

# Pharmacist review of asthma patients is cost-effective, new study finds

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Community pharmacists who carry out a medicines use review with asthma patients had a beneficial effect on patients' asthma control which was cost effective compared with usual care, according to a new study.

Researchers from LSE and the Universities of Greenwich and Kent set up the trial in Italy with 283 pharmacists and 1,263 patients, in one of the largest ever of a community-pharmacist intervention for asthma.

It involved a structured interview between pharmacists and patients, carried out in private at the community pharmacy, and looked at five areas: [asthma symptoms](#); medicines use; attitude towards medicines; adherence; and identification of pharmaceutical care issues.

In the trial, pharmacists were randomly assigned to receive immediate or delayed (by three months) training in the medicines use review (MUR) intervention.

After three months, patients who had received the intervention were 76% more likely to have achieved good [asthma control](#) test scores compared with patients in the other group.

Using a willingness-to-pay threshold of Euros 30,000 (£25,300) per quality-of-life year gained, in line with the UK's National Institute for Health and Care Excellence, the researchers' analyses showed that at the conclusion of the study after nine months, the probability that the intervention was more cost effective than usual care reached 100%.

The researchers also found that the intervention led to a reduced average number of active ingredients among patients' medications and improved self-reported adherence.

Reporting in *BMC Health Services Research* journal, the team says the study adds to the evidence base supporting the cost-effectiveness of MURs in asthma. Since the trial, the Italian asthma MUR has become a nationally funded MUR service in Italy and the team says it is now being considered for implementation in other respiratory conditions and healthcare systems.

Dr Michela Tinelli of PSSRU (Personal Social Services Research Unit) at LSE commented: "Crucially it proved to be both effective (according to international clinical guidance) as well as cost effective (according to NICE thresholds). The Italian Government together with the Italian Ministry of Health used preliminary findings from the study to promote a change of primary care practice; in December 2015 they approved the introduction of I-MUR as the first nationally funded cognitive pharmaceutical service provided by [community pharmacists](#) to asthmatic patients. We are pleased for the feedback received and the interest expressed by stakeholders to work together and implement value based services like ours that could secure better outcomes for everybody - the patients, the providers, the payers and the policy makers."

The economic burden of [asthma](#) is €72 billion annually in the 28 countries of the European Union; this includes the annual costs of health care (about €20 billion), the loss of productivity for [patients](#) (€14 billion), and a monetised value of disability-adjusted life year (DALY; as a measure of overall disease burden) lost of €38 billion.

**More information:** Andrea Manfrin et al. A cluster randomised control trial to evaluate the effectiveness and cost-effectiveness of the Italian medicines use review (I-MUR) for asthma patients, *BMC Health*

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