Pharmacists are in the persuasion business

Much of pharmacists' work involves persuading people to do things differently. This is true whether you are a hospital, community or a primary care pharmacist. Clinical pharmacists in hospital and general practice are often working with doctors and nurses to influence the way they prescribe. In community pharmacy, pharmacists try to advise patients to change their lifestyles, or to take medicines in the prescribed way.

One of the main concerns for clinical pharmacists is the appropriate use of antibiotics. Prescribing antibiotics appropriately is a priority for limiting the spread of resistance. In this month's *Pharmacy in Practice* Catherine Lowe and Adrian Penney provide guidance on when to prescribe for common infections (p283). This will be followed in the next edition of *Pharmacy in Practice* with an article on guidance on techniques to change prescribing behaviour.



Obesity is a major concern for the NHS. As well being the major factor in the development of type 2 diabetes, obesity also contributes directly to cardiovascular disease. Obesity is such a problem that it is likely that our children's generation may well have shorter life expectancies than ours, and also suffer greater morbidity. The white paper *Pharmacy in England* sees community pharmacies as centres for healthy living. Providing advice on lifestyle changes will be central to services such as weight management programmes. In this context pharmacists are

trying to persuade people to change their lifestyle. Pharmacist will need to be able to use more sophisticated techniques such as motivation interviewing and coaching skills to help people recognise the need to change and then to support those individuals who want to change their lifestyle. In the first of three articles on obesity Paul Grassby (p273) outlines the scale and consequences of the obesity problem in the UK and looks at the evidence for prescribable obesity medicines.



Reducing calorie intake and increasing exercise are fundamental to weight loss but medicines can also have a modest effect. In the second article on obesity management Michael Holden (p277) explores how pharmacists can help people with weight management. The third article on obesity management looks at OTC products (p280). Since the withdrawal of rimonabant only two prescription-only-medicines remain available. A wide range of OTC products are available and there is some evidence of benefit for some of these products. However, further studies are needed to confirm and extend these findings.

How often have you found yourself in your favourite casino playing baccarat when, because you are doing so well, somebody slips digoxin into your drink? If you are James Bond then you will be lucky enough to have Digibind[®] in your car first-aid kit.¹ For the rest of us it may not even be available in the local A+E. Fortunately, this will soon be remedied. Unified national



guidance on antidote availability in the UK was released in May 2008. The guidance, which is discussed by James Allen (p260), explains that some antidotes (such as Digibind[®]) should be immediately available in emergency departments, while others should be available within one hour and other antidotes should be held at a regional level. Unfortunately for James Bond Digibind[®] needs to be stored below 8°C. Keeping it in the car in the French Riviera would render it useless thus allowing Le Chiffre to win. If only MI5 had undergone an audit of safe and secure handling of medicines like Khaw and colleagues have done (p255) then 007 would have lived to fight another day. 💠

Duncan Petty, consultant editor

Reference

1. Casino Royale. United Artists Corporation. 2007.