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Pharmacists' perception on providing medication dosing instructions to patients

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Objectives: We assessed the perception of pharmacists on providing medication dosing instructions to patients. **Methods:** This is a sub-study of a larger study on completeness and comprehensibility of written dosing instructions provided by pharmacists. Pharmacists in a selected hospital and community pharmacy were interviewed using a self-administered questionnaire on demographics, current practices on providing medication dosing instructions, barriers and suggestions to improve.

Results: All pharmacists responded (N=32). Most were aged 30-50 years (75.0%) and were women (71.9%). Most pharmacists agreed that medicine name (75.0%), dosage form (68.8%), strength (71.9%), units per day (90.6%), frequency (93.8%), route of administration (90.6%), and relationship with meals (96.9%) needs to be communicated to patients irrespective of the type of medicine dispensed. However, only some pharmacists claimed to communicate both written and verbal instructions on medicine name (21.9%), dosage form (18.8%), strength (9.4%), units per day (34.4%), frequency (43.8%), duration (25.0%), route of administration (28.1%), relationship with meals (46.9%), special instructions (15.6%), common side effects (9.4%) and storage conditions (12.5%). Illegibility of prescriptions (100%), shortage of pharmacy staff (96.8%), and difficulty in contacting prescriber for prescriptions (100%), having workshops/training (96.9%), and improving available resources (96.9%) and pharmacy staff (96.9%) were suggested as improvements.

Conclusions: Pharmacists agree that key medication dosing instructions should be communicated to patients. However, their current practices on providing dosing instructions varied. A standard procedure on providing written dosing instructions needs to be defined to guide pharmacists.

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Personnel, anthropometric and environmental risk factors for domestic falls among persons over 50 years of age

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Objectives: This research was undertaken to determine the personnel, anthropometric and environmental risk factors for domestic falls above age of 50 years.

Methods: It was a case control study involving 100 cases and 100 controls carried out in Accident Service Unit and Orthopedic wards of Colombo South Teaching Hospital. Controls were matched with cases according to the age and sex selected from the same hospital. Interviewer administrate questionnaire was used to collect data after gaining verbal consent. Collected data was analyzed by Statistical Package for the Social Sciences and significance was set at 95%.

Results: Identified statistically significant risk factors were cataract (OR=3.62; 95%CI=2.00-6.58), difficulty in walking (OR=2.20; 95%CI=1.09-4.44), previous history of falls after age of 50 years (OR=2.36; 95%CI=1.27-4.39), wearing foot wear inside the house (OR=4.24; 95%CI=2.28-7.90) Other risk factors were epilepsy (OR=2.02; 95%CI=0.18-22.64), diabetes mellitus (OR=1.08; 95%CI=0.62-1.89), hypertension (OR=1.56; 95%CI=0.89-2.74); osteoporosis (OR=2.59; 95%CI=0.88-7.65), malignancy (OR=2.09; 95%CI=0.61-7.17), some drugs such as insulin (OR=2.04; 95%CI=0.37-11.41), antihypertensive (OR=1.50; 95%CI=0.86-2.62), consuming alcohol (OR=1.31; 95%CI=0.47-3.68) which were not statistically significant. Among anthropometric factors height less than 150cm (OR=0.71; 95%CI=0.39-1.31), weight less than 50Kg (OR=0.64; 95%CI=0.34-1.19), BMI less than 23 Kgm² (OR=0.92; 95%CI=0.52-1.62) also had protective value according to our results. Among environmental factors tile floor (OR=1.50; 95%CI=0.86-2.64), and incomplete house (OR=2.03; 95%CI=0.82-5.03) had increase risk of

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