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Knowledge and therapeutic management of Alzheimer's disease among community pharmacists in the Maltese Islands

Charles Scerri

Department of Pathology, University of Malta

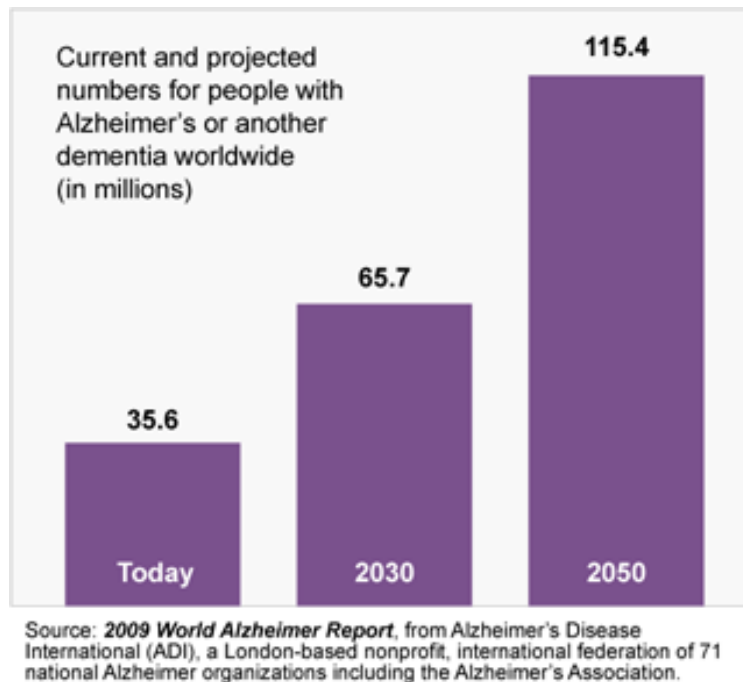
National Focal Point on Dementia

"Living well in a dementia-friendly society"

23rd Alzheimer Europe Conference, St. Julian's, Malta, 10-12 October 2013.

Background information

1 in 20 individuals aged over 65 years are living with AD
(Alzheimer Europe, 2011)



Expensive condition

- In the world: €450b/year
- In Malta: €63-96m/year
- In EU: €22,000/patient/year
- Most of the cost: Informal care (60%)

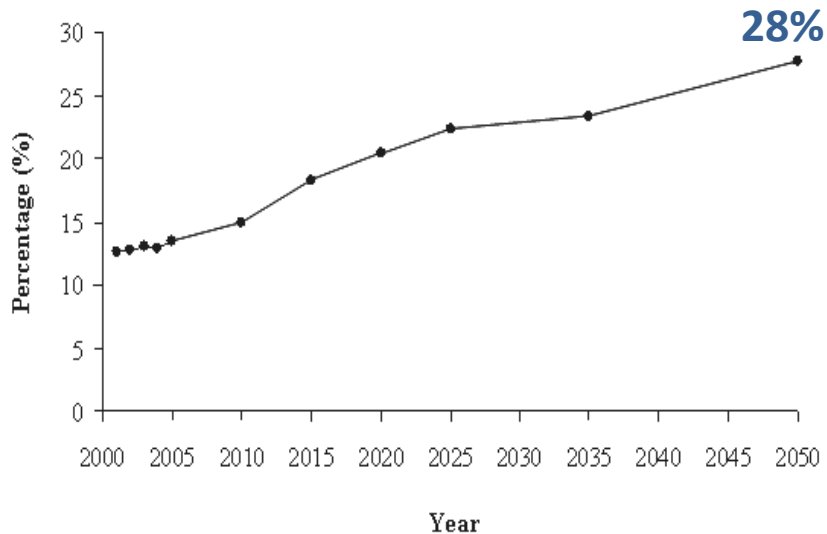
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Dementia in Malta

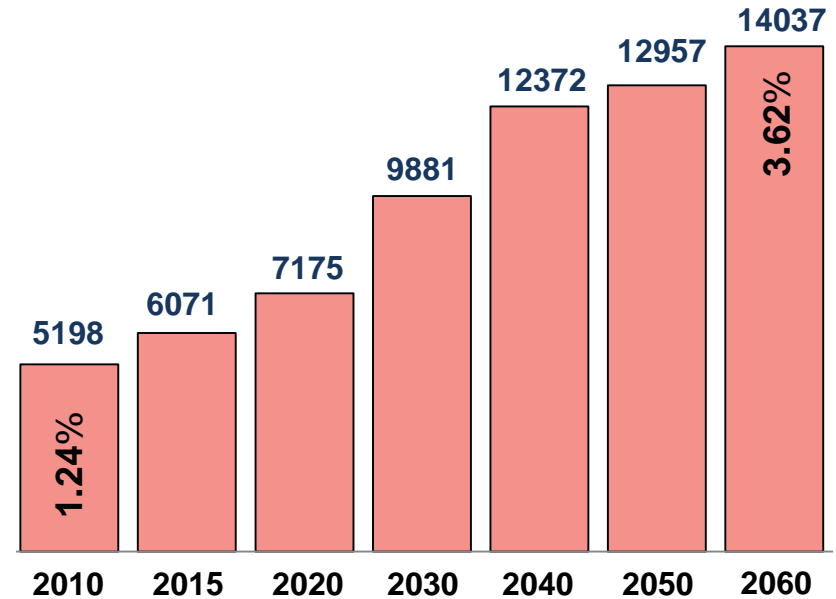


Birth rate: 1.4

80 years and over: 3.2% (2013)

→ 11.8% (2060)

A progressive increase in the elderly population



Malta Medical Journal (2012): 24(3); 21-24

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Malta Dementia Strategy Group



Launch: May 2009

Objective: Develop a series of recommendations on a strategic plan to enhance dementia care in Malta

Tasks: Current situation, consultation process, final recommendations

Recommendations presented in January 2010

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Current Situation Analysis - Awareness

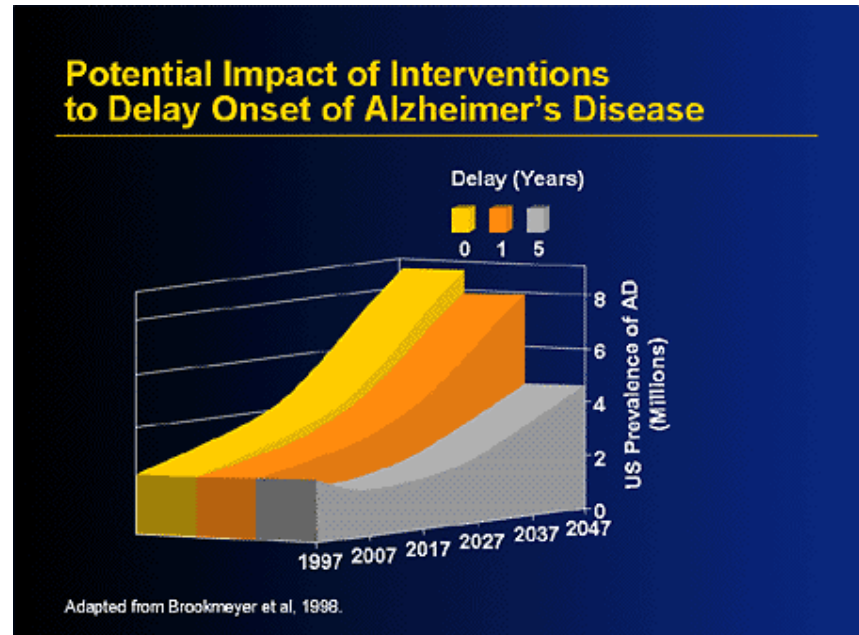
Lack of awareness



General Public

Healthcare professionals

*Awareness will improve early
and timely diagnosis*



A 5 year delay in AD onset will ↓ AD prevalence by 50%

Recommendation 1: *Improve awareness of dementia in the community and in relevant professional and non-professional fields*



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AIM

“to investigate community pharmacists’ knowledge and therapeutic management of AD in the Maltese Islands”

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Why community pharmacists?

- Are first-contact points of reference
- Can assist in early intervention
- Can offer support and education
- Can assist in locating services that are available
- Expectations about the disease and its treatment

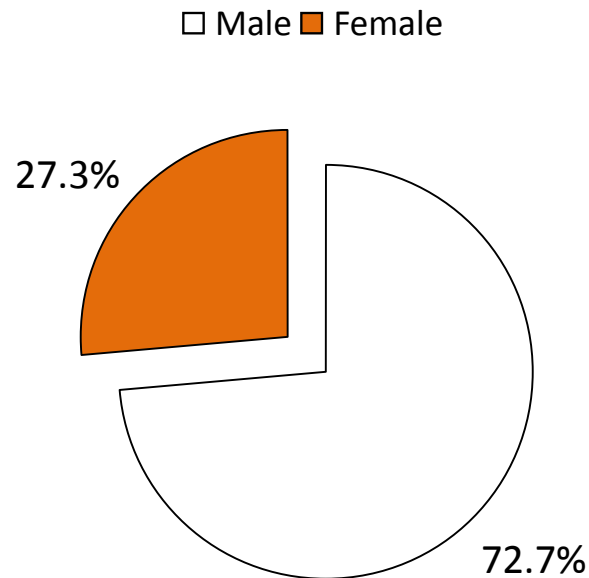
Potential barrier

- Lack of knowledge

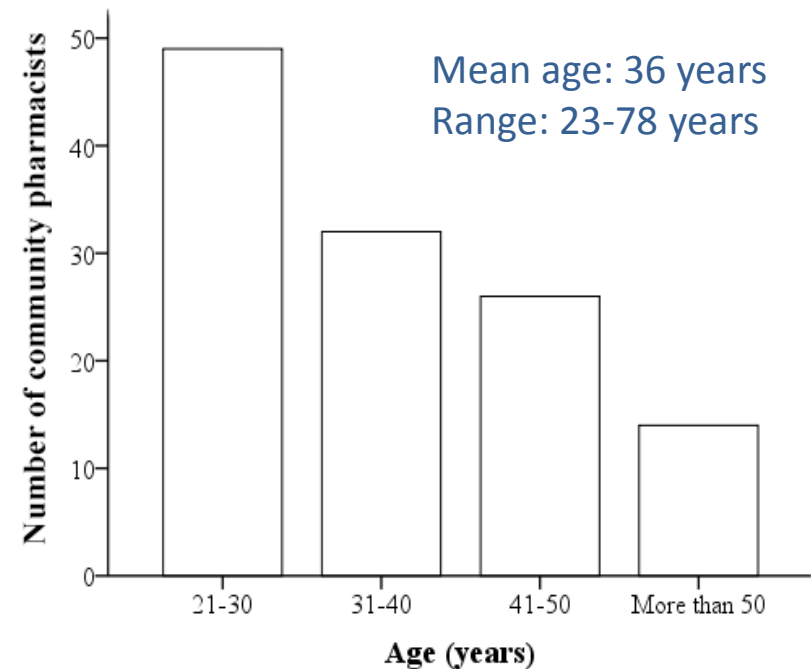
METHODOLOGY

- Anonymous questionnaire distributed by post to all community pharmacists working in the Maltese Islands
Questionnaire covered demographics, knowledge on AD (ADKS: 30 T/F), pharmacotherapy (pharmacotherapy measurement: 20 T/F), attitudes and perceptions
- Ethics approval obtained from the Faculty of Medicine and Surgery Ethics Committee and the University of Malta Research Ethics Committee
- One-way ANOVA used to determine any group effects

RESULTS – Key findings



Distribution of gender

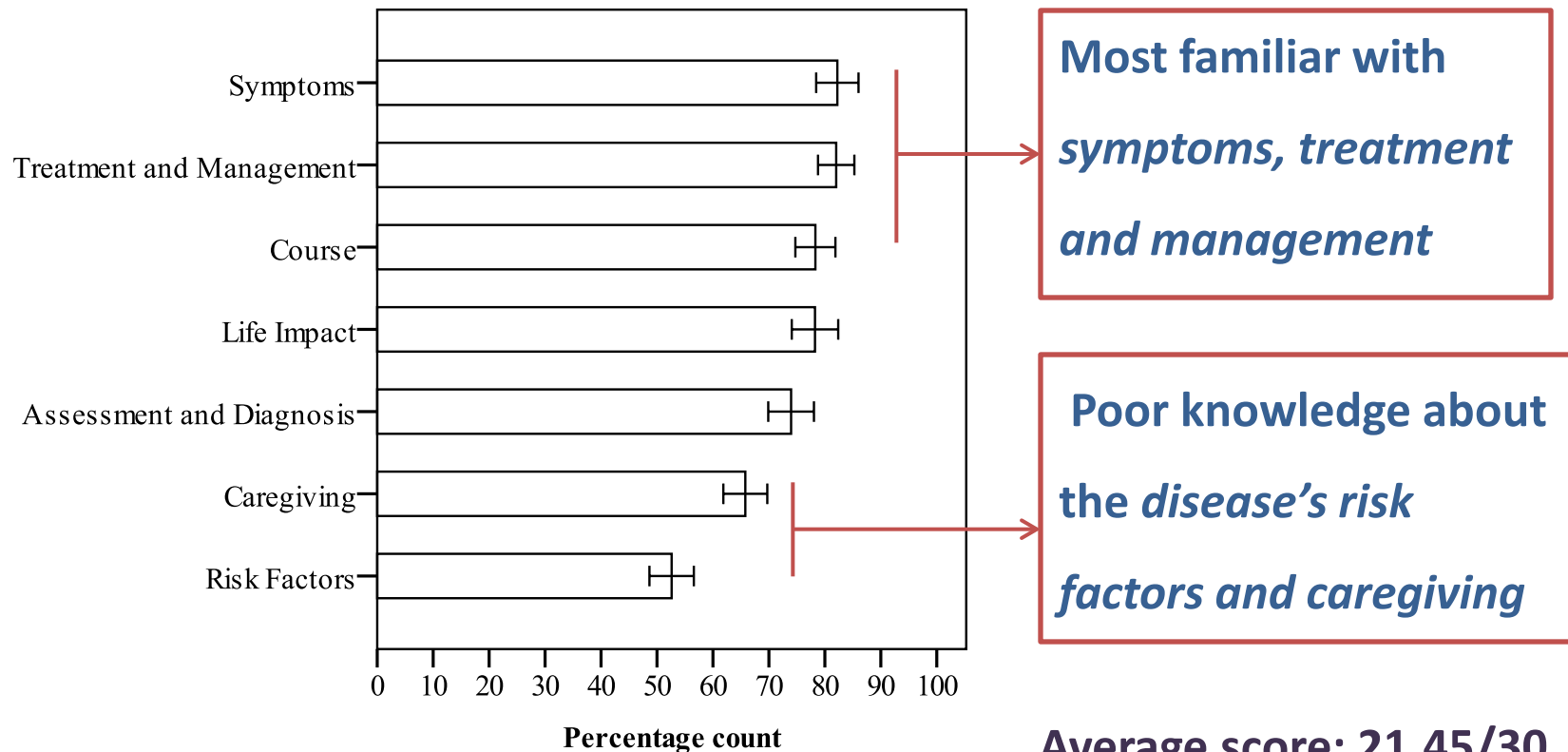


(N=121, 56.8%)

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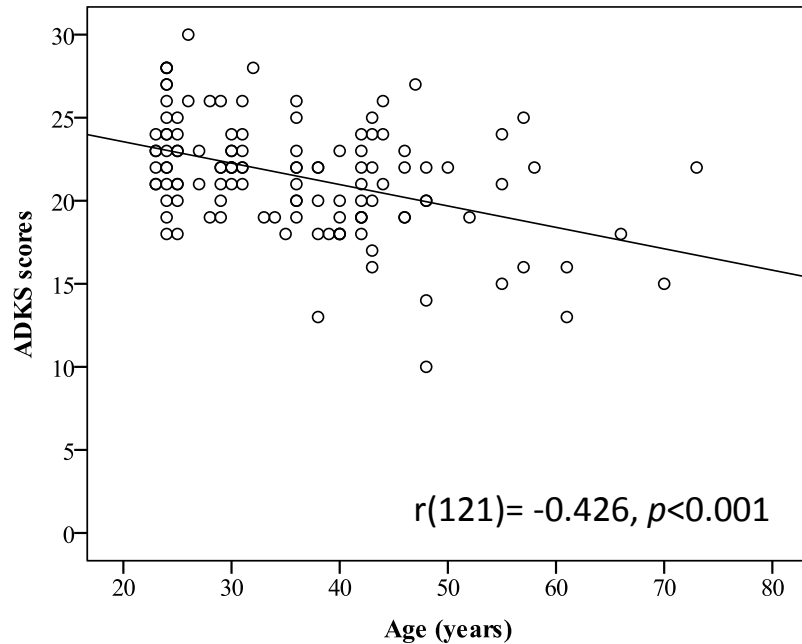
ADKS



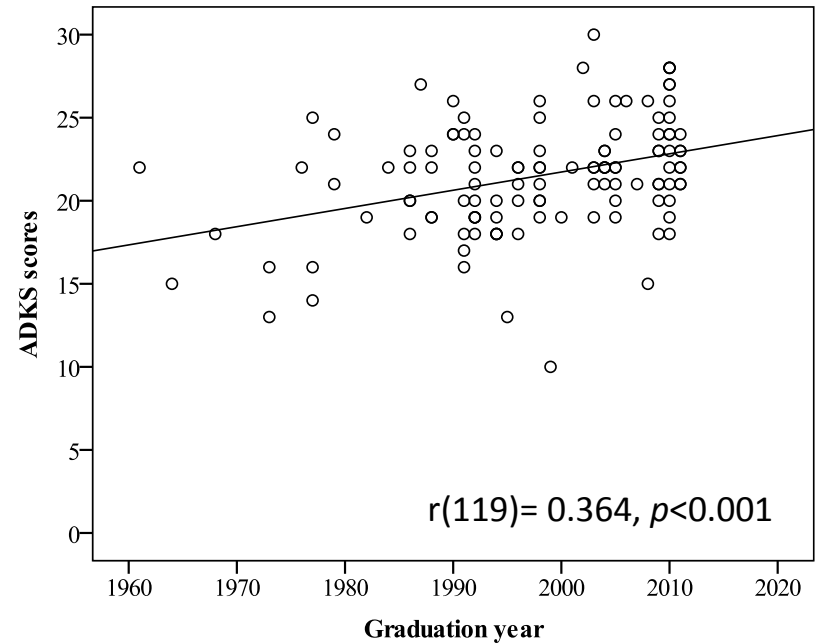
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ADKS



ADKS vs. age



ADKS vs. graduation year

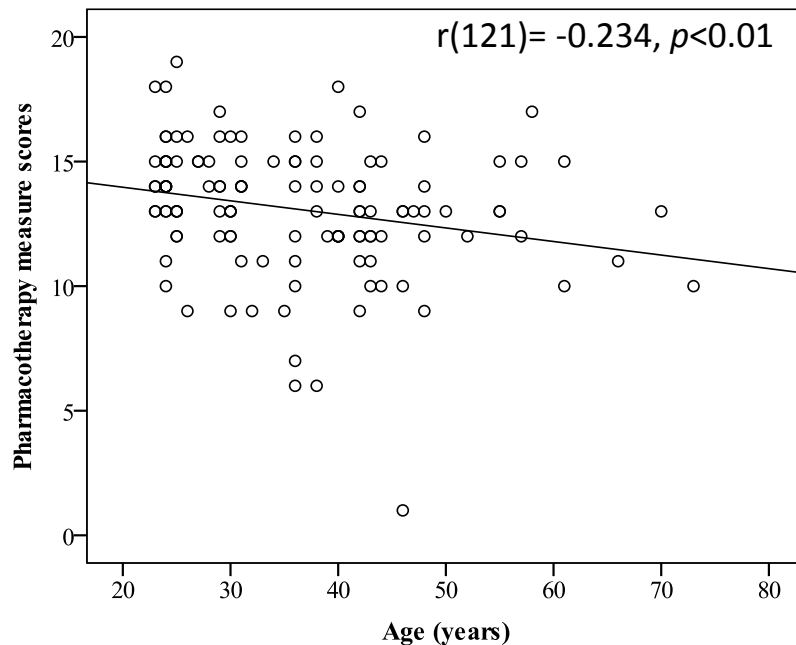
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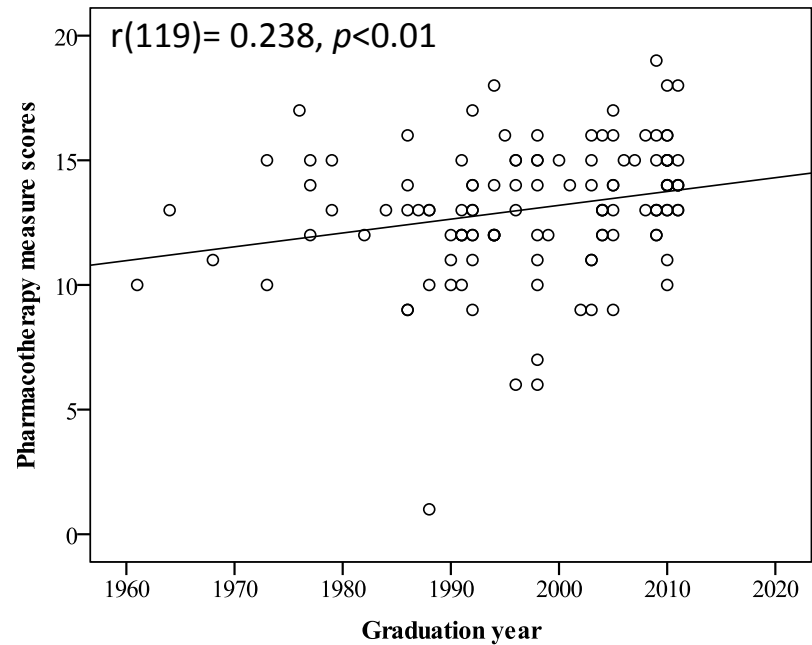
Pharmacotherapy score

Statement	Correct item answer	Frequency of scores	% Score
Non-pharmacological interventions such as aroma therapy, music and animal assisted therapy are helpful in the management of the behavioural symptoms in AD	T	106	87.6
Pharmacological treatment of AD aims at improving cognitive function	T	105	86.8
AD patients will continue to decline in cognitive function when initiated on AD treatment	T	62	51.2
Memantine (Axura®) can be co-administered with AChEIs	T	61	50.4
Benzodiazepines are recommended to control anxiety in AD	F	48	39.7
It is safe to treat the behavioural symptoms in AD with antipsychotics	F	42	34.7
AD pharmacotherapy stops the decline in activities of daily living in patients with AD	F	35	28.9

Pharmacotherapy score (PS)



PS vs. age



PS vs. graduation year

Average score: 13.08/20

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Pharmacists' attitude to their role in AD

Statement	Strongly agree/ Agree	Neither	Strongly Disagree/Disagree
Pharmacists have the necessary training and skills in AD management	6 (5%)	31 (25.6%)	84 (69.4%)
There are adequate community services for individuals with AD in Malta	8 (6.6%)	37 (30.6%)	76 (62.8%)
It is advisable that individuals suspecting symptoms of AD should be referred to the Memory Clinic by their doctor	112 (92.6%)	5 (4.1%)	4 (3.3%)
AD diagnosis should be disclosed to the patient	53 (43.8%)	41 (33.9%)	27 (22.3%)
Community pharmacists are in a position to advice patients and relatives on AD management	71 (58.7%)	21 (17.4%)	29 (23.9%)
Regular seminars should be held for pharmacists to increase their knowledge on AD management and services that are available	117 (96.7%)	4 (3.3%)	0 (0%)
There is adequate communication between community pharmacists and other healthcare professionals in AD management	7 (5.8%)	15 (12.4%)	99 (81.8%)
Information leaflets on AD should be available in community pharmacies	120 (99.2%)	1 (0.8%)	0 (0%)
There is enough awareness on AD	8 (6.6%)	16 (13.2%)	97 (80.1%)

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MAIN CONCLUSIONS

- Community pharmacists are unfamiliar with risk factors and dementia caregiving
- Community pharmacists have over-expectations of AD pharmacotherapy. Advocacy of this over-expectation may lead to disappointing response amongst individuals with AD and caregivers.
- The relatively low recognition of the dangerous use of antipsychotics in dementia is worrisome
- Training at tertiary education level improved our graduate pharmacists' knowledge on AD
- Lack of familiarity to local community services could be an obstacle to longitudinal dementia care
- AD is increasingly challenging to community pharmacists who have graduated prior to the year 2002



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charles.scerri@um.edu.mt

Department of Pathology
Faculty of Medicine & Surgery
University of Malta
Msida MSD 2080
Malta
www.um.edu.mt

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