Research Article

Establishment, Implementing and Evaluating of Patient Counseling in CSI Holdsworth Memorial (Mission) Hospital

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ABSTRACT

BACKGROUND: Patient counseling can be considered as the most important from the patient's point of view. Patient counseling by pharmacists is a diverse and ill-defined activity. It is also an activity which is achieving more prominence as part of the 'extended role' which is seen as the way forward for the profession. According to the current scenario patient need to take medicine correctly, pharmacists are the final health care professionals contact for most patient receiving prescription medication. Therefore, counseling helps to provide effective treatment outcome for patients by providing proper guidance about proper use of medication in right manner. To encounter the medication and optimum therapeutic guide achieve by clinical pharmacist actively involved in his professional activity which recognized and satisfied patients care. Hence this study was conducted to establish, implement and evaluate patient counseling center in hospital. **OBJECTIVES:** To establish, implement and evaluate patient counseling center and to provide its services in CSI Holdsworth Memorial (Mission) Hospital, Mysore, Karnataka. **METHODOLOGY:** This is a prospective hospital based study was conducted over a period of 6 months from September 2019 to March 2020 in the department of CSI Holdsworth Memorial (Mission) Hospital Mysore, Karnataka. **RESULTS:** Our study results revealed that 4.44% of participants were of 21-30 yrs, Male patients were in majority with 69 (76.67%), 58 (64.44%) patients were from General Medicine, (25.56%) patients were with Blood Group B+, none of the patients was found to be have any history of allergic in our study, 72 (80.00%) patients were married, Hypertension (HTN) 31 (34.44%) was a major disease in patients, 25 (27.78%) patients were feeling vomiting as ADR, 58 (64.44%) patients were found to be uneducated, 26 (28.89%) Patients were counselled for using spacer as counseling aid. During counseling session 90 (100%) Patients were covered with each counseling points description of the medication, route of administration, advice/missed dose, and duration therapy, whereas 45 (50%) patients were covered with special counseling points, 43 (47.78%) patients were counseled in Hindi language compared to other language used, when we evaluated about barrier 31 (34.44%) patients had lack of interest for counseling, in our study counseling was mostly given to the 78 (86.67%) patients itself rather than representative, in our study 58 (64.44%) patients were counseled for 5-10 minutes was the longest time took for counseling patients, We found 84 (93.33%) patients were prescribed with Pantoprazole. **CONCLUSION:** The study concludes that patient counseling improve the knowledge of patients regarding their disease, medication and lifestyle showed a enormously rise. So it's very necessary to establish a patient counseling center in our hospital where the drugs experts such as Pharm D can impart their knowledge and skill for the betterment and wellbeing of the patients and society. Proposal were presented to policymakers to developed patient counseling center in the hospital but the challenges encountered included limited resources and public awareness.

INTRODUCTION

Pharmacy profession had gone through several stages from past decades, earlier pharmacy profession has been limited to compounding, storage and dispensing of medicines.1 The Current situation has been changed where pharmacy profession has moved from behind the counter to explore their excellence in the field of pharmaceutical care. Currently, medical practitioners rely more heavily on medication than in the past. According to the current scenario patient need to take medicine correctly, pharmacists are the final health care professionals contact for most patient receiving prescription medication. Therefore, counseling helps to provide effective treatment outcome for patients by providing proper guidance about proper use of medication in right manner. They took the initiative for establishing the first patient counseling center in Government Medical College Hospital in Thiruvananthapuram, Kerala within a short period of time, patient counseling center could satisfy the patient by giving them valuable information for the right use of medication. Soon after this counseling center has been started in various hospitals in India like CMC Vellore, JSS Hospital, Mysuru[1,2]. Patient counseling can be considered as the most important from the patient's point of view. The clinical pharmacists may provide the information about current clinical condition/proceedings of the patient and educate patient about the safe and appropriate use of medicines, thereby enhancing therapeutic outcomes. Generally, there are many questions in patient's mind about disease, drugs, lifestyle modifications, diet, treatment, duration of therapy and medical devices, e.g., metered dose inhalers for asthma patients or insulin pen for diabetics. Here, the clinical pharmacists can educate the patients about all such areas as a part of patient counseling[3].

A pharmacist may provide information on ongoing care to the patient to ensure continuity of supply of drugs, continuity of medication concordance aids, communication of special problems, appropriate monitoring of the dosages and for minimal disruption[4]. The patient may be counseled/educated on the following points about the drugs by the pharmacist:

¬ Generic name, brand name of the drug

¬ Dosage

¬ Indications/benefits of the medicine and expected action

¬ Proper storage

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2

¬ How to take the medication?

¬ When and how long to take medication?

¬ Information about ceased/new medication

¬ Special precautions about the drug

¬ Common ADRs

¬ Action to be taken when a dose is missed

¬ Drugs and/or foods to be avoided.

Benefits of patient counseling include patient satisfaction, prevention of medication errors, better clinical outcomes and psychological support to the patient. Patient education especially plays an important role in chronic diseases. The major problems in front of India include diabetes, hypertension, dyslipidemia, breast cancer etc. and patient education counseling does matter in all such disease conditions. Patient counseling is defined as providing medication information to the patient or their representatives on direction of how to use, advice on side effects, storage, precautions, diet and lifestyle modification. Patient counseling is done both verbally and non-verbally, verbal include language, tone, volume, speed of communication. Nonverbal includes hand and body movements, gestures, eye contact, head movement[5]. Counselor should be a good listener, flexible, tolerant and non-judgemental patient counseling should be done with the aids because chances of forgetting medication by patients are high, patient aids such as medication chart, patient information leaflet are commonly used in patient counseling[6]. Patient counseling should be done in manner in which patient feel more comfortable and more often patient counseling should be done in patients local language, patient counseling done based on the aspect of medication chart, disease state, life cycle, duration of medication. Counseling should cover each and every aspects of the treatment which includes route of administration, side effects, food intake, frequency of medication, drug interaction, purpose of medication and other special activities which must be avoided are explained with proper justification[7]. Need for study: This help to encounter the medication and optimum therapeutic guide achieve by Pharmacist actively involved in his professional activity which recognized and satisfied patients care. Hence this study will be conducted to establish, implement and evaluate patient counseling center in hospital.[8]

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3

METHODOLOGY

Study site: This study was conducted in the department of CSI Holdsworth Memorial (Mission) Hospital Mysore, Karnataka. It's a 300 bedded tertiary care teaching hospital. It's a self-supporting, self-reliant institution and is totally managed indigenously. The hospital runs on a no-profit-no-loss basis, as the Hospital aim is to provide high quality service to a largely poorer section of the community.

Study Period: This study was conducted over a period of 6 months from September 2019 to March 2020.

Study Design: This was a prospective hospital based study.

Steps in Counseling Process:

¬ Step 1: Establishing rapport and relationship

¬ Step 2: Assessing or defining of the presenting problem

¬ Step 3: Identifying and setting goals

¬ Step 4: Choosing and initiating interventions

¬ Step 5: Planning and introducing termination and follow-up

Steps During Patient Counseling:

• Preparing for the session.

• Opening the session.

• Counselling content.

⌉ Name and description of the medication.

⌉ Reason why it has been prescribed or How it works.

⌉ How to take the medication.

⌉ Expected duration of treatment.

⌉ Expected benefits of treatment.

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4

⌉ Possible adverse effects.

⌉ Possible medication or dietary interactions.

• Counselling content.

⌉ Advice on correct storage.

⌉ Minimum time duration required to show therapeutic benefit.

⌉ What to do if a dose is missed.

⌉ Special monitoring requirements.

• Closing the session.

Evaluation done during the patient counseling: We have evaluated and score on the interaction and information presented during the patient counseling session. Participants were expected to demonstrate efficiency in these three categories: Professional Knowledge, Communication Skills, and Patient Interaction.

Counseling on non-prescription drugs: Effective non-prescription drug counseling requires a thorough description of patient's symptoms. Before advice can be given, the postgraduate student will need knowledge on nature, severity and extenuating circumstances surrounding those symptoms. As well, other aspects of the patient's health e.g. other diseases, drugs, contraindications, allergies, must be examined. This information-gathering" stage is most important.

Medication Counseling Tips:

¬ Establish relationship – show interest in patient (verbal⌉ & nonverbal)

¬ Verify patient's name and prescriber's name

¬ Why the patient is being prescribed the medication (if known) or the medication's use, expected benefits and action

¬ Open the medication containers and show patient what the medication looks like, or demonstrate use⌉ How to take the medication

¬ When to take and how long to take the medication

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5

¬ What to do if a dose is missed.

¬ Any special precautions to follow

¬ Foods, alcoholic beverages or OTC's to be avoided.

¬ How the patient will know the medication is working

¬ How to store the medication

¬ If the prescription can be refilled, and if so, when

¬ Verify the patients knowledge and understanding

¬ Ask the patient if they have any questions

¬ Document the interaction

Patients who should always be counseled:

¬ Confused patients, and their caregivers

¬ Patients who are sight or hearing impaired.

¬ Patients with poor literacy

¬ Patients whose profile shows a change in medications or dosing

¬ New patients, or those receiving a medication for the first time (transfer prescription)

¬ Children and parents receiving medication

¬ Patients receiving medication with special storage requirements, complicated directions, significant side effects.

Study Analysis Patient data collection forms, Feedback of Doctors/Patients/Other Health Care Professionals, evaluated and correlated with each other using statistical tool available in MS Excel to find graphs, tables, auto sums, mean, median, standard deviation.

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6

RESULTS

A total of 90 patients were enrolled in this study and the distribution for the same is described as follow:

Age Distribution: From Table (1), 4.44% of participants were of 21-30 yrs, 11.11% of the participants bearing 31-40 yrs of age. 16.67% of the participants were of 41-50 yrs of age, 18.89% of the participants were of 51-60 yrs of age, 27.78% of the participants were of 61-70 yrs of age, 16.67% of the participants were of 71-80 yrs of age, 4.44% of the participants were of 81-90 yrs of age.

Table No. 1: Age Distribution

| Age group (Years)	No. of Patients (n=90)	% of Patients (n=90)
21-30	04	04.44%
31-40	10	11.11%
41-50	15	16.67%
51-60	17	18.89%
61-70	**25**	**27.78%**
71-80	15	16.67%
81-90	04	04.44%
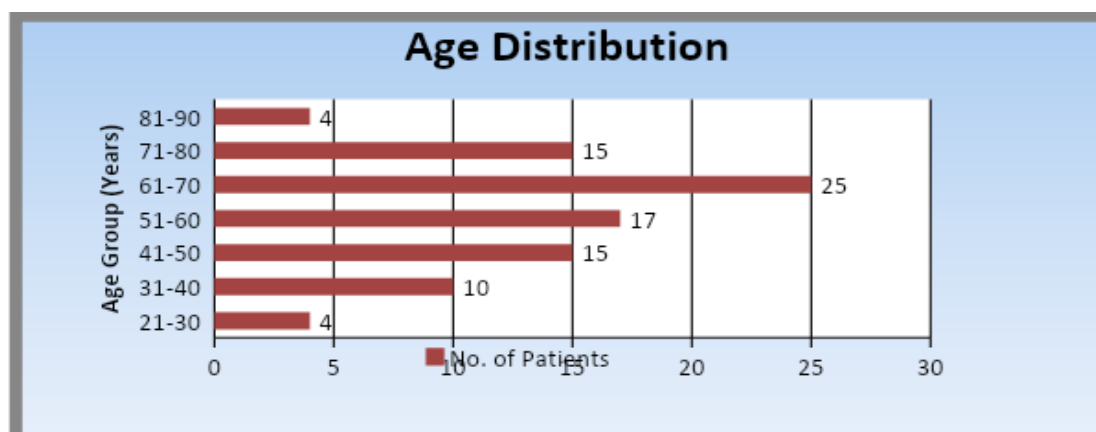
Figure No. 1: Age Distribution

Gender distribution: Table (2) indicates the gender wise distribution of the participants. Male patients are in majority with 69 (76.67%) and Females constitutes of 21 (23.33%) only.

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7

Table No. 2: Gender distribution

| Gender	No. of Patients (n=90)	% of Patients (n=90)
Male	**69**	**76.67%**
Female	21	23.33%
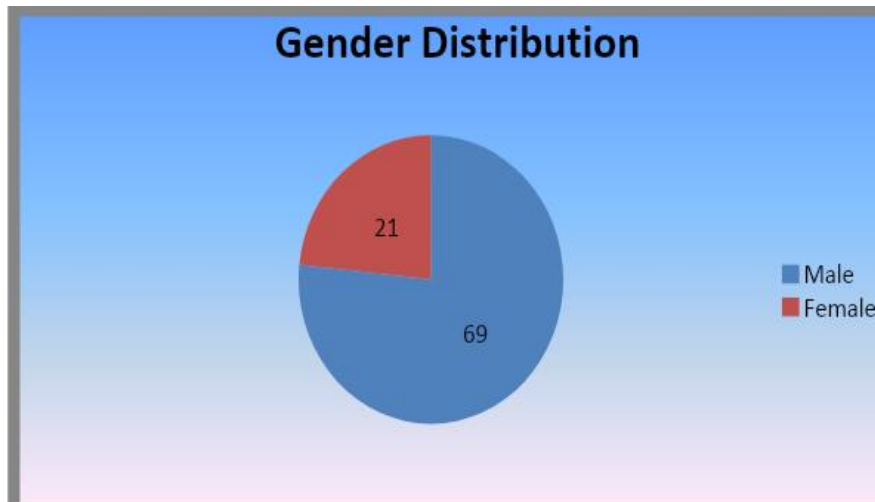
Figure No. 2*: Gender distribution

Medical Unit Distribution: The patients were grouped into different categories based on Unit in which patients came for the treatment hospital. Among them 58 (64.44%) patients were from General Medicine and 32 (35.66%) patients were from General Surgery, Table (3).

Table No. 3: Medical Unit Distribution

Unit	No. of Patients (n=90)	% of Patients (n=90)
General Medicine	**58**	**64.44%**
General Surgery	32	35.56%

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8
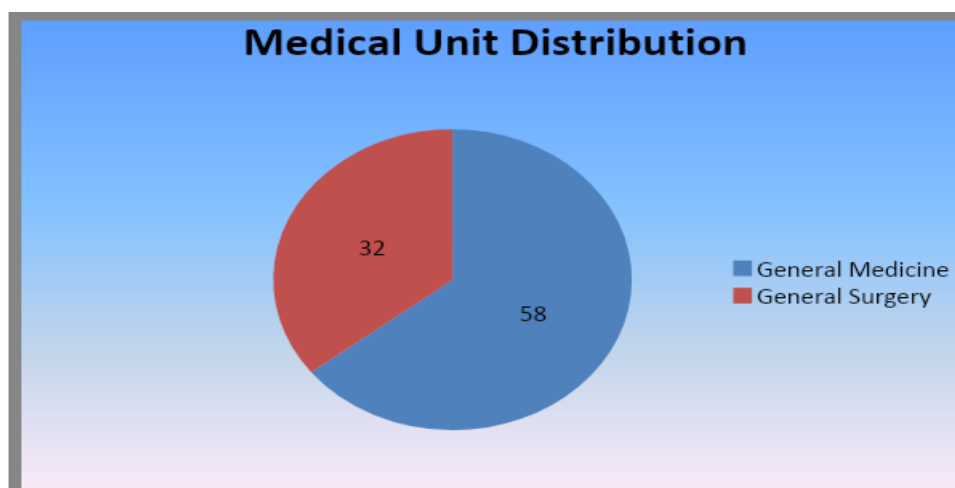
Figure No. 3: Medical Unit Distribution

Blood group distribution: The patients were grouped into different categories based on Blood Group of the patients. Among them 15 (16.67%) patients were with Blood Group A$^+$, 8 (8.89%) patients were with Blood Group A$^-$, 23 (25.56%) patients were with Blood Group B$^+$, 7 (7.78%) patients were with Blood Group B$^-$, 18 (20.00%) patients were with Blood Group O$^+$, 5 (5.56%) patients were with Blood Group O$^-$, 13 (14.44%) patients were with Blood Group AB$^+$, and 1 (1.11%) patients were with Blood Group AB$^-$, Table (4).

Table No. 4: Blood group distribution

Blood Group	No. of Patients (n=90)	% of Patients (n=90)
A$^+$	15	16.67%
A$^-$	08	08.89%
B$^+$	**23**	**25.56%**
B$^-$	07	07.78%
O$^+$	18	20.00%
O$^-$	05	05.56%
AB$^+$	13	14.44%
AB$^-$	01	01.11%

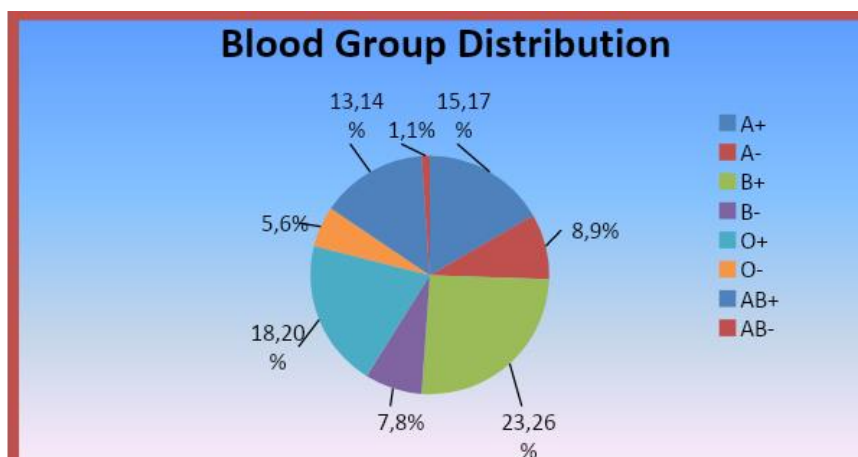*Citation: Maniraj MR et al. Ijppr.Human, 2021; Vol. 21 (2): 1-25.*

9

Figure No. 4: Blood group distribution

Allergic distribution: The patients were grouped into different categories based on Allergic history of the patients. None of the patients was found to be have any history of allergic in our study, Table (5).

Table No. 5: Allergic distribution

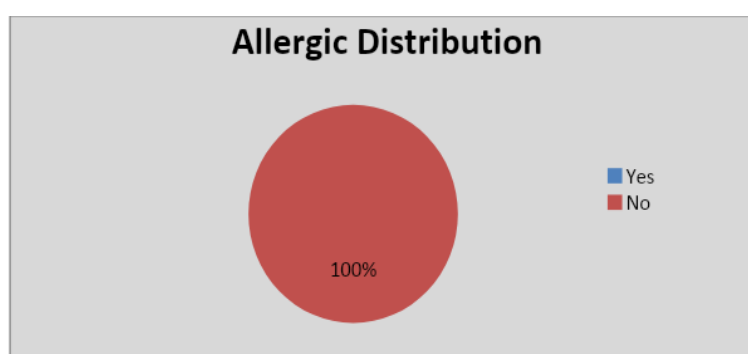| Allergic	No. of Patients (n=90)	% of Patients (n=90)
Yes	00	00.00%
No	**90**	**100.00%**

Figure No. 5: Allergic distribution

Family history distribution: The patients were grouped into different categories based on Family history of the patients. Among them, 72 (80.00%) patients were married and 18 (20.00%) patients were unmarried, Table (6).

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10

Table No. 6: Family history distribution

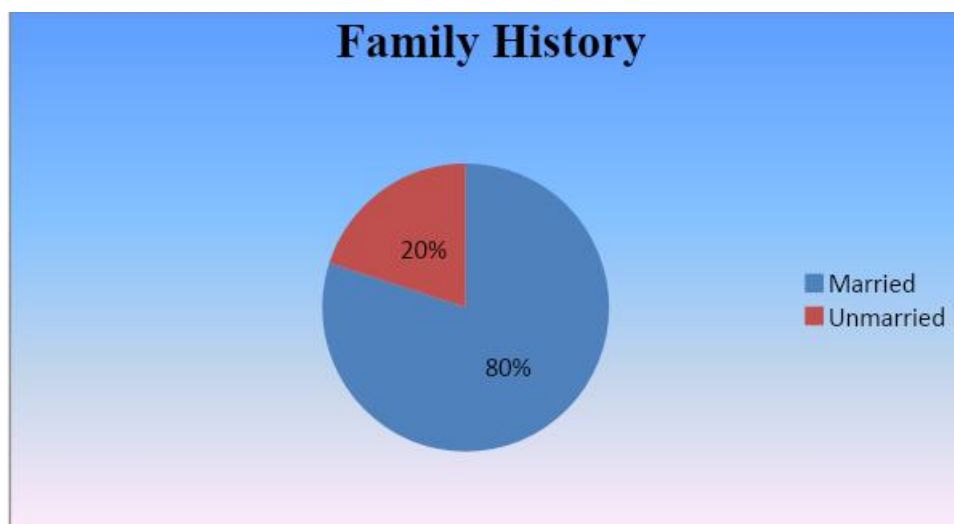| Family History	No. of Patients (n=90)	% of Patients (n=90)
Married	**72**	**80.00%**
Unmarried	18	20.00%

Figure No. 6: Family history distribution

Common diseases distribution: Our study reveals that Hypertension (HTN) 31 (34.44%) is a major disease in patients, followed by 13 (14.44%) Diabetes, 10 (11.11%) Chronic Obstructive Pulmonary Disease (COPD), 8 (8.89%) Poisoning, 7 (7.78%) Pneumonia, 6 (6.66%) Viral Fever, 5 (5.55%) Chronic Kidney Disease (CKD), 4 (4.44%) Epilepsy, 3 (3.33%) Ischemia Heart Disease (IHD), and 3 (3.33%) Anemia, Table (7).

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11

Table No. 7: Common Diseases Distribution

Top Ten Common Diseases	No. of Patients (n=90)	% of Patients (n=90)
Hypertension (HTN)	**31**	**34.44%**
Ischemia Heart Disease (IHD)	03	03.33%
Chronic Kidney Disease (CKD)	05	05.55%
Chronic Obstructive Pulmonary Disease (COPD)	10	11.11%
Diabetes Mellitus	13	14.44%
Epilepsy	04	04.44%
Pneumonia	07	07.78%
Poisoning	08	08.89%
Anemia	03	03.33%
Viral fever	06	06.66%
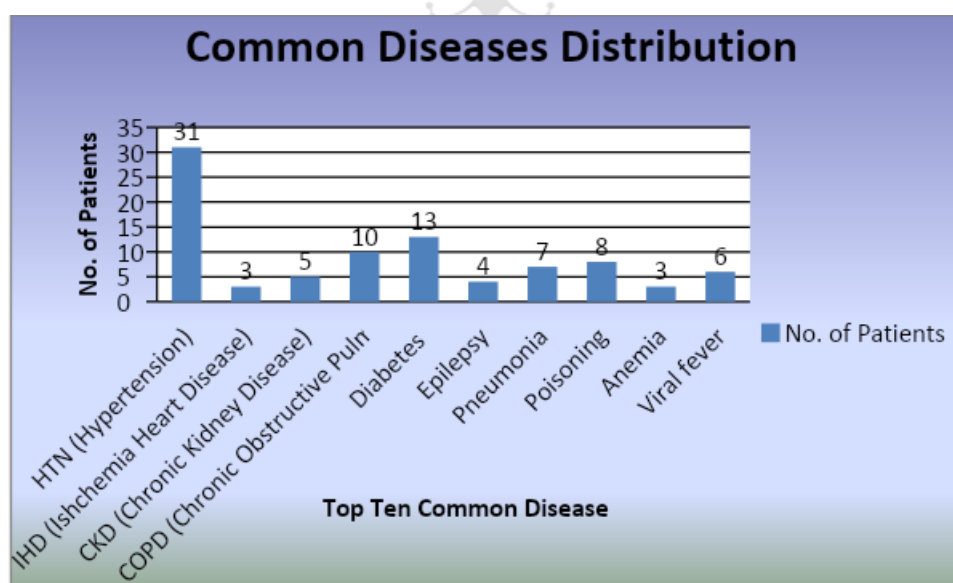
Figure No. 7: Common Diseases Distribution

ADRs Distribution: The patients were grouped into different categories based on ADRs of the patients. Among them 25 (27.78%) patients were feeling vomiting, 21 (23.33%) were feeling nausea, 18 (20.00%) were feeling headache, 12 (13.33%) patients were feeling diarrhoea, 8 (8.89%) patients were feeling itching and 6 (6.67%) patients were feeling rashes, Table (8).

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12

Table No. 8: ADRs Distribution

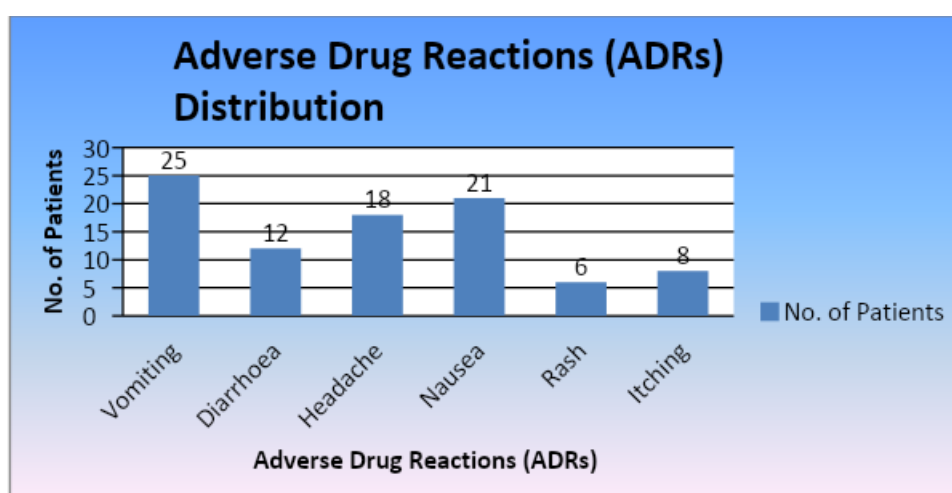| Adverse Drug Reaction(ADR)	No. of Patients (n=90)	% of Patients (n=90)
Vomiting	**25**	**27.78%**
Diarrhoea	12	13.33%
Headache	18	20.00%
Nausea	21	23.33%
Rash	06	06.67%
Itching	08	08.89%

Figure No. 8: ADRs Distribution

Educational Distribution: The patients were grouped into different categories based on Education of the patients. Among them 58 (64.44%) patients were found to be uneducated, 19 (21.11%) were with primary education, 9 (10.00%) were with secondary education and 4 (4.44%) were graduate, Table (9).

Table No. 9: Educational Distribution

Education	No. of Patients (n=90)	% of Patients (n=90)
Uneducated	**58**	**64.44%**
Primary education	19	21.11%
Secondary education	09	10.00%
Graduate	04	04.44%

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13
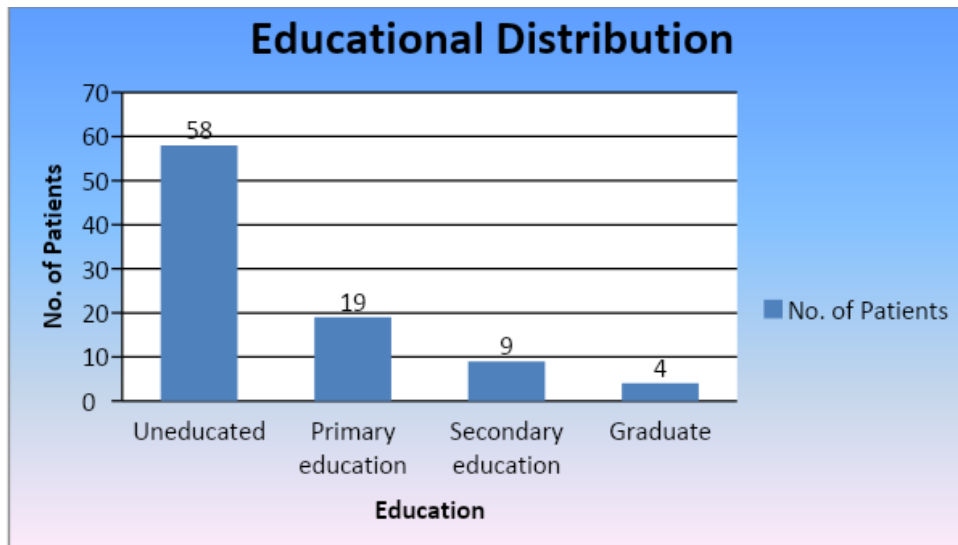
Figure No. 9: Educational Distribution

Counseling Aid Used Distribution: In our study, the most counseling aid was provided to 26 (28.89%) Patients for using spacer, followed by 25 (27.77%) patients for using insulin pen, 22 (24.44%) patients for using syringe, 17 (18.88%) for using inhaler, 00 (00.00%) for using pills, and 00 (00.00%) for other, Table (10).

Table No. 10: Counseling Aid Used Distribution

Counseling Aid Used	No. of Patients (n=90)	% of Patients (n=90)
Inhaler	17	18.88%
Insulin pen	25	27.77%
Pill	00	00.00%
Spacer	**26**	**28.88%**
Syringe	22	24.44%
Other	00	00.00%

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14
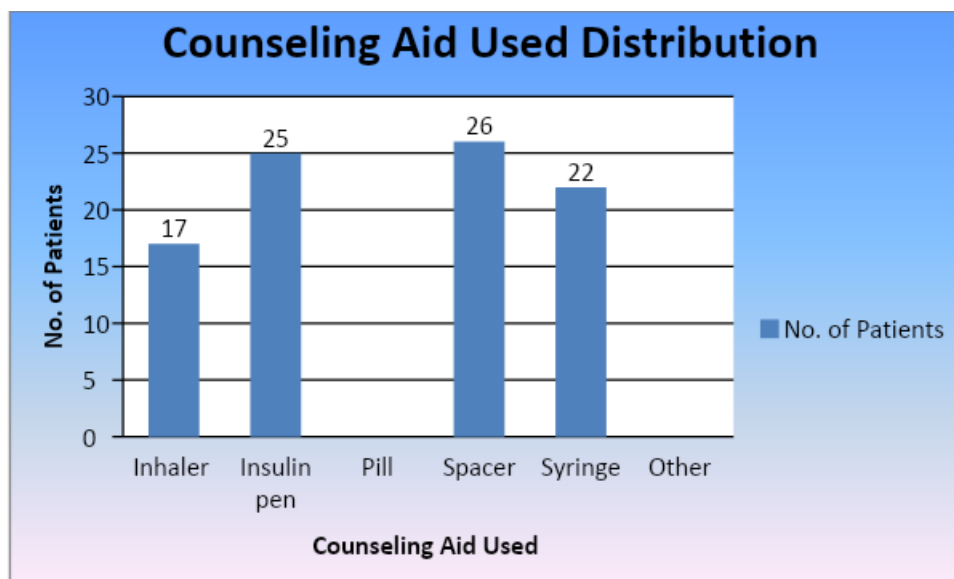
Figure No. 10: Counseling Aid Used Distribution

Point Covered during Counseling Session: During counseling session 90 (100%) Patients were covered with each counseling point's description of the medication, route of administration, advice/missed dose, and duration therapy, whereas 45 (50%) patients were covered with special counseling points, Table (11).

Table No. 11: Point Covered During Counseling Session

Point Covered During Counseling Session	No. of Patients (n=90)	% of Patients (n=90)
Description of the Medication	90	100%
Route of Administration	90	100%
Advice on Missed Dose	90	100%
Dosages	90	100%
Duration Therapy	90	100%
Special	45	50%

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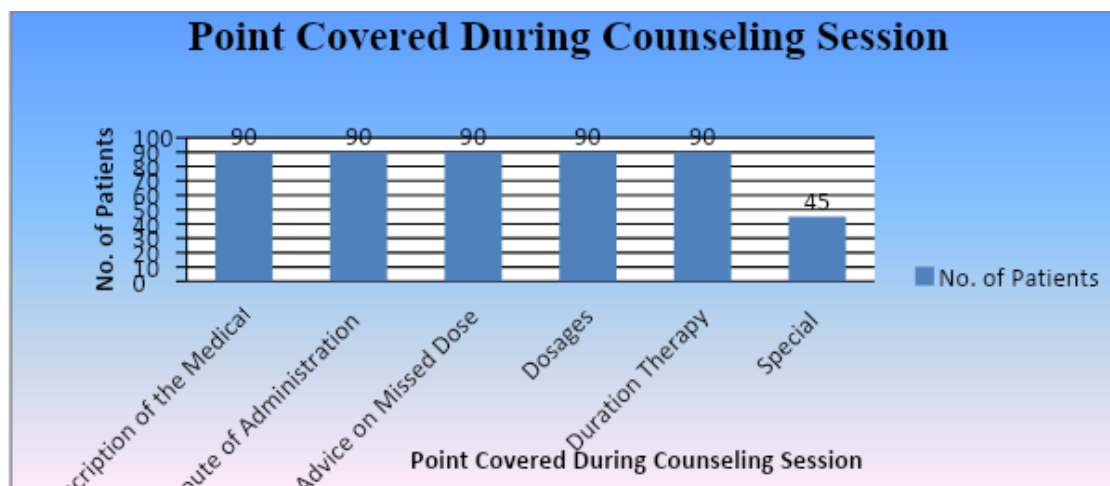
15

Figure No. 11: Point Covered During Counseling Session

Language Distribution: In our study 43 (47.78%) patients were counseled in Hindi language, Followed by 37 (41.11%) patients were counseled in Kannada language, and 10 (11.11%) patients were counseled in English language, Table (12).

Table No. 12: Language Distribution

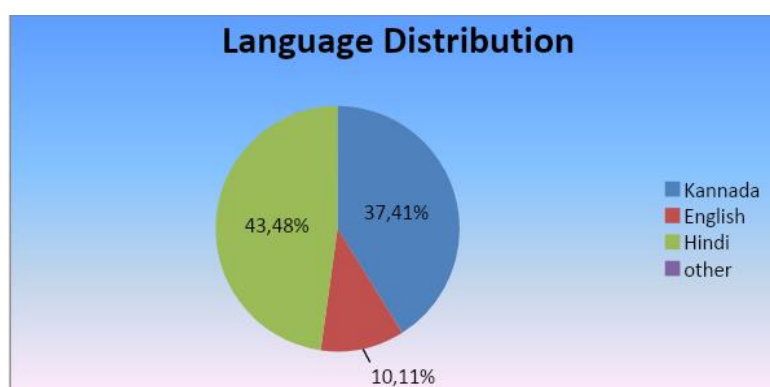| Language	No. of Patients (n=90)	% of Patients (n=90)
Kannada	37	41.11%
English	10	11.11%
Hindi	**43**	**47.78%**

Figure No. 12: Language Distribution

Barrier to Counseling Distribution: Our study reveal that 31 (34.44%) patients had lack of interest for counseling, followed by 24 (26.67%) patients had lack of time for counseling, 15

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16

(16.67%) patients had language problem, and 15 (16.67%) patients with gender problems, Table (13).

Table No. 13: Barrier to Counseling Distribution

Barriers to Counseling	No. of Patients (n=90)	% of Patients (n=90)
Language	17	18.88%
Lack of Time	27	30.00%
Lack of Patient Interest	**31**	**34.44%**
Gender	15	16.67%
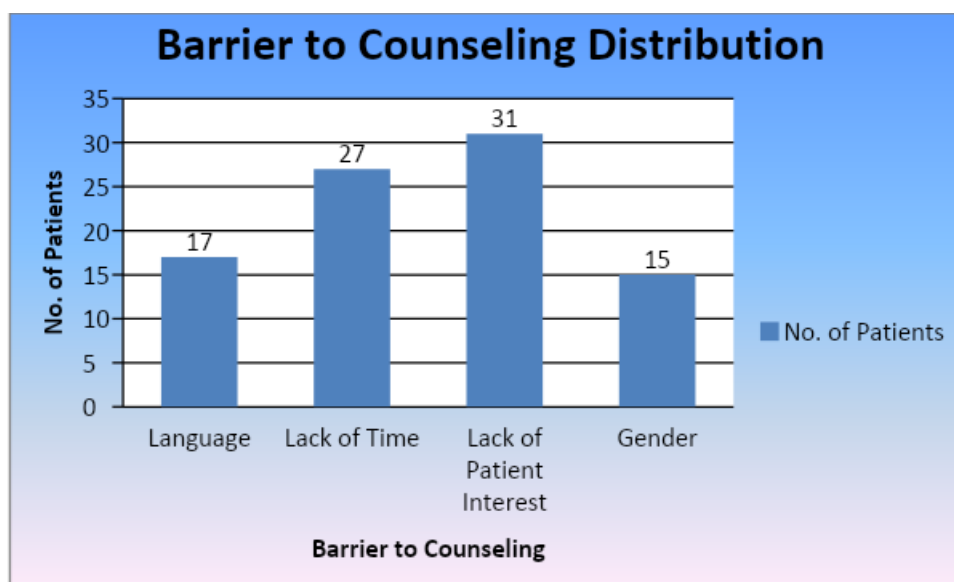
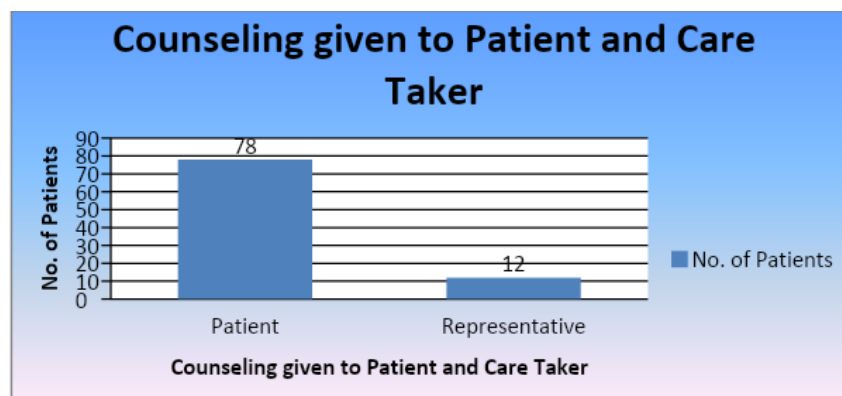**Figure No. 13: Barrier to Counseling Distribution**

Counseling given to Patient and Care Taker: The counseling was mostly given to the 78 (86.67%) patients itself but due to some barriers because of which the counseling was not able to delivered to patients were explained to the 12 (13.33%) patients representative successfully Table (14).

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17

Table No. 14: Counseling given to Patient and Care Taker

Counseling given to Patient and Care Taker	No. of Patients (n=90)	% Percentage (n=90)
Patient	**78**	**86.67%**
Representative	12	13.33%

Figure No. 14: Counseling given to Counseling given to Patient and Care Taker

Time Distribution: Our study revealed the 58 (64.44%) patients were counseled for 5-10 minutes, followed by 12 (13.33%) patients were counseled for 2-5 minutes, 8 (8.89%) patients were counseled for <2 minutes, 7 (7.78%) patients were counseled for 10-30 minutes, 5 (5.56%) patients were counseled for >30 minutes, Table (15).

Table No. 15: Time Distribution

Time	No. of Patients (n=90)	% of Patients (n=90)
<2 Minutes	08	08.89%
2-5 Minutes	12	13.33%
5-10 Minutes	**58**	**64.44%**
10-30 Minutes	07	07.78%
>30 Minutes	05	05.56%

Citation: Maniraj MR et al. Ijppr.Human, 2021; Vol. 21 (2): 1-25.
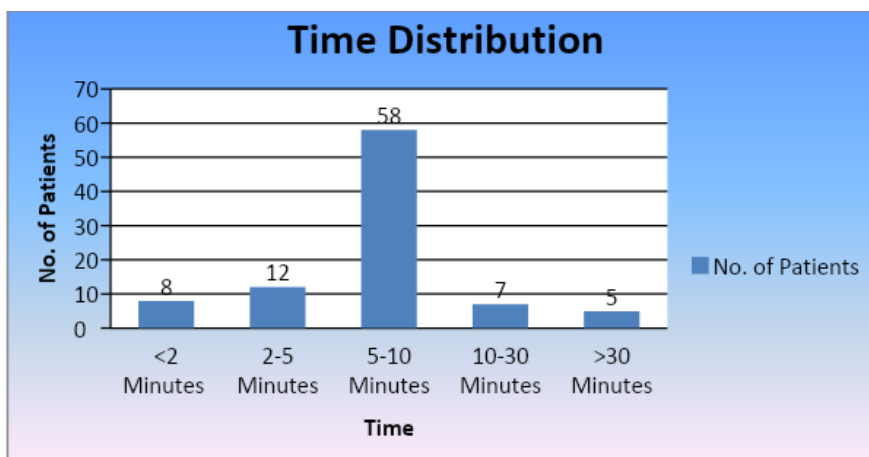
18

Figure No. 15: Time Distribution

Commonly Prescribed Drugs Distribution: This data revealed the top ten most prescribed drugs in patients. We found 84 (93.33%) patients were prescribed with Pantoprazole, followed by 78 (86.67%) patients were prescribed with Paracetamol, 65 (72.22%) patients were prescribed with Theophylline, 64 (71.11%) patients were prescribed with Methyl Prednisolone, 52 (57.78%) patients were prescribed with Lactulose, 51 (56.67%) patients were prescribed with Amikacin, 46 (51.11%) patients were prescribed with Folic Acid, 44 (48.89%) patients were prescribed with Furosemide, 43 (47.77%) patients were prescribed with Diclofenac, and 41 (45.55%) patients were prescribed with Albendazole, Table (16).

Commonly Prescribed Drugs Distribution: This data revealed the top ten most prescribed drugs in patients. We found 84 (93.33%) patients were prescribed with Pantoprazole, followed by 78 (86.67%) patients were prescribed with Paracetamol, 65 (72.22%) patients were prescribed with Theophylline, 64 (71.11%) patients were prescribed with Methyl Prednisolone, 52 (57.78%) patients were prescribed with Lactulose, 51 (56.67%) patients were prescribed with Amikacin, 46 (51.11%) patients were prescribed with Folic Acid, 44 (48.89%) patients were prescribed with Furosemide, 43 (47.77%) patients were prescribed with Diclofenac, and 41 (45.55%) patients were prescribed with Albendazole, Table (16).

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19

Table No. 16: Top 10 (Ten) Commonly Prescribed Drugs Distribution

Top 10 (Ten) Commonly Prescribed Drugs	No. of Patients (n=90)	% of Patients (n=90)
Paracetamol	78	86.67%
Furosemide	44	48.89%
Folic Acid	46	51.11%
Lactulose	52	57.78%
Theophylline	65	72.22%
Pantoprazole	**84**	**93.33%**
Methyl Prednisolone	64	71.11%
Albendazole	41	45.55%
Amikacin	51	56.67%
Diclofenac	43	47.77%

Figure No. 16: Top 10 (Ten) Commonly Prescribed Drugs Distribution

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20
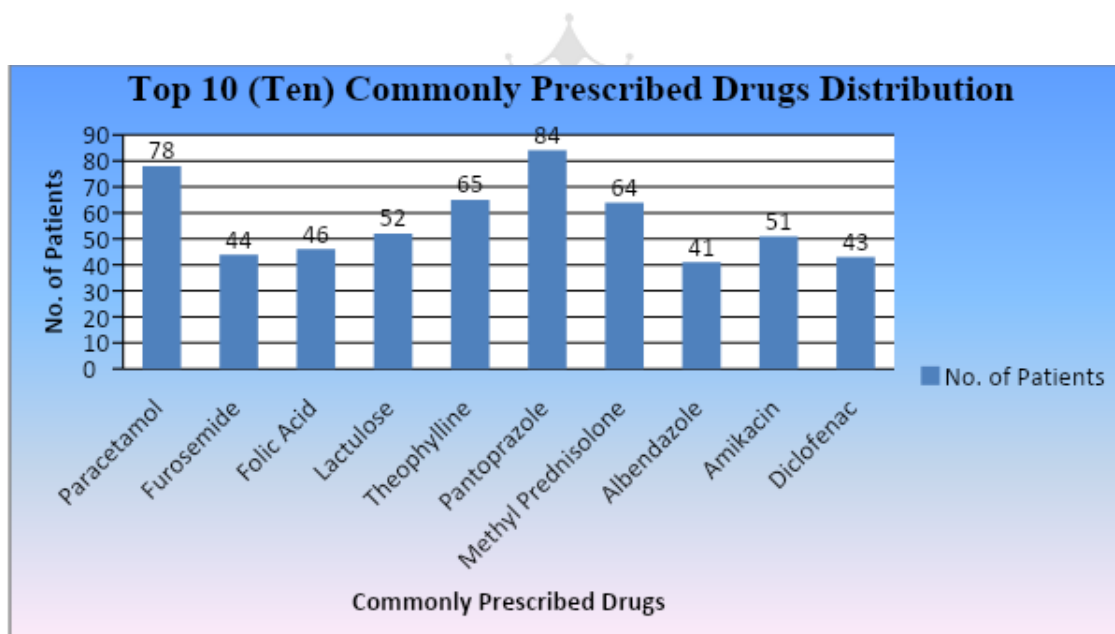
Table No. 17: Baseline medication knowledge questionnaire

Baseline medication knowledge questionnaire:

Questions	Positive/Correct Answers (Before Counseling) %	Positive/Correct Answers (After Counseling) %
1) Do you know your medical condition or disorder?	93.33	100
2) Do you know the signs and symptoms of your medical condition, disease or disorder?	42.22	70.00
3) Do you know the total number of medication in your treatment chart?	66.33	78.88
4) Do you know which medication is used for what purpose in your medication treatment chart?	11.11	20.00
5) Do you know the dose of your medicines?	27.77	61.11
6) Do you know the frequency per day of your medicines?	74.44	96.66
7) Do you know which medicines should be taken before/after food?	42.22	96.66
8) Do you know what to do in case if you missed a dose?	48.88	68.88
9) Do you know the storage conditions of your medicines?	33.33	70.00
10) Do you know which foods to avoid?	40.00	90.00
11) Do you know what to do in case you take double dose by mistake?	00.00	43.33
12) Do you know the route of administration of every medicine in your prescription?	73.33	97.77
13) Do you know serious side effect of your medicines?	00.00	55.55
14) Do you know which medicines should not be taken together?	54.44	91.11
15) Do you know personal care and preventions regarding your disease?	68.88	83.33

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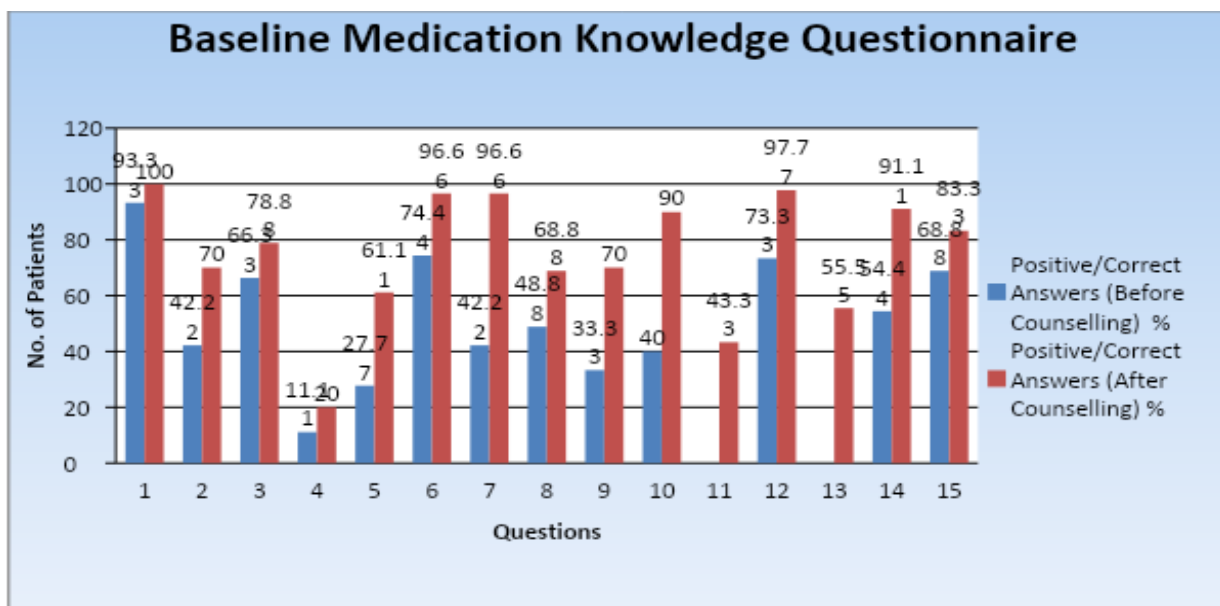
21

Figure No. 17: Baseline medication knowledge questionnaire

DISCUSSION

Patients require better patient counseling and pharmaceutical care to accomplish their therapeutic goals and improve health related quality of life. In this ever growing healthcare sector, the new and emerging Pharm D students are in a key position to provide better patient counseling as an intervention for the purpose of accomplishing the therapeutic goals which improves medication adherence and the quality of life in patients. This study shows the effect of patient counseling done by Pharm D students at patient counseling center persists in patients and help them to overcome with their drug related problems. A total of 90 patients were enrolled in this study, it described that 61-70 yrs of age patients requires more counseling for to improve their quality of life. In our study, more number of male participated than female. The patients were grouped into different categories based on Unit in which patients came for the treatment hospital but most patients were enrolled from general medicine department. Most patients found were of B+ blood group and none patients with any allergic history and maximum were married. The top ten disease found in the enrolled patients were Hypertension (HTN) major disease in patients, followed by Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Poisoning, Pneumonia, Viral Fever, Chronic Kidney Disease (CKD), Epilepsy, Ischemia Heart Disease (IHD), and Anemia Among the enrolled patients vomiting was the major ADR of drug seen in our study, followed by nausea, feeling headache, diarrhea, itching and rashes. Maximum number of patients were found to be Uneducated, followed by primary education secondary education and graduate.

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22

Our study shows that the most counseling aid used was spacer, followed by insulin pen, syringe, inhaler, pills, and other. During counseling session maximum points were covered for description of the medication, route of administration, advice/missed dose, and duration therapy, whereas minimum points covered for special counseling points. In our study maximum patients were counseled in Hindi language, followed by Kannada language, English language and other language. The barrier for patients counseling in our study reveal that maximum patients had lack of interest for counseling, followed by lack of time for counseling, language problem, gender problems and with other problems. The counseling was mostly given to the patients itself but due to some barriers because of which the counseling was not able to delivered to patients were explained to the patients representative successfully. Our study revealed the maximum patients were counseled for 5-10 minutes, followed by 2-5 minutes, <2 minutes, 10-30 minutes, >30 minutes. During our counseling session, the top ten most prescribing drugs in patients were also noted and its revealed that the most prescribing drug was Pantoprazole, followed by Paracetamol, Theophylline, Methyl Prednisolone, Lactulose, Amikacin, Folic Acid, Furosemide, Diclofenac, and Albendazole.

The discussion about patient counseling services provided in hospital for various departments, doctors & postgraduate students, nurses, and selected inpatients (n=90) (i.e-Male General Medicine, Female General Medicine, Male General Surgery, Female General Surgery) by personnel contact was done during our study period as a awareness regarding patient counseling centre that has been established in the hospital. In the case of many Indian hospitals, pharmacists contributed towards patient compliance through prescribers for simplification of drug regimens. Patient counseling enabled the pharmacist to identify or understand the usual medication habits of patients and their knowledge regarding drug therapy. Considering changing health behaviors and improving health status there is need to evolve strategies for effective patient counseling. In Indian set up nobody will do the things if there is no act to implement regulations to provide compulsory patient counseling and pharmaceutical care by qualified personnel So, legal assistance is very much important by enacting a law by the authority. So that Patient counseling become one of the effective ways to get into the heart of public the profession "pharmacist". Many studies have been conducted on it discussed in literature review and our study shows relevant information regarding need of establishing and implementing the patient counseling centre in our hospital.

Citation: Maniraj MR et al. Ijppr.Human, 2021; Vol. 21 (2): 1-25.

23

CONCLUSION

The study concludes that patient counseling improves the knowledge of patients regarding their disease, medication and lifestyle showed a tremendous rise. Quality of life of patients can be improved through patient counseling but it should be done on regular basis to achieve a Therapeutic outcome, increase patient compliance and medication adherence. So it's very necessary to establish a patient counseling center in our hospital where the drugs experts such As Pharm D can impart their knowledge and skill for the betterment and wellbeing of the patients and society. Proposal was presented to policymakers to developed patient counseling center in the hospital but the challenges encountered included limited resources and public awareness. Also, positive developments required such as medical ethic guidelines, funding, and subspecialist to support it.

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24

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25