one's life. The pharmacist can help the patient with self-monitoring of drug therapy, other lifestyle changes, and the use of medications. Metered dose inhalers, dry powder inhalers, spacers, and other customized dosage forms

#### *Non-Pharmacological Interventions*

Include travel safety, prophylactic medicine use before exercise, avoidance of allergies, and quitting smoking, among others. It includes nutrition, smoking, and exercise education, as well as encouraging patients to keep a journal of their anginal attacks, pain symptoms, and other symptoms.

#### *Pharmacological Interventions*

Involvement of patients in asthma management is critical. Drug therapy advice should focus on three areas: pharmaceuticals to relieve symptoms, drugs to prevent asthma attacks, and drugs given solely as a last resort treatment for severe episodes. One of the most significant duties of the counselling pharmacist is to provide training on how to utilize the metered dose inhaler. The following is a list of some of the pharmaceutical measures that should be considered when counselling these people. : One of the most essential duties of pharmacists is to educate patients about the usage of nitrates in the event of an acute angina episode. . The following is a list of some of the most important pharmacological metrics.

### Role of the Pharmacist in the Drug Category

#### *Agonists for the Beta Receptor*

Short-acting medications in this category should primarily be used for symptom alleviation. Patients taking long-acting medications should be informed that the medication may take some time to take effect.

#### *Theophyllines*

Patients taking sustained-release medications should not crush or chew their tablets. Anticholinergics Dry throat, nausea, headache, impaired vision, and uncomfortable urination are all things to keep an eye on. The use of corticosteroids should be done on a regular basis. They should not be abruptly halted.

#### *Anticholinergics*

Dry throat, nausea, headache, impaired vision, and uncomfortable urination are all things to keep an eye on. The use of corticosteroids should be done on a regular basis. Stabilizers for mast cells it is important to inform the patient that this drug is used. It does not ease bronchospasm that has already started and does not prevent asthma attacks.

#### *Diabetes<sup>26</sup>*

Diabetes is a long-term condition that affects glucose, lipid, and protein metabolism. Diabetic patients' quality of life is known to be impacted by chronic diabetes problems.

Various aspects, such as patient comprehension of their disease, dietary control, and blood glucose self-monitoring, are known to be important in diabetes management. Patient counselling and education have been shown to improve these patients' quality of life non-pharmacological and pharmacological interventions.

#### *Nonpharmacological Approaches*

The pharmacist can provide an overview of diabetes, stress and psychosocial adjustment, family engagement and social support, nutrition, exercise, and activity, among other topics.

Relationship between nutrition, activity, medication, and blood glucose level, as well as monitoring and utilization of results. Pharmacological interventions: Studies show that tight glycemic control can prevent diabetic complications (The diabetes control and complications trial study group, Sulfonylureas must be taken half an hour before eating, and insulin therapy must be mindful of hypoglycemia. Some of the main pharmacological measures that a pharmacist should emphasize when counselling diabetes patients.

#### **Role of the Pharmacist in the Drug Category**

Describe how to prevent, identify, and treat hypoglycemia. Keep an eye out for jaundice symptoms. Discuss the administration time regarding food and the requirement for abstinence from alcohol.

#### *Insulin*

Describe how to prevent, identify, and treat hypoglycemia. Educate the patient on improved insulin administration strategies as well as optimal insulin storage conditions.

#### *Metformin*

Assist the patient in taking the medication with or after food. Muscle soreness, unexplained tiredness, nausea, stomach pain, and weight loss should all be monitored.

#### *Hypertension<sup>26</sup>*

Though hypertension is not a disease, it is a known risk factor for a variety of problems that can lead to end organ damage. If left unchecked, it can have a significant negative influence on one's quality of life. The treatment of hypertension necessitates both non-pharmacological and pharmacological approaches.

#### *Nonpharmacological Measures*

Nonpharmacological treatment may be sufficient in the control of hypertension in many cases. A pharmacist can advise patients on topics such as weight loss and regular exercise, sodium and calorie restriction, saturated fat restriction and increased intake of dietary fibres, alcohol restriction, smoking cessation, caution when using sympathomimetics-containing cold remedies, blood pressure self-monitoring, and so on.

#### *Pharmacological Measures*

Drug therapy is required in most patients. Hypertension is frequently misunderstood by sufferers. It normally doesn't cause any major symptoms on its own. As a result,

noncompliance has become increasingly widespread. Add to that the fact that many antihypertensive medicines have substantial adverse effects, such as cough from ACE inhibitors, bradycardia from beta blockers, and so on. In other circumstances, drug dose adjustment is also quite important. Some of the pharmaceutical interventions that the pharmacist can use during counseling.

#### **Role Of The Pharmacist In The Drug Category**

#### *Diuretics*

Muscle weakness, disorientation, and dizziness should all be kept an eye on. Ensure that the patient is a part of the dose modification process. To avoid frequent urination during the night, choose the right dose timing. Explain how ACE inhibitors may interact with other medications.

#### *Beta-Blockers*

Are a type of medication that prevents Hypotension, dizziness, headache, and bradycardia should all be monitored. Inform patients about the risk of nocturnal dreams, impotence, and CNS issues.

#### *Angiotensin-Converting Enzyme Inhibitors (Ace Inhibitors)*

Hypotension, dizziness, cough, taste abnormalities, and rash should all be monitored.

#### *Calcium Channel Blockers*

Are drugs that block calcium channels within the body. Swollen gums, chest pain, swollen joints (with nifedipine), constipation, dizziness, and light-headedness should all be kept a watch on. Educate the patient on the requirement of swallowing the extended-release tablets whole. Illustrate to the patient a way to use a pulse oximeter to test his pulse.

#### *Alpha Obstructors*

Keep a watch out for signs of hypotension. Patients taking the Gastro-intestinal Therapeutic System (GITS) should not crush or chew the tablets.

#### **CONCLUSION**

The work of prescribing and guiding patients is enormous. Because Nowadays Doctors are too busy to provide appropriate time to educating patients about their health and disease progression, compliance, and mitigation, pharmacists or other health professionals are at the heart of the patient counselling process. Pharmacist be diverse in their roles, from prescribing to ensuring compliance. Patient counselling improves patient compliance, which in turn improves therapeutic outcomes and quality of life. Furthermore, pharmacist-assisted patient counselling allows chronic care patients to be patient.

#### **REFERENCES**

1. Fathelrahman A, Ibrahim M, Wertheimer A. Pharmacy practice in developing countries: achievements and challenges. Academic Press; 2016 Feb 13.

2. Al Laif FZ, Ahmad R, Naqvi AA, Ahmad N. Pharmacist perceived barriers to patient counseling; a study in eastern region of Saudi Arabia. *J Pharm Res Int.* 2017 Jan 1;19(6):1-2.
3. Sudulaguntla A, Baby E, Philip FM, John LM. A review article on effective patient counselling. *Research and Reviews: A Journal of Pharmaceutical Science.* 2018;9(1):12-7.
4. Sable poonam subhash "A review on guide to patient counseling " [2018].
5. Mohiuddin AK. Patient counseling: a complete guide for compliance. *Journal of Applied Pharmaceutical Sciences and Research.* 2018:1-0.
6. Mohiuddin AK. Patient counseling: a complete guide for compliance. *Journal of Applied Pharmaceutical Sciences and Research.* 2018:1-0.
7. Naik G, Ahmed H, Edwards AG. Communicating risk to patients and the public. *British Journal of General Practice.* 2012 Apr 1;62(597):213-6.
8. Walker HK, Hall WD, Hurst JW. *Clinical methods: the history, physical, and laboratory examinations.*
9. Bush B. *The Beginning of the Interview: Patient-Centered Interviewing.* Auguste H. Fortin VI, Francesca C. Dwamena, Richard M. Frankel, Robert C. Smith. *Smith's Patient-Centered Interviewing: An Evidence-Based Method.*
10. Mohiuddin AK. Patient counseling: a complete guide for compliance. *Journal of Applied Pharmaceutical Sciences and Research.* 2018:1-0.
11. Doak CC, Doak LC, Koot JH. *Teaching patient with low literacy*
12. Rantucci MJ, Hattingh HL, Emmerton L, Ng Cheong Tin P, Green C. Utilization of community pharmacy space to enhance privacy: a qualitative study. *Health Expectations.* 2016 Oct;19(5):1098-110. *Pharmacists talking with patients: a guide to patient counseling.* Lippincott Williams & Wilkins; 2007.
13. Hattingh HL, Emmerton L, Ng Cheong Tin P, Green C. Utilization of community pharmacy space to enhance privacy: a qualitative study. *Health Expectations.* 2016 Oct;19(5):1098-110.
14. Tabor PA, Lopez DA. Comply with us: improving medication adherence. *Journal of Pharmacy Practice.* 2004 Jun;17(3):167-81.
15. Ramesh G, Anitha C, Malika S, Samyuktha KR, Sharmila S, Babu PS. Incidence of Medication Errors in a Tertiary Care Hospital in South-India. *Indian Journal of Pharmacy Practice.* 2019;12(2).
16. Palaian S, Prabhu M, Shankar PR. Patient counseling by pharmacist-a focus on chronic illness. *Pak J Pharm Sci.* 2006 Jan 1;19(1):65-72.
17. Roter DL, Hall JA, Merisca R, Nordstrom B, Cretin D, Svarstad B. Effectiveness of interventions to improve patient compliance: a meta-analysis. *Medical care.* 1998 Aug 1;1138-61.
18. Shinde PS, Mahadik VJ. PATIENT COUNSELING: A CURRENT SCENARIO. *International Journal of Pharmaceutical, Chemical & Biological Sciences.* 2016 Apr 1;6(2).
19. Pramod S. Shide, Vashali . J. Mahadik . Patient counselling: A current scenario.
20. Y. Vijaya lakshmi, et. al. "A Review on Patient Counselling." *IOSR Journal of Pharmacy and Biological Sciences (IOSR-JPBS),* 16(4), (2021): pp. 17-22.
21. Sudulaguntla A, Baby E, Philip FM, John LM. A review article on effective patient counselling. *Research and Reviews: A Journal of Pharmaceutical Science.* 2018;9(1): 12-7.
22. Asim Mohamed P, Ranjan A. SCENARIO OF CLINICAL PHARMACIST IN PATIENT COUNSELLING IN INDIA.
23. Beardsley R. Review of literature: oral patient counseling by pharmacists. In *Proceedings of the National Symposium on oral counseling by pharmacists about prescription medicines 1997 Sep 19 (pp. 19-21).*
24. Lewis RK, Lasack NL, Lambert BL, Connor SE. Patient counseling—a focus on maintenance therapy. *American journal of health-system pharmacy.* 1997 Sep 15;54(18):2084-98.
25. Palaian S, Prabhu M, Shankar PR. Patient counseling by pharmacist-a focus on chronic illness. *Pak J Pharm Sci.* 2006 Jan 1;19(1):65-72.
26. Diabetes Control and Complications Trial Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. *New England journal of medicine.* 1993 Sep 30;329(14): 977-86.