Pharmakon

Netværk for udvikling af apotekspraksis

Netværksmøde 22. november 2019 – Session 1

Rikke Nørgaard Hansen – Afdelingsleder Forskning og Udvikling, Pharmakon og
Susanne Overmark Bendixen - Apoteker

Velkommen til session 1

Netværk for Udvikling af Apotekspraksis

Program for session 1:

- Introduktion for nye medlemmer og opfriskning for erfarne medlemmer
  - Hvad laver netværket? Hvad forventer vi af dig som medlem? v. Rikke Nørgaard Hansen
  - Hvordan kommer du i gang med et projekt? Hvad kan du gå hjem og gøre på dit apotek? v. Susanne Bendixen

- Hvem er vi til session 1?
- Hvad er vores forventning hver især til session 1?

https://www.pharmakon.dk/forskning/apoteksnetvaerk/

Form på netværket

Netværk for Udvikling af Apotekspraksis

- 99 medlemmer (apoteker)
- Apotekeren bliver medlem
  - Må meget gerne sende farmakonomer eller farmaceuter til netværksmøderne og som deltagere i projekter
- To årlige møder + nyhedsbreve
- Seks igangværende projekter, seks afsluttede (se hjemmeside) + nogle nye på vej…
  - Apotek
  - Universiteter
  - Pharmakon
- Bliv medlem og kom på e-mail listen ved at kontakte projektsekretær Kristin Rose Primdahl på krp@pharmakon.dk

Styregruppe
- Netværk for Udvikling af Apotekspraksis

Netværk for Udvikling af Apotekspraksis

Lone Søndergaard
Souschef
Viby apotek

Kerly Servilieri
Apoteker
Brædstrup Apotek

Susanne Bendixen
Apoteker
Sønderbro Apotek,
Sluseholmens Apotek,
Sydhavnsapoteket

Anton Pottegård
Professor
Syddansk Universitet

Lotte Stig Haugbølle
Lektor
Københavns Universitet

Charlotte Rossing
Udviklingschef
Pharmakon

Styregruppen

Netværk for Udvikling af Apotekspraksis

- 4 årlige møder
- En repræsentant fra hver af medlemsinstitutionerne KU, SDU og Pharmakon + 3 (4) repræsentanter fra apoteker
- Fungerer som et reviewboard. Forskere i styregruppen knyttes (hvis ønsket) til projekter (sparringspartner, rådgiver)
- Arrangerer 2 årlige møder (øst/vest)
- Nyhedsbreve
- Sekretariat: Pharmakon.

Du og dit apotek får mulighed for at

Netværk for Udvikling af Apotekspraksis

- Byde ind med projektidéer
- Efterlyse projektsamarbejdspartnere → samarbejde på tværs af landet
- Sparring og høre erfaringer
- Deltage i projekter

- Forventning ved deltagelse i netværket: mødedeltagelse, aktivitet i FB-gruppen, deling af ideer, formidling af projekter og resultater…

Netværksmedlemmer med projekter

Netværk for Udvikling af Apotekspraksis

- Medlemskab gratis
- Indsender projektforslag ud fra skabelon
- Accepterede projektforslag offentliggøres i netværkets overblik over apoteksprojekter
- Projekter skal formidles som poster, rapport, oplæg eller artikel i fagpresse/lokalpresse (nationalt og gerne internationalt)

Beskrivelse af projektet ”xxx”

Skal indeholde nedenstående punkter og i alt bestå af maks. 450 ord

Projekttitel:

Baggrund:

Formål:

Projektets design og metode:

Tidsplan (start – slut):

Formidlingsplan

Projektleder:

Kontaktoplysninger:

Organisering (Fx hvilket apotek/universitet?):

Finansiering:

Foto:

Projekter i gang

Netværk for Udvikling af Apotekspraksis

På vej mod mere hensigtsmæssig brug af PPI

Kommunikation mellem apotekspersonalet og ældre borgere med anden etnisk baggrund end dansk

Informations-søgning før apoteksbesøg

Bedre medicinrådgivnings-samtaler – et forsknings-praksisprojekt

Fra standard type 2-diabetes medicinering til kombinations-produktet Xultrophy

Farmaceuten som brobygger i sektor-overgangen ved udskrivelse

Afsluttede projekter

Netværk for Udvikling af Apotekspraksis

Tværfagligt samarbejde mellem apotek og alment praktiserende læge

Vurdering af rationalitet i antibiotika-dosering hos spædbørn, børn og unge

Manglende recepter på privat apotek. Et landsdækkende og beskrivende studie

Afprøvning af medicinmøder

Evaluering af det danske apoteksnetværk

PPI-projekt "Kortlægning af faste PPI brugere og info til nye brugere"

Hjemmeside

Netværk for Udvikling af Apotekspraksis

- Information om netværket
- Hvem er med?
- Igangværende og afsluttede projekter

https://www.pharmakon.dk/forskning/apoteksnetvaerk/

Facebookgruppe

- Deling af status og resultater for projekter
- Deling af projektidéer og alt muligt andet

https://www.facebook.com/groups/178977495958426/

Refleksion

Netværk for Udvikling af Apotekspraksis

- Alene (først) og i grupper
  - Hvad kan jeg bruge netværket til på mit apotek?
  - Hvad kræver det af mig for at få noget ud af medlemskabet af netværket?

- Opsamling i plenum

Hvordan kommer du i gang med projektet?

Susanne Bendixen

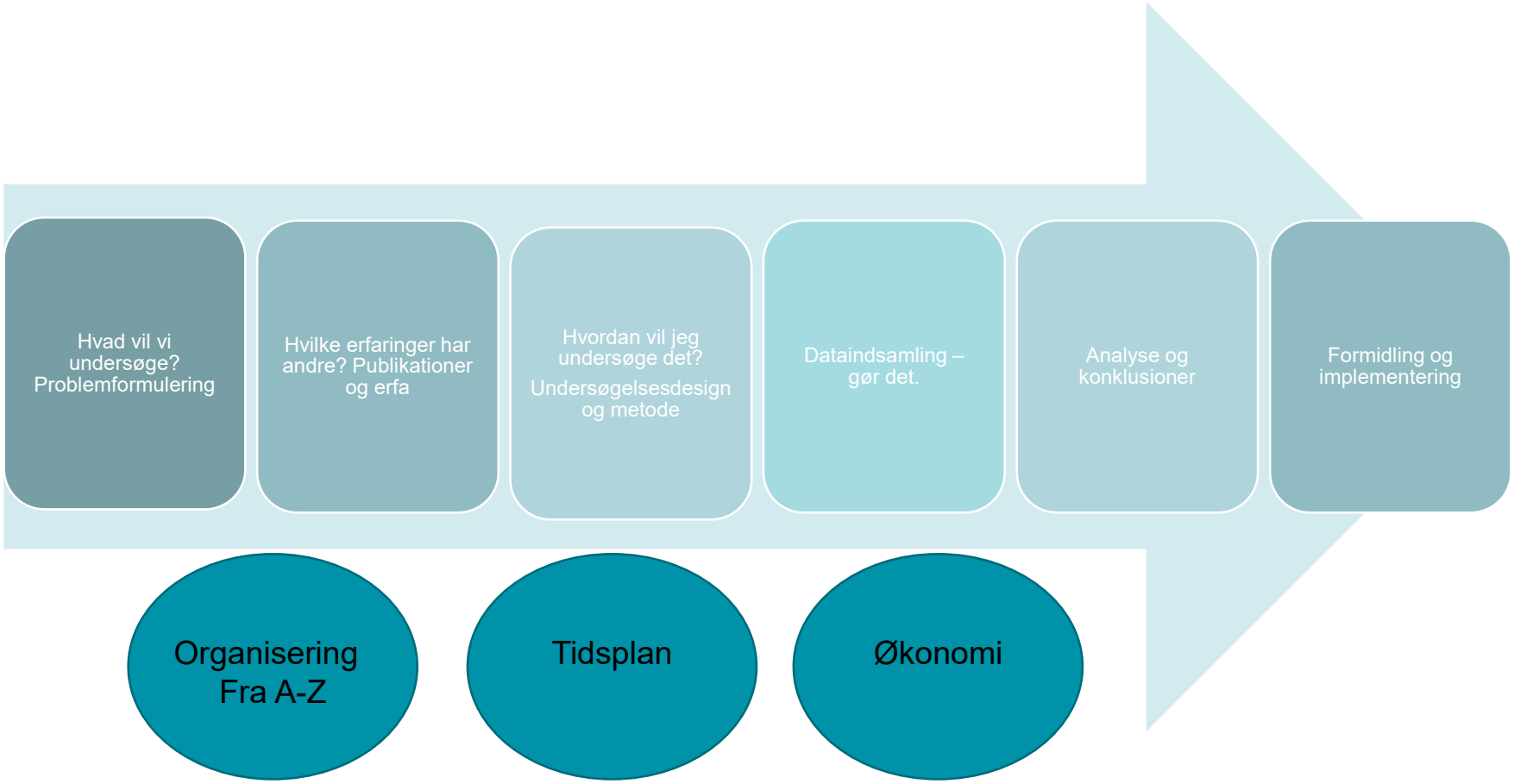
Dit Hvorfor?

Netværk for Udvikling af Apotekspraksis

- Hvorfor vil du gerne lave et projekt?
- Hvorfor vil du gerne deltage i et projekt?

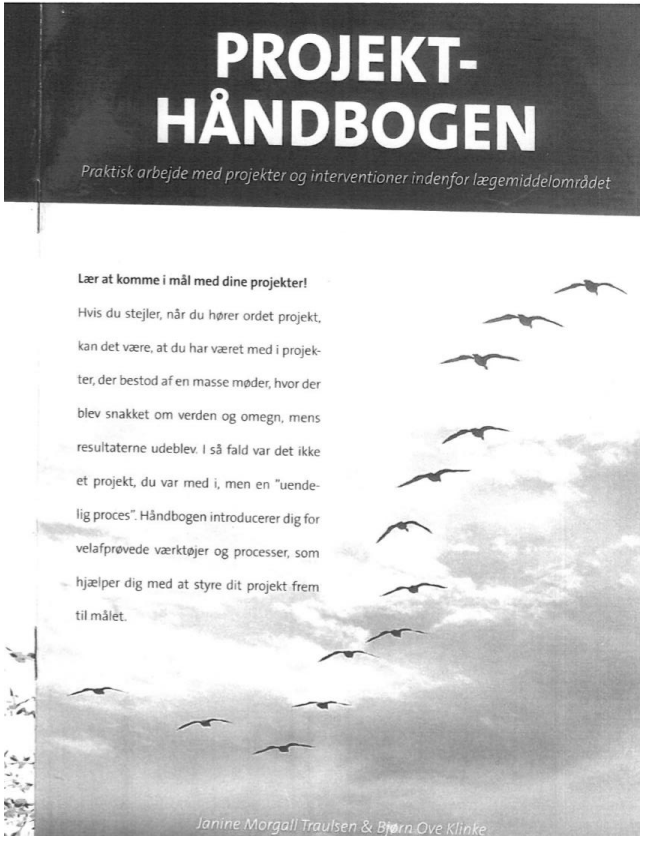
Når vi ændrer verden, har vi en plan

Netværk for Udvikling af Apotekspraksis



Projektvejledninger og kurser

Netværk for Udvikling af Apotekspraksis



Når vi ændrer verden, har vi en plan

Netværk for Udvikling af Apotekspraksis

Hvad vil vi undersøge?
Problemformulering

- Brug netværket
- Hvad er målgruppen?
- Er der noget vi vil ændre?
- Hold fast i dit ”Hvorfor”

Organisering
Fra A-Z

Tidsplan

Økonomi

Når vi ændrer verden, har vi en plan

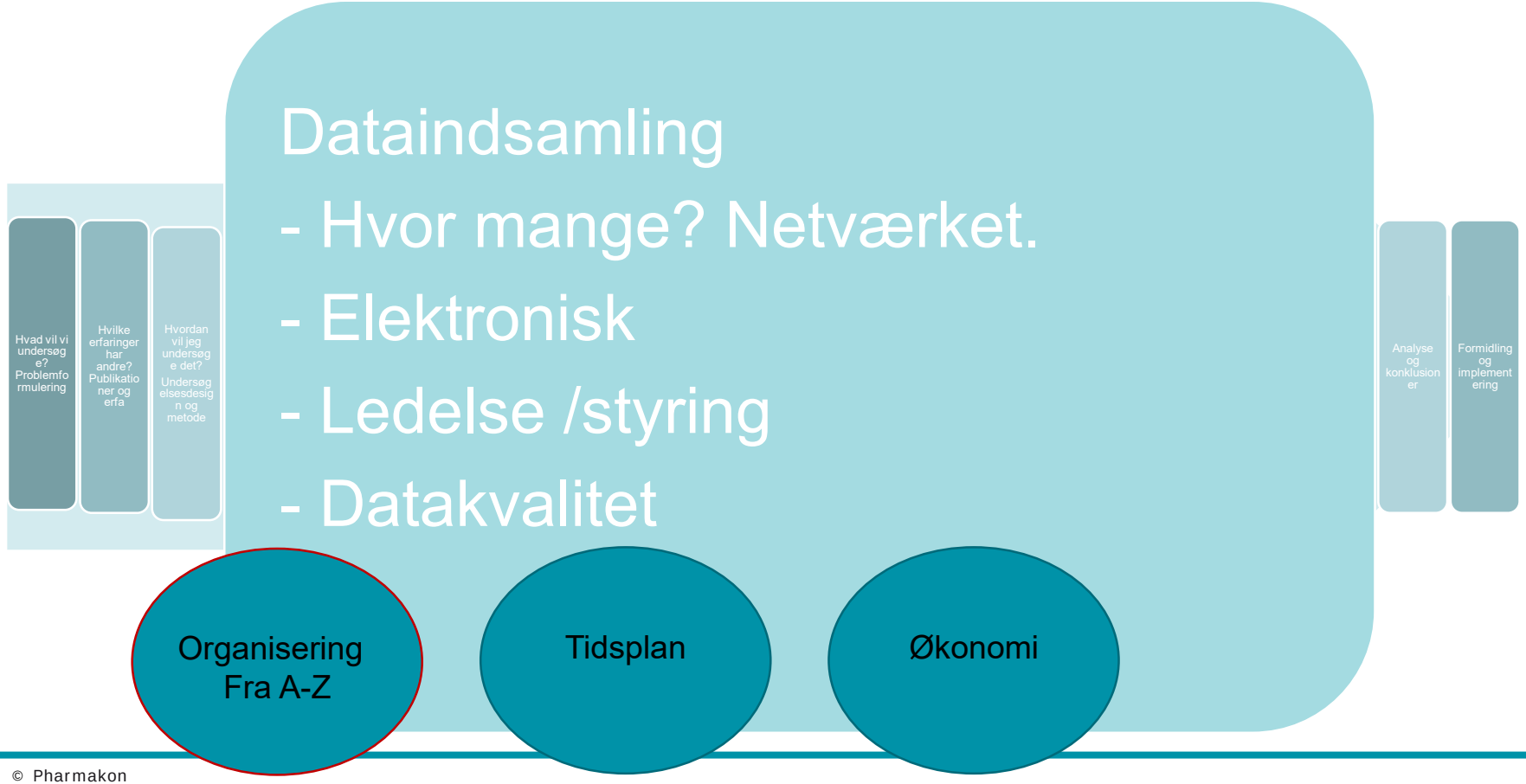
Netværk for Udvikling af Apotekspraksis

Når vi ændrer verden, har vi en plan

Netværk for Udvikling af Apotekspraksis

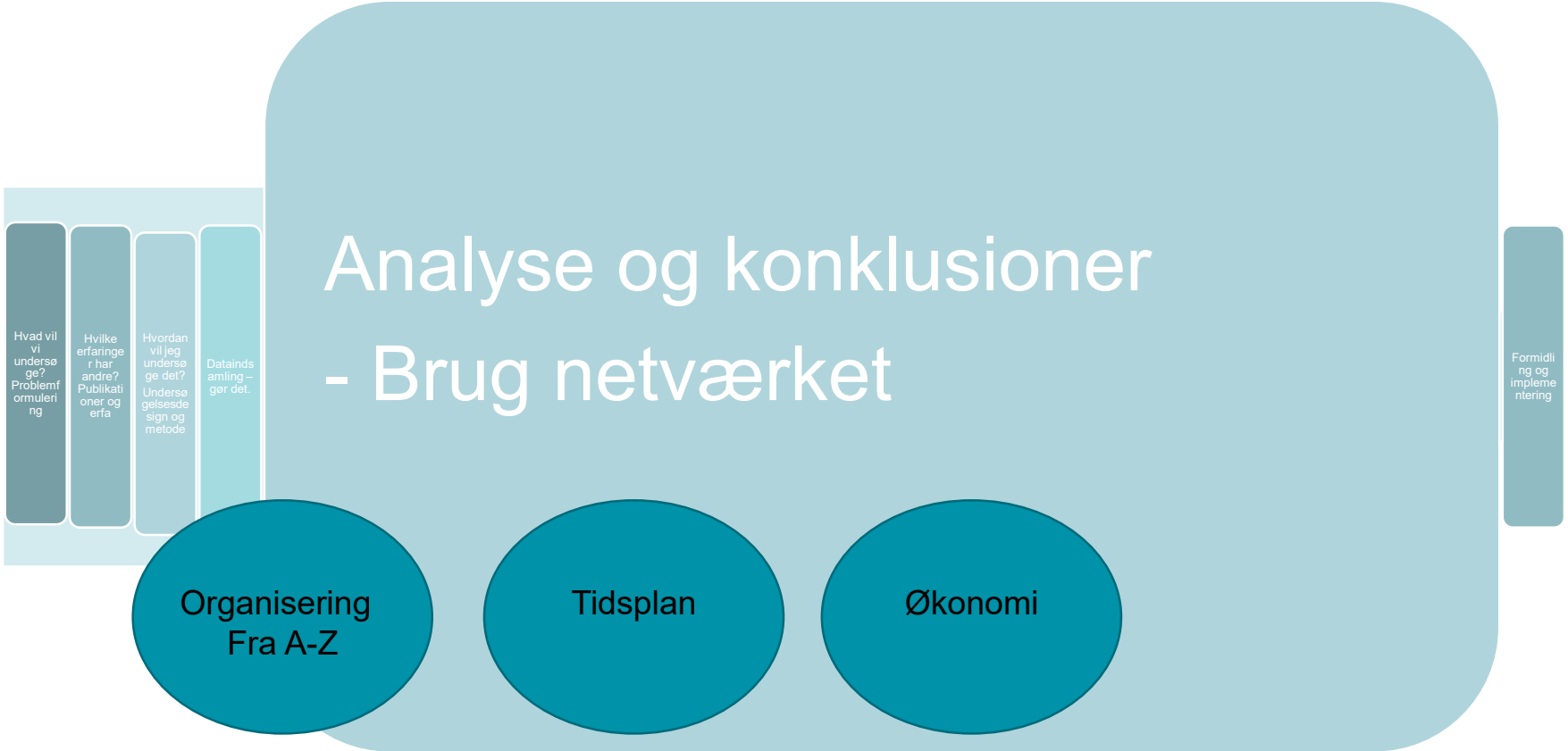
Når vi ændrer verden, har vi en plan

Netværk for Udvikling af Apotekspraksis



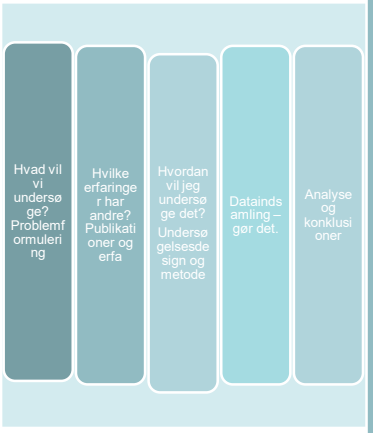
Når vi ændrer verden, har vi en plan

Netværk for Udvikling af Apotekspraksis



Når vi ændrer verden, har vi en plan

Netværk for Udvikling af Apotekspraksis



Formidling og implementering

- Publicer
- IMPLEMENTER
- Brug netværket

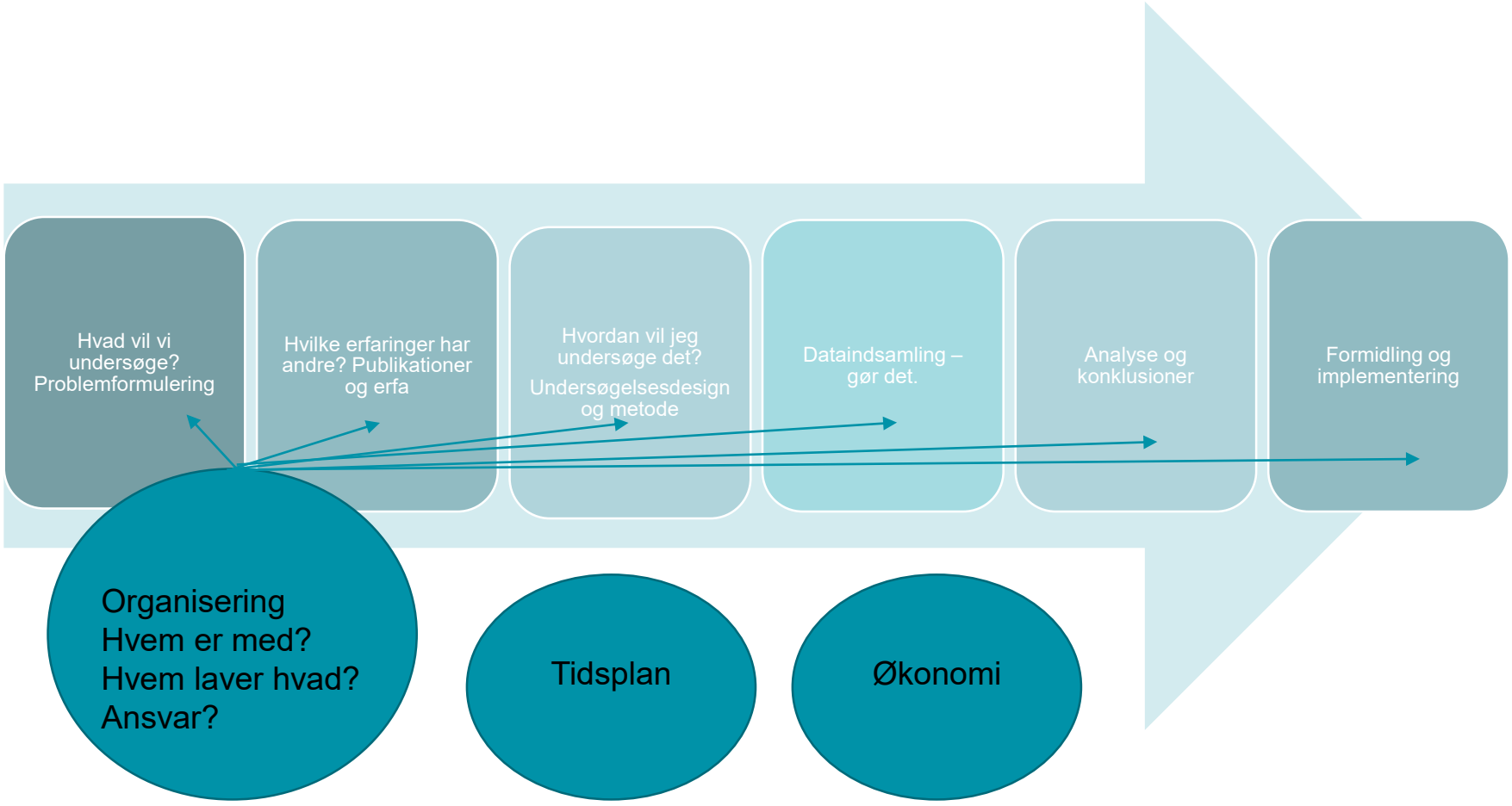
Organisering Fra A-Z

Tidsplan

Økonomi

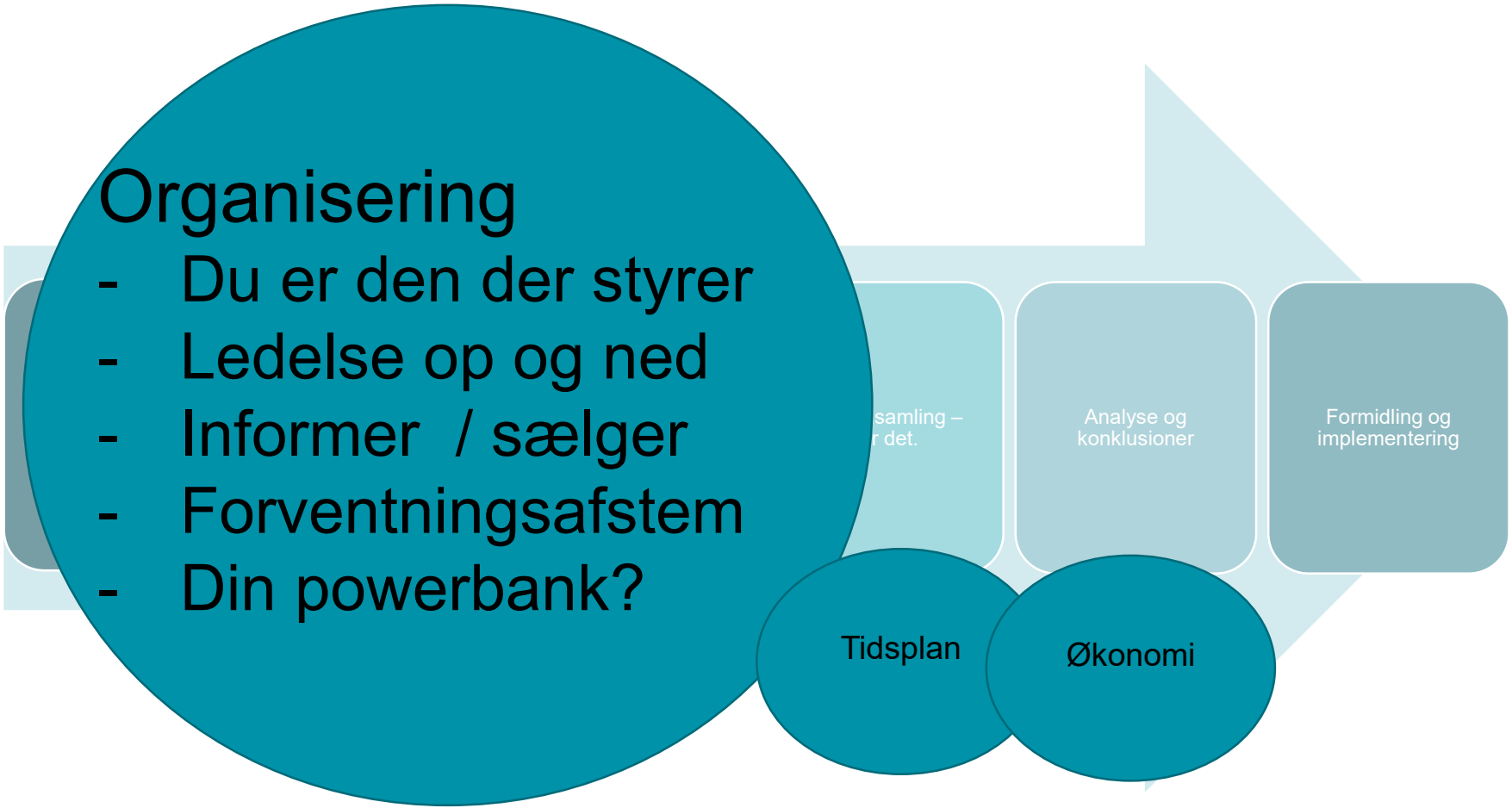
Når vi ændrer verden, har vi en plan

Netværk for Udvikling af Apotekspraksis



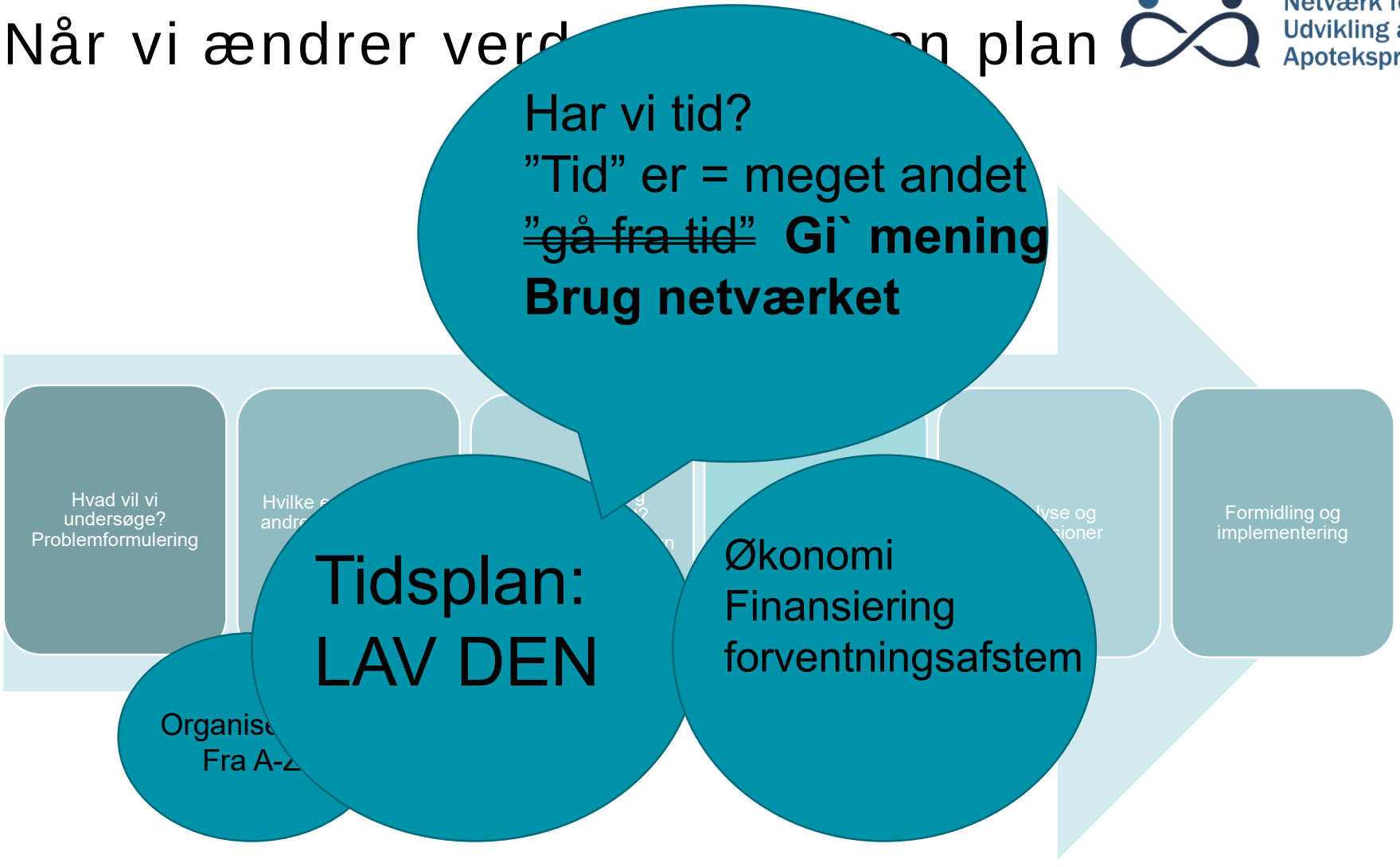
Når vi ændrer verden, har vi en plan

Netværk for Udvikling af Apotekspraksis



Når vi ændrer verd…n plan

Netværk for Udvikling af Apotekspraksis



Refleksion

Netværk for Udvikling af Apotekspraksis

- Tænk på det seneste projekt, du har deltaget i
- Alene (først) og i grupper
  - Hvilke dele af projekter synes du er mest spændende?
    - Styre og lede et projekt
    - Deltage i dataindsamling
    - Deltage i databehandling
    - Deltage i formidling
    - Deltage i implementering
  - Hvilke dele synes du er svære og hvorfor?
- Opsamling i plenum

Frokost pause

https://www.pharmakon.dk/forskning/apoteksnetvaerk/

Velkommen til dagens session 2

Netværk for Udvikling af Apotekspraksis

Program

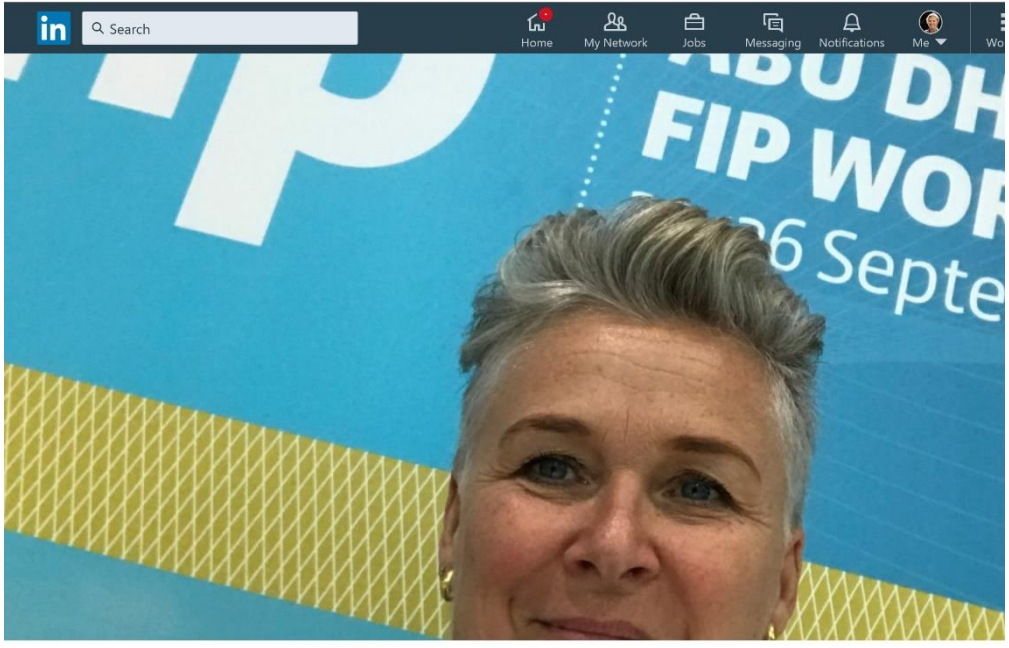
Netværk for Udvikling af Apotekspraksis

- Nyt fra verden
- Status for og sparring på igangværende projekter
- Kort om nye projekter på vej
- Kaffe
- Finansiering af projekter
- Formidling af dine resultater fra projekter

- Hvem er vi til session 2?

FIP 2019 – fra tech til FN's verdensmål

https://www.linkedin.com/pulse/fip-2019-fra-tech-til-fns-verdensm%C3%A5l-charlotte-rossing/



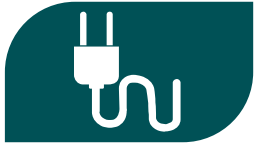
FIP 2019 - fra tech til FN's verdensmål

Pointer jeg tog med hjem

Equity

Grøn farmaci

Patienten er fortsat I fokus



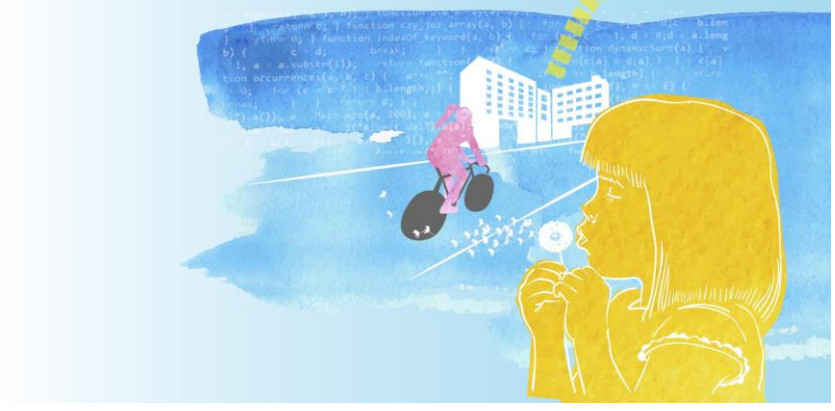
Vi sætter strøm på sundhedsydelserne

Teknologi er kommet for at blive

Technologien er kommet for at blive

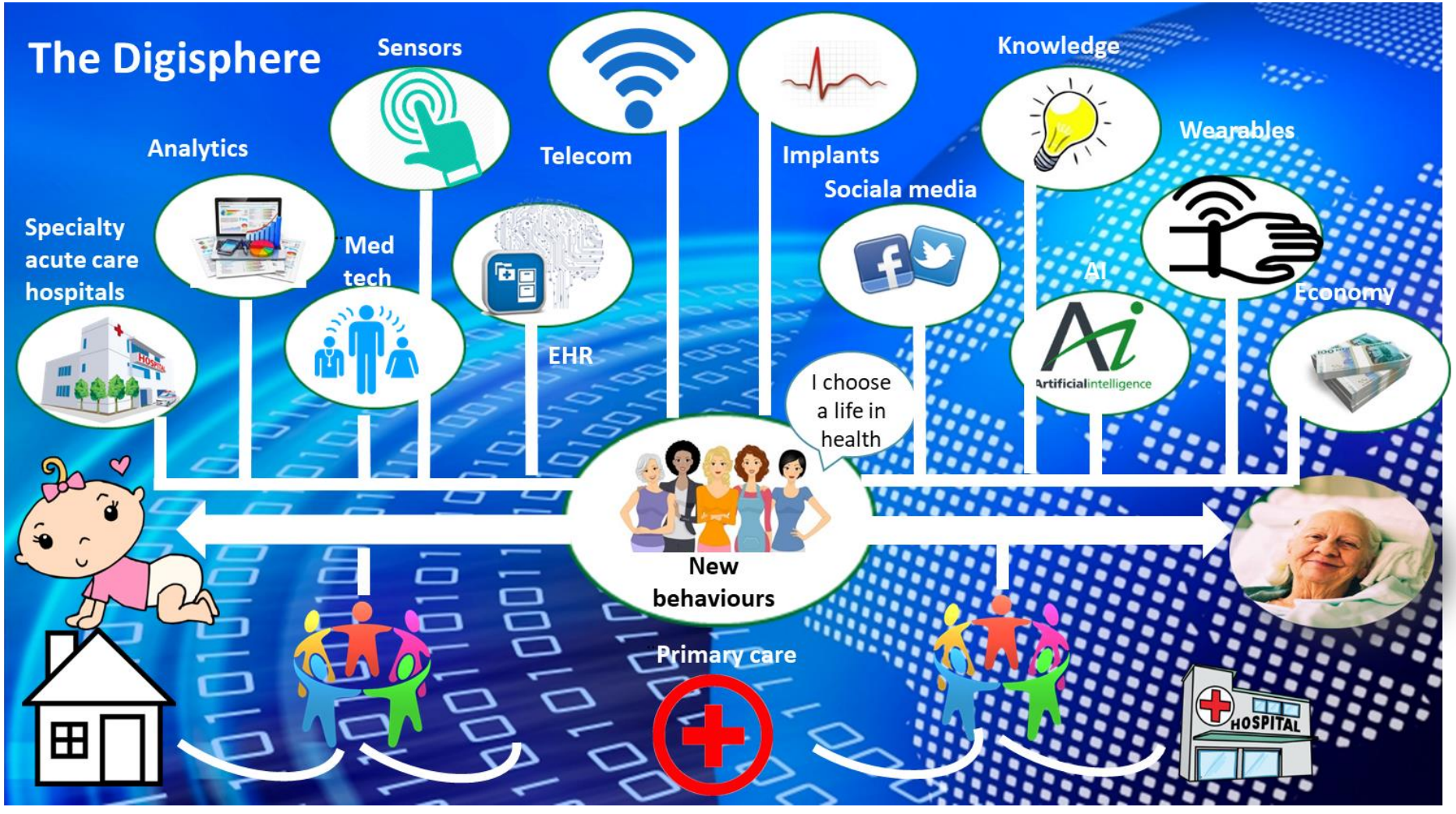
Vision for eHealth 2025 - Sweden

- *In 2025, Sweden will be the best in the world at using the opportunities offered by digitisation and eHealth to make it easier for people to achieve good and equal health and welfare, and to develop and strengthen their own resources for increased independence and participation in the life of society.*

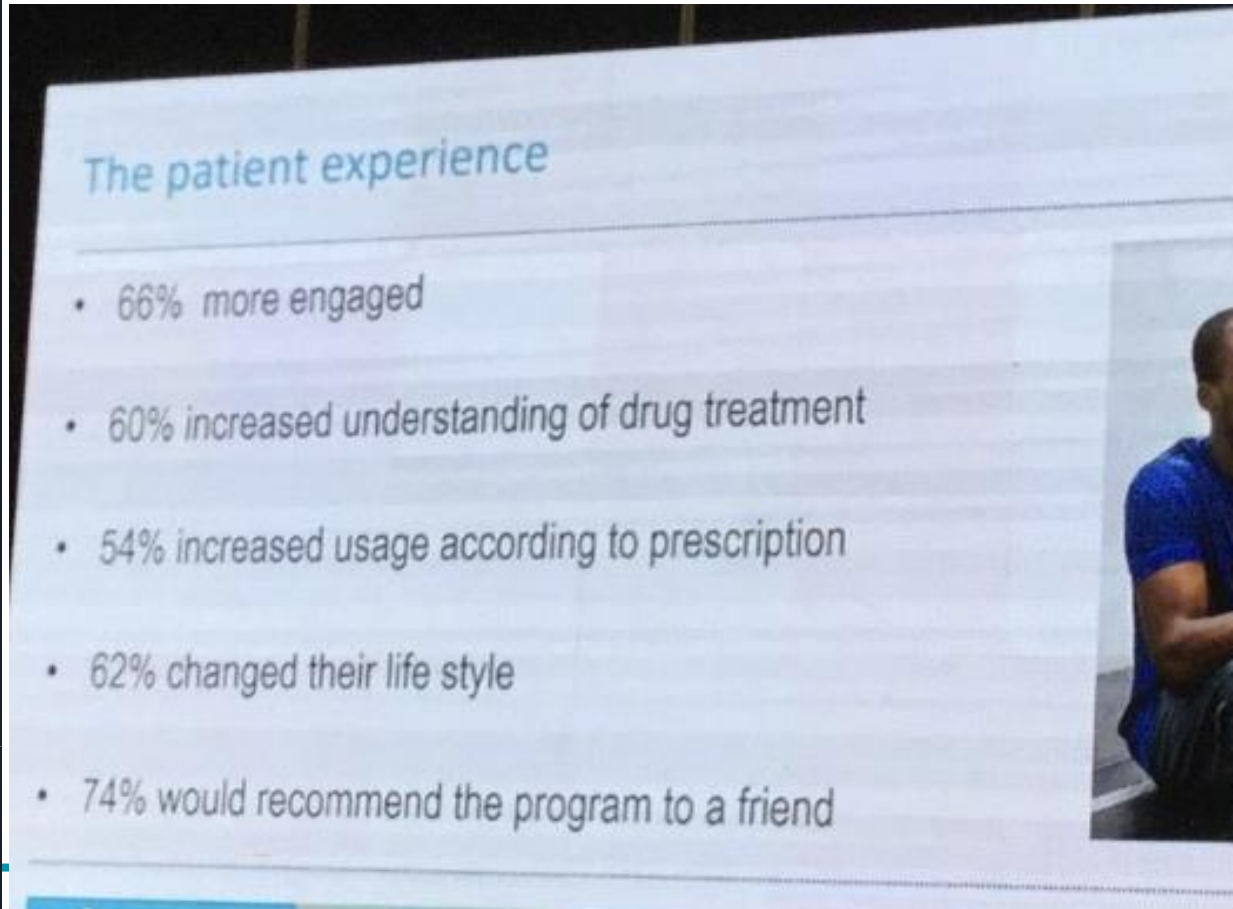


6 out of 10 feel positive about using digital technology for care, consultation and treatment

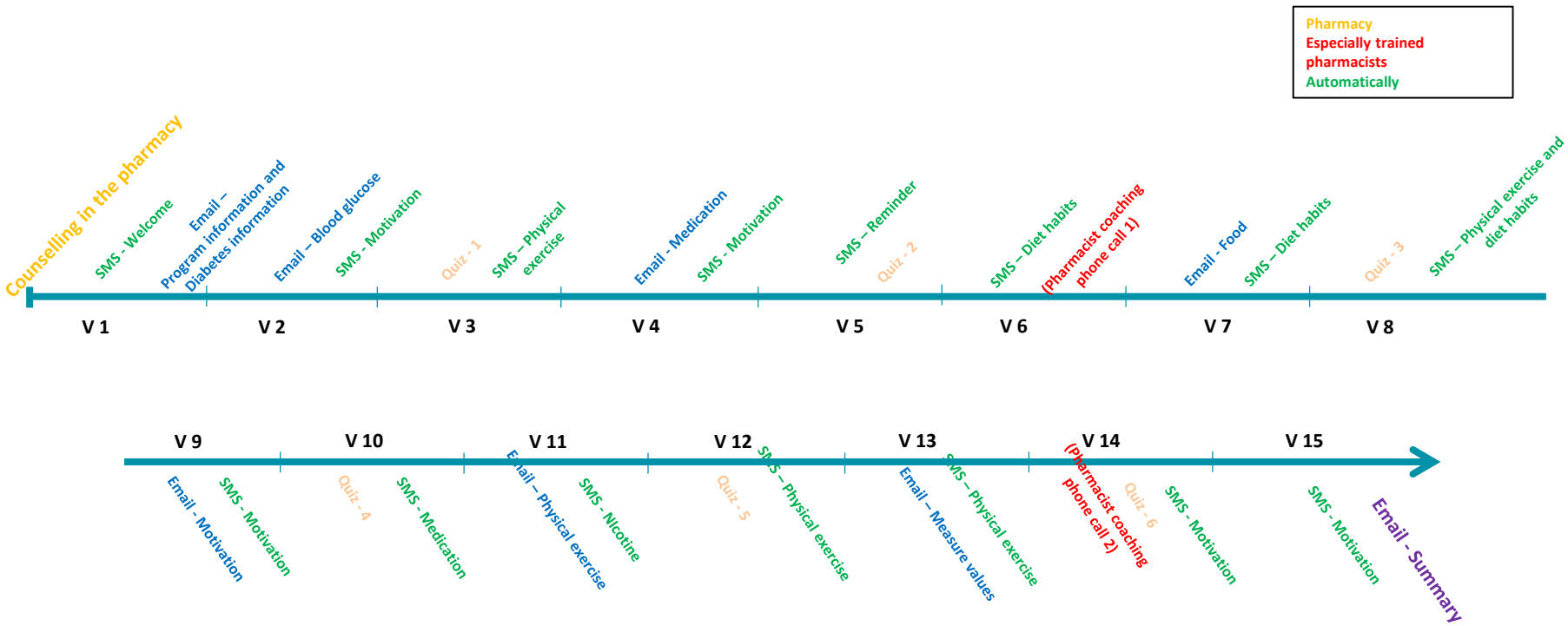
6 out of 10 feel positive about getting care at home with the help of digital technology


The Digisphere
Sensors
Telecom
Implants
Knowledge
Wearables
Analytics
Sociala media
Specialty acute care hospitals
Med tech
EHR
AI
Economy
I choose a life in health
New behaviours
Primary care
HOSPITAL

Vi sætter strøm på sundhedsydelserne

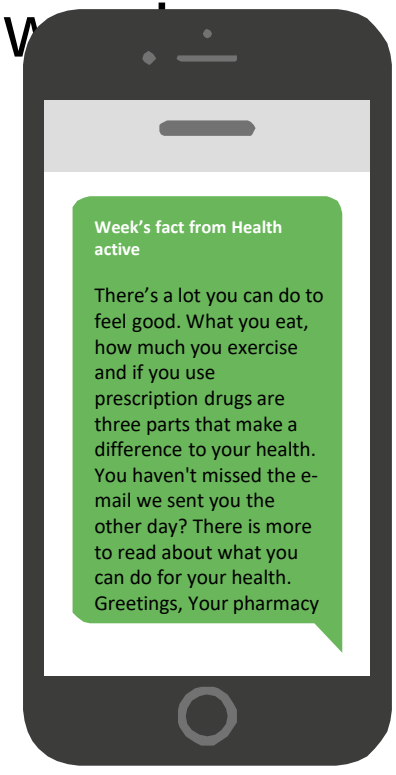


Health active for 15 weeks



* Not all patients

SMS – Short facts every w



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ESDAY | SEP 24

12:30 - 14:00

B3 | CONFERENCE HALL A – SECTION A

Gamification — The pharmacist as playmaster!

CODE:

Duration: 1.5h
Organised by FIP's Community Pharmacy Section, in collaboration with the FIP SIG on Pharmacy Practice Research

CHAIR

Charlotte Rossing / Pharmakon, Denmark

TOPIC

New roles, opportunities and responsibilities
Targeted audience: Community pharmacy, pharmacy education and academic pharmacy, health and medicines information, social and administrative pharmacy, ethics

PROGRAMME

12:30 – 12:40
Introduction by the chair

12:40 – 13:15
2. Gamification — The case of DrugStars
Claus Møldrup / DrugStars, Denmark

13:15 – 13:50
3. The role of professionals in a new technological era
Darrin Baines / Bournemouth University, UK

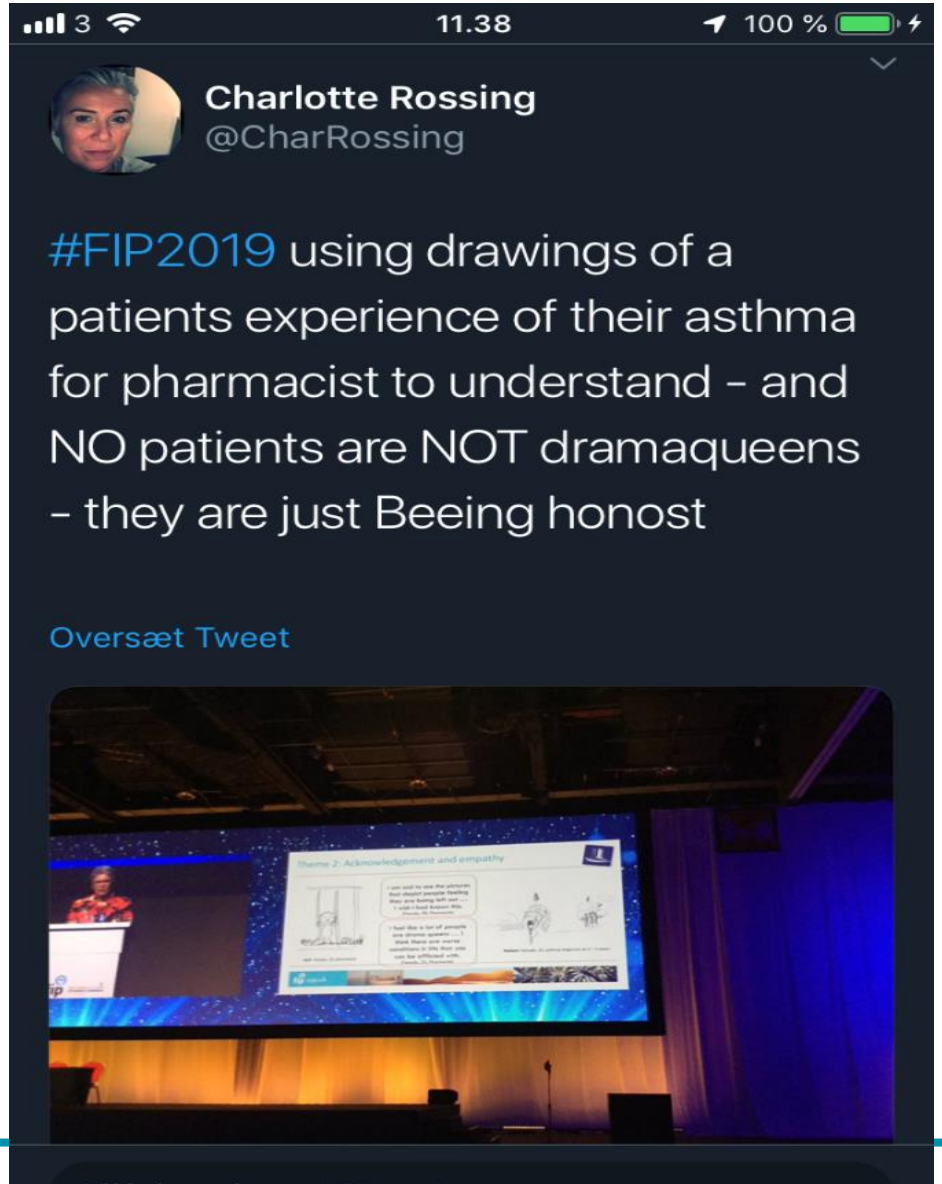
13:50 – 13:55
Conclusion by the chair

13:55 – 14:00 ROOM REFRESH

Learning objectives
At the end of this session, participants will be able to:
1. Describe the concept of gamification
2. Distinguish — from a case — how principles of gamification can be applied in compliance technologies, and describe the results
3. Express the future role of pharmacists counselling patients who "Play with their medicines"
4. Explain the importance of pharmacy being part of this development

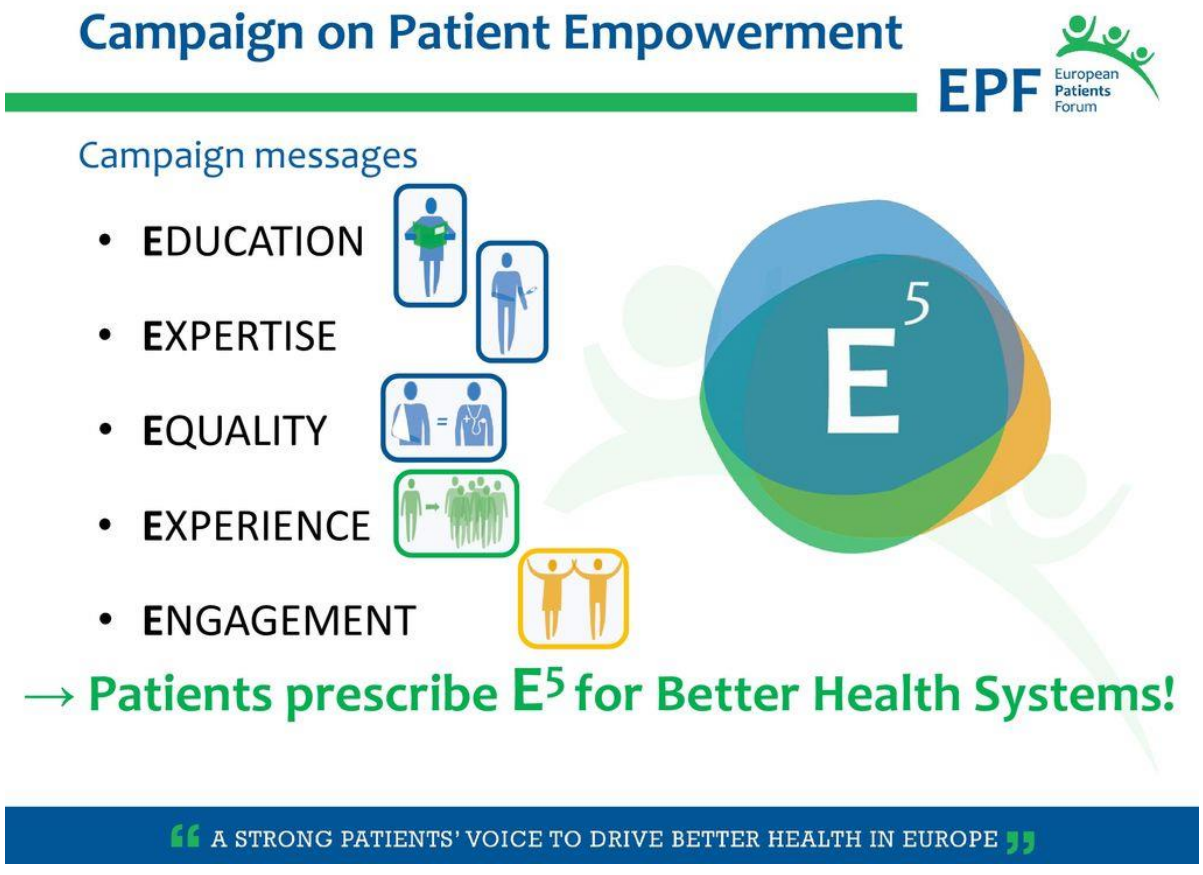
Type of session
Knowledge-based

Patienten er fortsat i fokus



- Patienten er fortsat i focus
  - Tegninger og fortællinger fra patienterne
  - Oplevelse af livet med en sygdom
  - Indblik i en verden som farmaceuterne aldrig havde set før

Patienten er fortsat i fokus




1 NO POVERTY
2 NO HUNGER
3 GOOD HEALTH
4 QUALITY EDUCATION
5 GENDER EQUALITY
6 CLEAN WATER AND SANITATION
7 RENEWABLE ENERGY
8 GOOD JOBS AND ECONOMIC GROWTH
9 INNOVATION AND INFRASTRUCTURE
010 011
10 REDUCED INEQUALITIES
11 SUSTAINABLE CITIES AND COMMUNITIES
12 RESPONSIBLE CONSUMPTION
13 CLIMATE ACTION
14 LIFE BELOW WATER
15 LIFE ON LAND
16 PEACE AND JUSTICE
17 PARTNERSHIPS FOR THE GOALS
THE GLOBAL GOALS
For Sustainable Development

Green Pharmacy

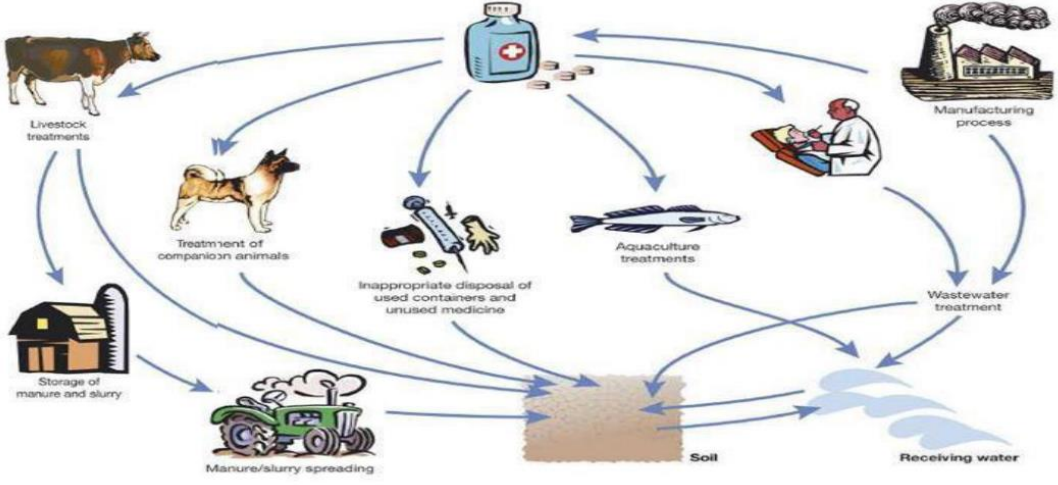


Figure 1: APIs' different ways into the environment.[5]

Apotekerne: Ryd op i de ældres medicinskabe med ny national handleplan - Altinget: sundhed - Internet Explorer

Apotekerne: Ryd op i de ældres medicinskabe med ny national handleplan

DEBAT 16. september 2019 kl. 2:00 | 0 kommentarer

Print

Når omkring 400.000 danskere over 65 år bruger mindst fem forskellige slags lægemidler hver dag, skal problemet løses, mener apotekerne. (Foto: Asger Ladefoged/Ritzau Scanpix)

DEBAT: For at hjælpe de mange ældre medicinske patienter skal der udarbejdes en ny national handlingsplan for patienterne, som afløser den nuværende handlingsplan, mener apotekerne.

FAKTA

Dette indlæg er alene udtryk for skribentens egen holdning.

Alle indlæg hos Altinget skal overholde de presseetiske regler.

Debatindlæg kan sendes til **debat@altinget.dk**.

KARRIERE Se alle »

Knivskarp økonomichef til Sundheds- og Ældreministeriets departement
Frist: 21/10-2019 12:00

Dansk Sygeplejeråd, Kreds Syddanmark søger kredschef
Frist: 10/10-2019 09:00

TOP

Sundhedsstyrelsen søger centerchef til Center for Evidens, Uddannelse og Beredskab
Frist: 27/10-2019 22:59

C3 TACKLING THE EQUITY ISSUE: GLOBAL CHALLENGES FOR WOMEN IN PHARMACY AND THE PHARMACEUTICA SCIENCES

Evaluate session C3

Room: Conference Hall B1

Chairs(s)

Ema Paulino (FIP, Portugal) and Claire Anderson (University of Nottingham, UK)

Organised by

FIPEd, in collaboration with FIP's Academic Pharmacy Section, the Community Pharmacy Section, the Hospital Pharmacy Section, IPSF and the YPG

Introduction

Achieving gender equity in the health workforce is a global priority as set by the

09:00-12:00 TUESDAY 24 SEPT

Programme

09:00 – 09:10 Introduction by the chairs

1. **09:10 – 09:35 Overcoming gender inequities in the health workforce**
   Tana Wuliji (World Health Organization, Switzerland)
2. **09:35 – 09:55 Gender equity in the pharmaceutical and healthcare workforce: Monitoring progress and challenges**
   Catherine Duggan (FIP, The Netherlands)
3. **09:55 – 10:20 Pakistan's National Alliance for Women in Pharmacy: Leading by example for health professional bodies**
   Nadia Bukhari (Pakistan Pharmacist Association & UCL School of Pharmacy, Pakistan)

10:20 – 10:40 Coffee/tea break

10:40 – 11:50

09:00-12:00 TUESDAY 24 SEPT

10:40 – 11:50

4. **Overcoming barriers in pharmaceutical practice, education and science**
   Panel discussion:
   Claire Thompson (Agility Health Tech, UK)
   Nadia Bukhari (Pakistan Pharmacist Association & UCL School of Pharmacy, Pakistan)
   Israel Bimpe (Zipline International Inc., Rwanda)
   Patricia Acuña Johnson (University of Valparaiso, Chile)
   Aya Jamal (International Pharmaceutical Students' Federation, Sudan)

11:50 – 11:55 Conclusion by the chairs

11:55 – 12:00 Room refresh

Objectives

At the end of this session, participants will

Status for og sparring på igangværende projekter

Netværk for Udvikling af Apotekspraksis

Netværk for Udvikling af Apotekspraksis

Kommunikation mellem apotekspersonalet og ældre borgere med anden etnisk baggrund end dansk

Camilla Lynnerup, Syddansk Universitet

På vej mod hensigtsmæssig brug af lægemidler

Alaa Burghle
PhD-studerende
Sygehusapotek Fyn, Syddansk Universitet

Kontakt

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2452 0963
Alaa.hassan.burghle@rsyd.dk
@BurghleAlaa

Anton Pottegård
2891 3340
apottegaard@health.sdu.dk
@Pottegard

Collecting Real-World Evidence in the Community Pharmacy. A pilot case on Xultopy

Ole Jannik Bjerrum, Professor Emeritus
Nada Alkis, Pharmacist

KØBENHAVNS UNIVERSITET

A pivotal role of community pharmacies for collection of real world data for medicines use?

* Real world evidence (RWE) is to day requested from health authorities, because controlled Randomized Clinical Trial (RCT) represents a supervised/controlled situation and therby a biased view of the medicines' use

* A way forward is the use of patient reported outcomes (PRO) if it can be is randomly collected without bias

* Patients questioned in the community pharmacies, fulfilling the requirement mentioned, could be the choice for such studies. BUT first we must prove that it is practically possible.

* A questionnaire based study for evaluating diabetespatients experience before and after shifting to Xultophy through "Netværk for Apoteksudvikling" is up and running.

- Recruitment of more Xulthopy users is needed.
- From four pharmacies we have 16 questionaires ! **please join**

* Finalising the study could be the start for inclusion of pharmacies as a reliable approach for the collection of RWE for newly introduced medicines

Hvorfor denne undersøgelse?

- Fremskaffer Real World Data der er forskellig fra centrale registerdata
- Viser at apoteker kan fungere som forskningsplatform for fremskaffelse af Real World Evidens
- Repræsenterer ny type undersøgelse: "Randomiseret pragmatic trial på apotek"
- Model for fremtidige "Person Reported Outcomes studier"
- Fremskaffer Danske data, der kan sammenlignes med publicerede data fra USA

What is in it for me, for apotekssektoren og for samfundet?

For me: gør hverdagen interessant; giver fagligt input du kan omtale; gør dig til bidragyder til netværket; du bidrager til at højne fagligheden på apotek.

Du får dit navn på en publication som forfatter? Eller som bidragyder?; du skaffer Real World data til at belyse effectiveness af et givet lægemiddel

For apotekssektoren: Mulighed for indsamling af evidensbaserede data viser at apoteket er en arbejdsplads hvor faglig indsats respekteres og værdsættes. Viser også at der foregår farmaceutbaseret forskning på apotek, en forskning der styrker apotekernes prisforhandlinger med myndighederne;

Succesfuld fremskaffelse af Real World Data på apotek af patienters holdning til brug af ny-introduceret medicin vil fremme muligheden for fremtidig indtægtskilde for apotek gennem engagement i industri betalte Real World undersøgelser.

For samfundet: Skaffer evidensbaserede data til myndigheds brug over nytten af lægemidlet og hjælper dermed til fastsættelse af en realistisk pris.

Pharmakon

Status

Informationssøgning før apoteksbesøg

Bjarke Abrahamsen, Pharmakon

Baggrund

- Hvilken information søger kunderne inden apoteksbesøg?
- Hvorfor søger kunderne information?
- Hvordan bliver kundernes viden anvendt?

Metode

- Spørgeskemaundersøgelse - 3-ugers periode december 2018
- 7 spørgsmål til kunden og 3 til personalet
- Udført på 6 apoteker/ 5 medarbejder i 5 hele dage

Resultater

- I alt 2663 kunder valgte at deltage og besvarede spørgeskema
- 14,5 % af kunderne havde søgt information

- Kunderne søgte information for at opnå:
  - Viden om sygdom
  - Produktkendskab
  - Hvordan de kunne få hjælp

- Kilder var generelt velvalgte
- Yngre kunder <40 år søgte information oftere end ældre >60 år
- Apoteket anvendte ofte kundernes viden i rådgivningen

Oplevelser

- Fantastisk med et projekt der virkelig er funderet i netværket
- Mange data fra få apoteker over kort periode
- Dejligt at få viden på et nyt område

- Dagens totale antal ekspeditioner/registreringer var svært at få

- Samspillet - Universiteter/Pharmakon/Apoteker - i netværket fungerer godt

Formidling

- Poster på NSPC
- Poster på FIP Abu Dhabi
- Videnskabelig forskningsartikel (under review) i RSAP

Sparring

- *Hvordan kan vi bedst formidle resultaterne til apotekerne?*

Danish Network for Community Pharmacy Practice Research and Development

Pharmakon

Patients' information seeking behavior prior to community pharmacy visits
A Danish survey

70 % of information presented by patients is integrated as part of the community pharmacy councelling.

Contact information
Charlotte Rossing
cr@pharmakon.dk

Background

Patients seek information about health and medicines on the internet for several reasons. First, the information is easily accessible. Second, patients visiting the community pharmacy today are eager to know more, demand more, and want their preferences to be considered.
However, little is known about patients' information seeking behavior prior to community pharmacy visits.

Aim

To quantify and describe patients' information seeking prior to community pharmacy visits, and how community pharmacy staff utilize information obtained by the patients.

Method

An online survey was developed based on answers from both seven patients patients and community pharmacy staff respectively. Patients were asked about their information seeking behaviour prior to visiting the community pharmacy. Community pharmacy staff were asked about their experience on patients' information seeking prior to visiting the community pharmacy. The final survey was tested in two pharmacies prior to data registration.

Six danish community pharmacies was recruited through the Danish Network for Community Pharmacy Practice Research and Development. Each community pharmacy appointed four members of staff to register information seeking data when serving patients. Each community pharmacy registered data five days using an online survey during November 2018.

Data handling and analysis

Patient data was registered in REDCap, a secure web platform for building and managing online databases. Data analysis was performed using STATA IC v15.1 (StataCorp).

Results

3,464 patients were invited and 77 % (n=2,663) agreed to participate (62 % female, 38 % male). 14,5 % of participants (n=386) obtained information before visiting their community pharmacy with women obtaining information more frequent than men (17 % vs 11 % of the total population). Across age groups information seeking was more frequent among younger patients compared to older patients (<40 years: 22 %; 40 years-60 years: 17 % and >60 years: 10 %) (figure 1).

Figure 1. Proportion of patients seeking information prior to visiting the community pharmacy according to age groups

Information presented to community pharmacy staff was generally confirmed or otherwise integrated into the pharmacy counselling (70 %) and only rarely disconfirmed (5 %) by community pharmacy staff (figure 2).

Figure 2. How the community pharmacy staff used the information obtained from patients.

The main reasons for seeking information were to gain knowledge about self-management (42 %), the medical product itself (34 %), and how others might help to solve the problem (29 %) (table 1).

Motivation for seeking information prior to visiting the community pharmacy	Overall % (n)
To determine what I can do to solve the problem/question myself	42 % (162)
I want to know more about the product before starting to use it	34 % (132)
To determine what others can do to help with my problem/question	29 % (111)
To find information on side effects	23 % (89)
To learn more about the illness/condition	21 % (81)

Table 1. Top 5 - Motivational factors for seeking information prior to visiting the community pharmacy. Patients could give multiple answers.

Information was obtained from official health care sources for health and drug information like www.sundhed.dk (similar to www.nhs.uk or www.nih.gov) (43 %), Google (42 %), non-pharmacy health care professionals (27 %), and non-health care professionals (10 %) (table 2).

Sources of information used by patients	Overall % (n)
Official sources	43 % (256)
Google	42 % (161)
Another health care professional than community pharmacy staff	27 % (106)
Other people, non-health care professionals	10 % (40)
Social media (including Wikipedia)	6 % (22)

Table 2. Sources of information used by patients prior to visiting the community pharmacy. Patients could give multiple answers.

Conclusions

Around 14.5 % patients obtain information before visiting a community pharmacy.
Younger people under 40 years search for information more frequent compared to people older than 40 years. They use mainly credible healthcare sources or google.
Patients obtain information to either learn more about self-management the medicine itself or how others can help them.
At the community pharmacy staff in most cases incorporate the information from the patients' information seeking as part of the patient counselling.

Apotekskommunikationsprojektet

KØBENHAVNS UNIVERSITET

Short introduction

- Pharmacist
- Community pharmacist for 6 years
- Associate Professor -
- Social and Clinical Pharmacy Research Group
- Project: KU: SUND/ HUM, SDU, DA, Pharmakon, EUPATI, Århus Marselisborg Apotek – funny really working together

The story: Meetings between pharmacy owners and researchers

Study on effects on the patient of pharmacy counseling	**No use if interaction between staff and patient is not described**	**If you know about the interaction and its effects – you also have to act and improve practice**	**How to implement patient centered communicati on in community pharmacy**

Pilot results

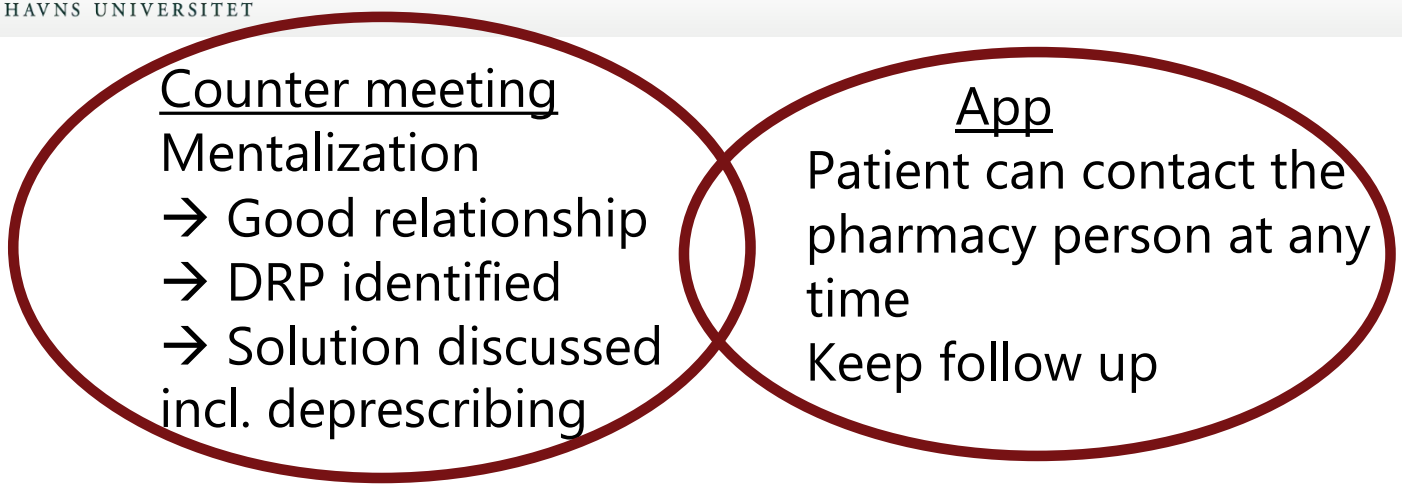
- 2 pharmacies – network
- 84 videos + 12 interviews

- Staff eager to establish good contact and talk about medicines and to make them selves understood

- Staff determined to have own questions answered

→ Staff often overhears/ oversees clues from patients (narrow frame for answers – not too personal)

- Staff looks much less on the patient than what they think they do and the patient looks more on them (knows its important)
- Staff are sometimes inhibited by own emotions – sensitive to perceived mood of patient



- Training a few pharmacies online: Mentalization (incl. quality assurance)
- Develop app
- Follow-up in pharmacy
- Follow-up in patients (video-assisted-interviews)
- Evaluation → adjustments

→

- Train more pharmacies online: Mentalization
- Follow-up in pharmacy
- Follow-up in patients (questionnaires and registers)
- Evaluation → adjustments

→

- Big scale training
- Follow-up in patients

Status

- Søge finanisering: EIT Health, Innovationsfonden, Novo Nordisk
- Netværk: Sparring? – apoteksansatte: diskutere nye idéer (eks. møde 9/12 formiddag Pharmakon) – konsekvens for personalet, læse ansøgninger igennem, osv.?
- Skriv ved interesse: susanne.kaae@sund.ku.dk

Nye projekter på vej

Netværk for Udvikling af Apotekspraksis

Triple whammy

- Sikker brug af NSAID

Formål og metode

- Kortlægning af antallet af kunder med triple whammy kombinationen, herunder både kunder, der får NSAID på recept, og kunder, der efterspørger NSAID i håndkøb.
- Udbredelse af kendskabet til triple whammy-effekten blandt apotekspersonale, læger og kunder.
- Introduktion og implementering af infoseddel om Triple whammy effekt, som en del af rådgivningen til disse kunder
- Alle farmakonomer og farmaceuter på 6-8 apoteker registrerer i 2 valgfrie uger i løbet af marts 2020. Pilot i januar/februar
- Hvert deltagende apotek kan frit bestemme, hvornår de 2 uger skal ligge i denne måned og om de vil måle både HK og recept eller blot en af disse

Nye deltager til projektgruppen

- Udarbejdelse af registrering skema – elektronisk – medio januar
- Pilottest – Stege apotek
- Introbrev til de deltagende apoteker
- Introbrev til læge
- Undervisningsmateriale til apotekspersonale – Hanar Ejby Apotek
- Infosedler – Mangler kun godkendelse/sparring

- OBS. Man kan jo evt. bruge sine netværkstimer – hvis man mangler tid!

Implementering af Medicin- og Compliancesamtaler

Gudlaug Olafsdottir, Nasrin Maanaki
København Sønderbro Apotek

Elias C. Mogensen, Kongelig Hof Apotek

Mia Karlsen, Odder Apotek

Baggrund

- Bekendtgørelse: alle apoteker skal tilbyde en medicin- og compliancesamtale.
- Mål for apotekssektoren er pr år 20.000 medicinsamtaler for ny-diagnosticerede kronikere og 28.289 compliancesamtaler for eksisterende kronikere, der har haft diagnosen i over 12 måneder.
- Målopfyldelse i Danmark er pr nov. 2019
  - 94 % for medicinsamtaler
  - 23 % for compliancesamtaler.

Formål

- Øge antallet af leverede medicin- og compliancesamtaler på de deltagende apoteker og på sigt alle apoteker i sektoren.

- Målet er at alle apoteker skal levere medicin- og compliancesamtaler, samt at apotekerne lever op til det nationale mål.

Projektets design og metode

FASE 1 

- Afdække barrierer for at visitere borgere

FASE 2 

- At analysere data fra spørgeskemaundersøgelsen.

FASE 3

- Udvikle værktøjer

FASE 4

- Implementere elementer fra fase 3 samt måle effekten af disse

Skal dit apotek være med?
FASE 4 – Implementere værktøjer

Mentor-Mentee ordning

- 10 Mentor Apoteker
- 10 Mentee Apoteker

Farmaceutsamtale

- Farmakonomer/Farmaceuter/Farmakonomelever/Farmaceutstuderende henviser til Farmaceutsamtale
- Den farmaceut som afholder samtalen skal skelne mellem de 3 typer:
  - MS / COMP / Uden for kategori

Tilmelding:

- Tilmeld dig som mentor/mentee apotek til:
  - 199nm@apoteket.dk
- Gruppe/Database hvor I selv vælger mentor/mentee apotek
- Afprøvning af mentor-mentee ordning med fokus på Farmaceutsamtale i 3 måneder
- Hvis alt følger planen så vil materiale afprøves i 2 kvartal, fra. 1.april til 30. juni

Pepfløjte træning

Lone Søndergaard, Aarhus Viby Apotek

Netværk for Udvikling af Apotekspraksis

Genordination på de danske apoteker: Afdækning af omfang og praksis

Ulla Hedegaard, Syddansk Universitet
Lotte Stig Nørgaard, Københavns Universitet

Netværk for Udvikling af Apotekspraksis

Leveringssvigt i primærsektoren. Hvad fylder det på privat apotek?

Julianne Marie Riis Hansen,
Sønderbro Apotek København

Narrative medicine in pharmacy practice

Ulla Hedegaard, Associate professor, Department of Public Health, SDU
Anita Wohlmann, Assistant professor, Department for the Study of Culture, SDU
Charlotte Rossing, Director of Research and Development, Pharmakon
Anne-Marie Mai. Professor, Department for the Study of Culture, SDU
Helle Ploug Hansen, Professor, Department of Public Health, SDU

Can training in narrative medicine improve the community pharmacists' medicine counselling?

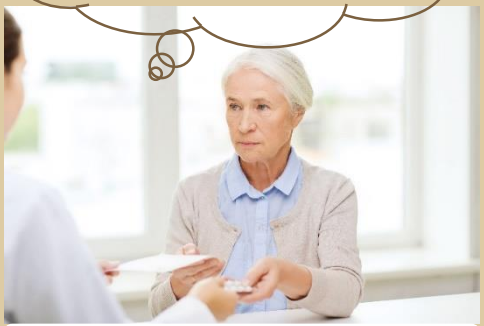
Narrative medicine education program

How empathic am I?

Feasibility study

How empathic is my pharmacist?

How is my medicine-related health quality?



Pilot RCT study

Kaffe

Netværk for
Udvikling af
Apotekspraksis

Finansiering

Netværk for Udvikling af Apotekspraksis

Evaluering af dagen

https://tinyurl.com/m-de22nov

Resultatformidling

Anton Pottegård

Professor, Afdeling for Klinisk Farmakologi og Farmaci, Syddansk Universitet
Forskningsleder, Sygehusapotek Fyn, Odense Universitetshospital

apottegaard@health.sdu.dk
@Pottegard

Conflict of interest

I am involved with the start-up Pink Puffin Posters working with design of scientific posters.

Acta Ophthalmologica

Use of topical ocular antibiotics in young children: a Scandinavian drug utilization study

Jasmine Andersson,[1,2,*] Mikael Hofsli,[1,2,*] Uffe Lomholt Gade,[1,3] Steffen Heegaard[2,4] and Anton Pottegård[1,5]

[1]Lysningen Research Center, Trekroner, Denmark
[2]Department of Ophthalmology, Rigshospitalet-Glostrup Hospital, Copenhagen, Denmark
[3]Department of Medicine, Holbaek Hospital, Holbaek, Denmark
[4]Department of Ophthalmology and Pathology, Eye Pathology Section, Rigshospitalet-Glostrup Hospital, University of Copenhagen, Copenhagen, Denmark
[5]Clinical Pharmacology and Pharmacy, Department of Public Health, University of Southern Denmark, Odense, Denmark

ABSTRACT.

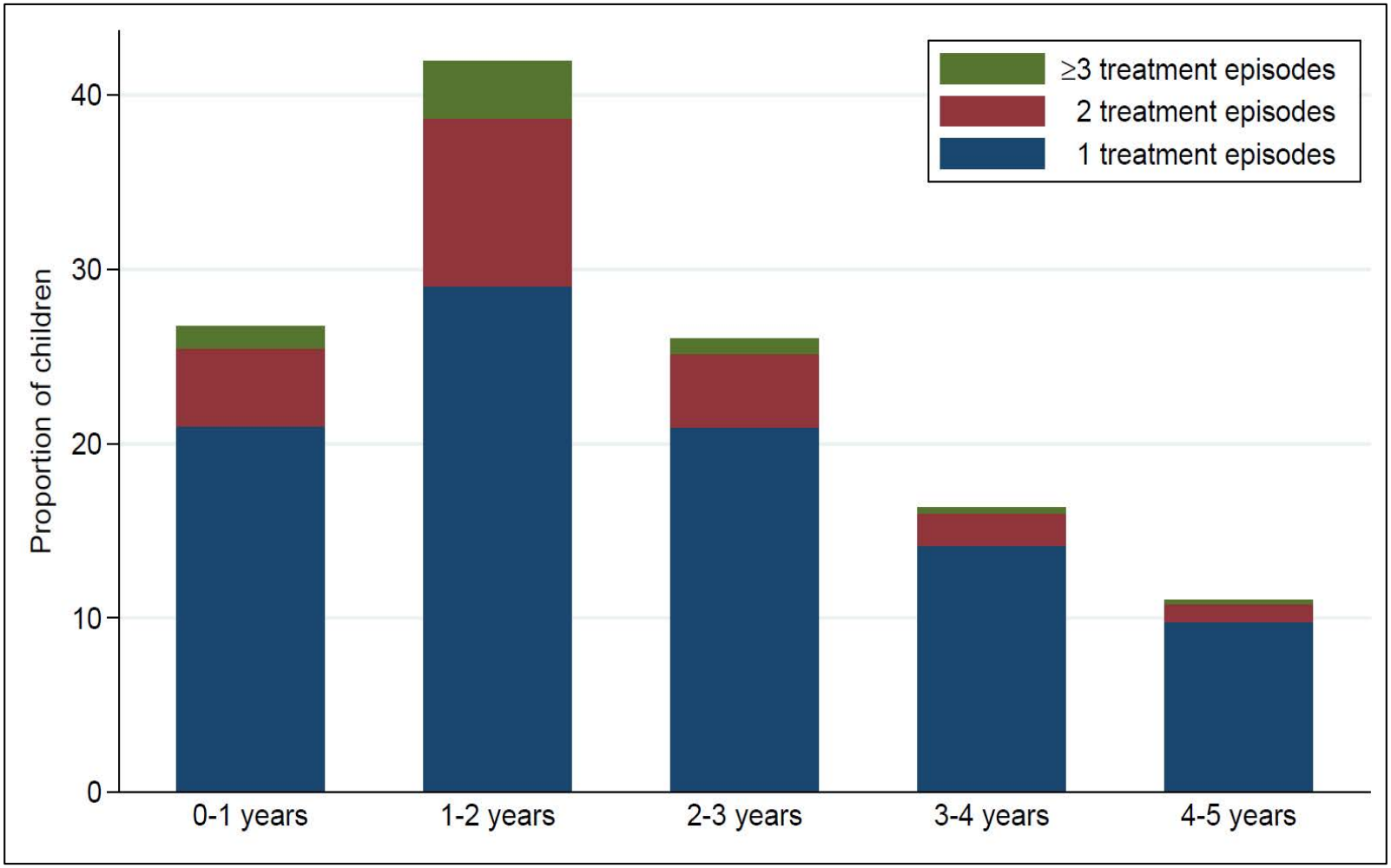
Purpose: **Acute infectious conjunctivitis is a common disease. While usually self-limiting, children often receive treatment to be accepted back into nursery, day care or school. We aimed to describe trends in the utilization of topical ocular antibiotics in young children aged 0–4 years in Denmark, Norway and Sweden.**

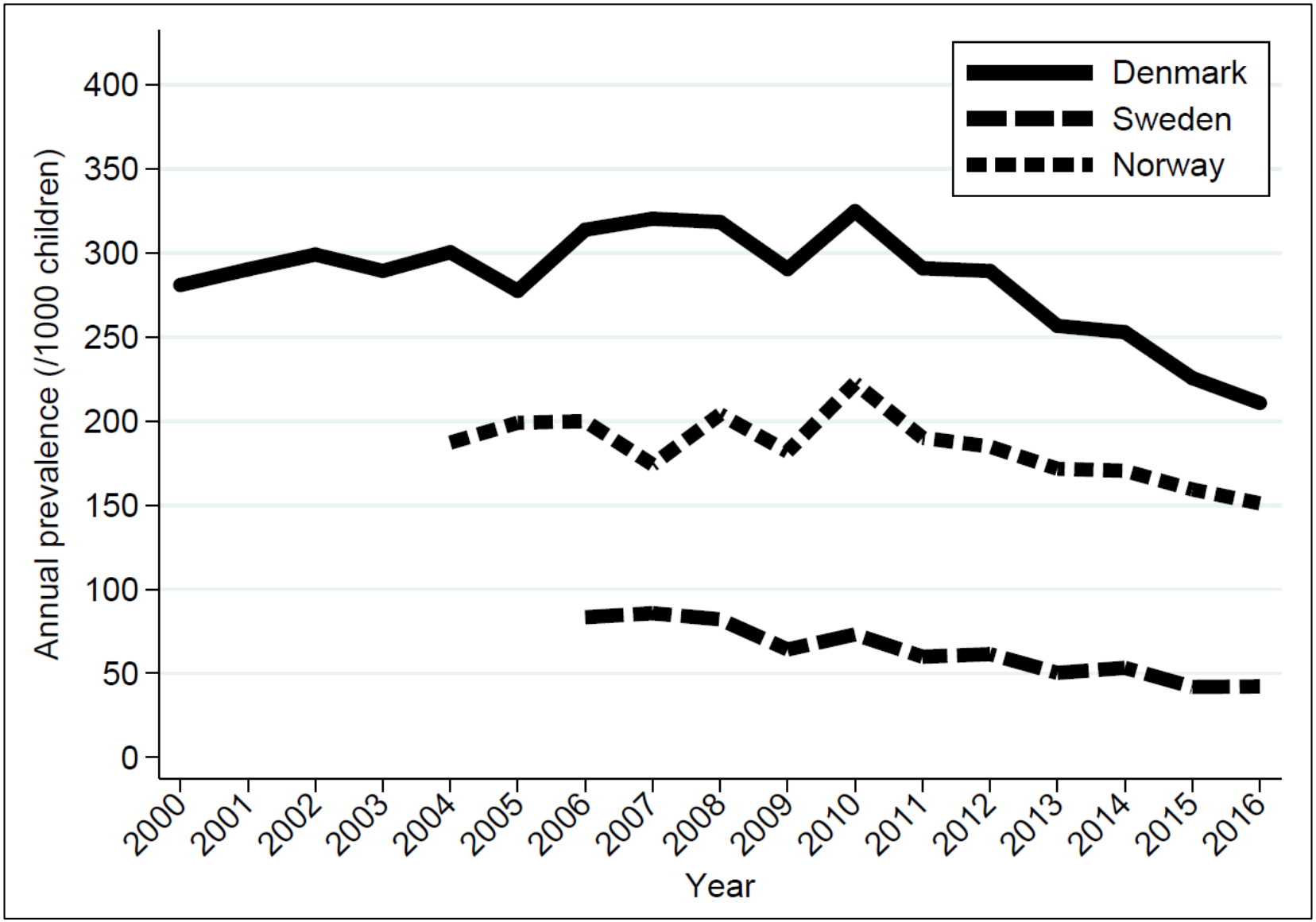
Methods: **Using individual-level data from the Danish National Prescription Registry (2000–2015), we provided detailed descriptions of treatment patterns at the individual level, stratified by age (0–1 years, 2–4 years) and antibiotic substance. Aggregate-level data for Danish, Norwegian and Swedish children (0–4 years) were obtained from publicly available data sources (2000–2016).**

Results: **We identified 107 581 Danish children aged 0–4 years receiving 271 980 treatment episodes. The incidence rate was relatively stable between 2000 and 2010 (on average, 637 and 283/1000 person-years for 0- to 1- and 2- to**

in eight children has symptoms of acute conjunctivitis and the percentage is even higher among younger children (Høvding 2008). The majority of patients with acute conjunctivitis are treated by general practitioners rather than ophthalmologists (Azari & Barney 2013).

The difficulty in distinguishing between viral and bacterial conjunctivitis is a common problem (Høvding 2008; Sheikh et al. 2012; Azari & Barney 2013). In young children, 50–


≥3 treatment episodes
2 treatment episodes
1 treatment episodes
Proportion of children
0
10
20
30
40
0-1 years
1-2 years
2-3 years
3-4 years
4-5 years


Denmark
Sweden
Norway
Annual prevalence (/1000 children)
400
350
300
250
200
150
100
50
0
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
Year

Danske børn fire gange oftere behandlet for øjenbetændelse end svenske børn

10. jun. 2018, 18:01

De klassiske symptomer på mild øjenbetændelse er forkølelse, røde øjne og pudsklatter i øjenkrogen.

Det sker oftere, at danske børn kommer ud fra lægen med en recept på antibiotika mod øjenbetændelse, end det er tilfældet i Norge og Sverige.

Det viser et studie fra forskere på Øjenklinikken på Rigshospitalet.

SE OGSÅ

Antibiotika-resistens kan blive større trussel end kræft

Ifølge studiet har 21 ud af 100 danske børn mellem 0 og 4 år fået antibiotika mod øjenbetændelse. I Sverige er tallet 5 ud af 100 børn, mens det i Norge er 15 ud af 100.

Giver modstanddygtige bakterier

Det er slet ikke nødvendigt at have så højt et forbrug af antibiotika i forbindelse med betændelse i øjene, mener Jasmine Andersson, der er læge, ph.d.-studerende og en af forskerne bag studiet.

Øjenbetændelse og antibiotika

0

13. juni 2018

Af: Helen Lyng Hansen
Link: www.netsundhedsplejerske.dk

På DR.dk kan man den 10. juni 2018 læse, at danske børn får meget mere og også unødvendig antibiotika mod øjenbetændelse sammenlignet med norske og svenske børn. Det viser et studie foretaget af forskere på Øjenklinikken Rigshospitalet Glostrup.

WHY!?

Ensure citations of particular project

Impress peers (in general)

?

WHY!?

Training communication
Building CV
Attracting collaborators
Get input to the project (e.g. methods)
New ideas (from attendees)
Impact (change the world)
Future funding
Personal satisfaction
Academic prestige
Honoring co-authors and funders
Networking job opportunities
Communication to end user

Opportunity to learn own data
See ”reactions” to data
Promoting the group
Mark your territory
Technical criteria (e.g. PhD)
Technical criteria funders/sponsors
Identify/attract (like-minded) peers
Fund the trip!

Antidepressant Use in Denmark, Germany, Spain, and Sweden From 2009 to 2014: Incidence and Comorbidities of Antidepressant Initiators

Joan Forns,[1] Anton Pottegård,[2] Tammo Reinders,[3] Beatriz Poblador-Plou,[4] Rosa Morros,[5,6,7] Lena Brandt,[8] Miguel Cainzos-Achirica,[1] Maja Hellfritzsch,[2] Tania Schink,[3] Alexandra Prados-Torres,[4] Maria Giner-Soriano,[5,6,7] David Hägg,[8] Jesper Hallas,[2] Jordi Cortés,[9] Emmanuelle Jacquot,[10] Nicolas Deltour,[10] Susana Perez-Gutthann,[1] Manel Pladevall,[1] Johan Reutfors[8]

[1]Epidemiology, RTI Health Solutions, Barcelona, Spain; [2]University of Southern Denmark, Institute of Public Health, Odense, Denmark; [3]Leibniz Institute for Prevention Research and Epidemiology–BIPS, Bremen, Germany; [4]EpiChron Research Group, Aragon Health Sciences Institute (IACS), IIS Aragón, Miguel Servet University Hospital, Zaragoza, Spain; [5]Institut Universitari d'Investigació en Atenció Primària Jordi Gol (IDIAPJGol), Barcelona, Spain; [6]Universitat Autònoma de Barcelona, Bellaterra (Cerdanyola del Vallès), Spain; [7]Institut Català de la Salut, Barcelona, Spain; [8]Centre for Pharmacoepidemiology, Department of Medicine, Solna, Karolinska Institutet, Karolinska University Hospital, Stockholm, Sweden; [9]Universitat Politècnica de Catalunya, Departament d'Estadística i Investigació Operativa, Barcelona, Spain; [10]Pharmacoepidemiology Department, Les Laboratoires Servier, Paris, France

DISCLOSURES

JF, SPG, and MP are employees of RTI Health Solutions, an independent, not-for-profit research organization that does work for government agencies and pharmaceutical companies. MCA was an employee of RTI Health Solutions when this research was conducted. AP, TR, BPP, RM, LB, MH, TS, APT, MGS, DH, and JH worked on other projects funded by pharmaceutical companies in their respective not-for-profit research institutions that were not related to this study and without personal profit. ND and EJ are employees of Servier.

BACKGROUND

- Antidepressants are one of the drug types with the highest prescription rates in Europe.
- The number of approved antidepressants has increased dramatically in the recent decades. Antidepressant choice is influenced by factors related to the specific antidepressant drug profile but is also related to prescriber characteristics (e.g., specialty: psychiatrist or general practitioner); reimbursement policies in each country; or patient characteristics, including age, sex, and severity of the depression or presence of comorbidities.
- No studies have described the use of antidepressants and the characteristics of adult users in Europe since 2012.

OBJECTIVE

- To describe patterns of use and characteristics of adult users of 10 of the most commonly prescribed antidepressants from 2009 to 2014 in Denmark, Germany, Spain, and Sweden.

METHODS

- This drug utilisation study was conducted using data collected during a postauthorisation safety study investigating the potential risk of acute liver injury associated with the use of agomelatine compared with other antidepressants.
- Ten antidepressants were included:
  - Five selective serotonin reuptake inhibitors: citalopram, escitalopram, fluoxetine, paroxetine, and sertraline
  - Two serotonin-norepinephrine reuptake inhibitors: duloxetine and venlafaxine
  - One tricyclic antidepressant: amitriptyline
  - One noradrenaline and specific serotonergic antidepressant: mirtazapine
  - One melatonergic agonist and 5-HT2C antagonist: agomelatine
- The list of study antidepressants included different classes of the most commonly used antidepressants in the participating countries. Agomelatine was selected for regulatory reasons.
- Adult initiators of each study antidepressant from 2009 to 2014 were identified in the Danish and the Swedish national registers, GePaRD (Germany), EpiChron (Aragon, Spain), and SIDIAP (Catalonia, Spain).
- Cumulative incidence of antidepressant initiation was calculated. Initiators were characterised at the start of treatment episode according to age, sex, and presence of comorbidities. Patterns of use, including use of antidepressants prior and during the current episode, were also assessed.

RESULTS

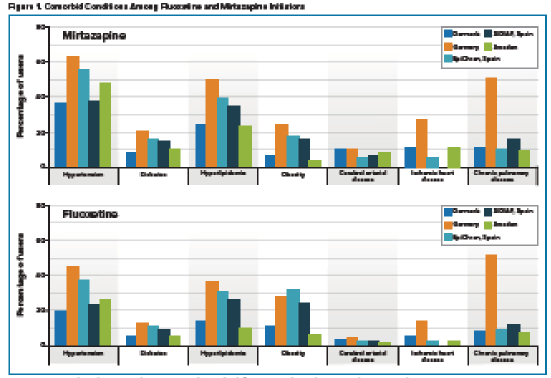
- The study included 4.8 million initiators of antidepressants.
- Citalopram had the highest cumulative incidence (users per 1,000) in all populations except in Aragon, ranging from 65 in Denmark to 28 in Catalonia. Agomelatine (fewer than 10) and paroxetine had the lowest cumulative incidence (Table 1).
- The cumulative incidence for mirtazapine was high in Denmark, Germany, and Sweden.
- Women (> 60%) comprised the majority of antidepressants initiators (data not shown).
- Mirtazapine was used among older initiators (median age range 54 years in Denmark, 67 years in Aragon) with higher prevalence of comorbidities, and fluoxetine was used among younger and healthier initiators (median age range 26 years in Sweden, 50 years in Aragon) (Figure 1).
- The most prevalent comorbidities among initiators were hypertension, diabetes, hyperlipidemia, and obesity (see Figure 1 for initiators of mirtazapine and fluoxetine).
- The results indicated that citalopram and amitriptyline were the most common first-line treatments, whereas agomelatine and duloxetine were mostly used in the second line (Figure 2).
- Agomelatine, venlafaxine, and duloxetine were mostly used in combination therapy (Figure 2).

Table 1. Cumulative Incidence of Study Antidepressant Initiators at the End of Study Period (Per 1,000 Population)

	Denmark	GePaRD, Germany	EpiChron, Aragon, Spain	SIDIAP, Catalonia, Spain	Sweden
Citalopram	65.5	40.7	9.5	28.0	52.5
Escitalopram	14.5	7.3	47.5	21.1	18.2
Fluoxetine	8.7	6.2	15.5	17.0	10.0
Paroxetine	4.8	4.7	23.8	27.8	4.5
Sertraline	35.0	8.2	11.7	20.1	46.5
Duloxetine	9.5	7.5	21.6	9.7	11.2
Venlafaxine	23.2	12.9	10.9	11.1	16.9
Amitriptyline	10.0	29.2	20.6	24.2	26.4
Mirtazapine	42.5	35.0	21.8	14.5	45.0
Agomelatine	5.6	5.9	8.2	3.0	2.5
Total	212.2	161.8	192.0	166.5	232.8

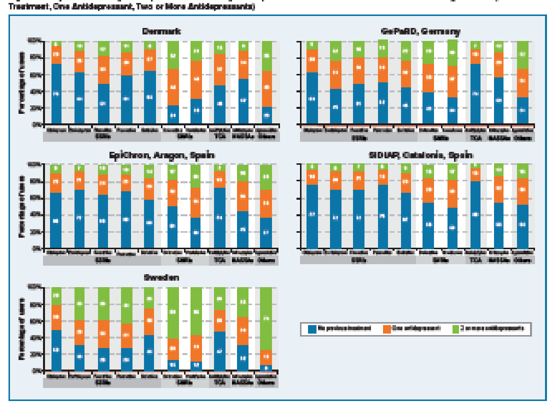
Note: [illegible]

Figure 1. Comorbid Conditions Among Fluoxetine and Mirtazapine Initiators



Note: Only results for mirtazapine and fluoxetine new users are displayed in this figure. For more information, please review the manuscript here: [illegible]

Figure 2. Proportion of Study Antidepressant Initiators by Antidepressant Treatment in the 12 Months Before Drug Initiation (No Previous Treatment, One Antidepressant, Two or More Antidepressants)



NaSSA = noradrenaline and specific serotonergic antidepressant; SNRI = serotonin-norepinephrine reuptake inhibitor; SSRI = selective serotonin reuptake inhibitor; TCA = tricyclic antidepressant.

CONCLUSIONS

- This study suggests that citalopram and mirtazapine were the most commonly prescribed antidepressants in the populations studied during 2009-2014.
- Age, presence of comorbidities, and patterns of use in adult initiators differed between antidepressants.

CONTACT INFORMATION

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RTI Health Solutions
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08028, Barcelona, Spain
E-mail: jforns@rti.org

Presented at: 35th International Conference on Pharmacoepidemiology & Therapeutic Risk Management; August 24-28, 2019; Philadelphia, PA

① Study design

> **Data sources** Nationwide demographic and health registries, using a unique personal identification number for linkage.

> **Cases (n = 5,556)** All women in Denmark aged 30-84 years with a histologically verified first diagnosis of epithelial ovarian cancer during 2000-2015.

> **Controls (n = 83,340)** Age-matched population controls were selected using risk-set sampling.

> **Exposure** Antihistamine use (≥2 filled prescriptions) between 1995 and one year prior to index date. Retrieved from the Danish National Prescription Registry.

> **Analysis & outcome** We used conditional logistic regression to estimate odds ratios (ORs) with 95% confidence intervals (CIs) for epithelial ovarian cancer associated with antihistamine use.

Antihistamine use and risk of ovarian cancer

A Danish population-based case-control study.

Verdoodt F[1], Pottegård A[2], Dehlendorff C[3], Jäättelä M[4], Hallas J[2], Friis S[3,5], Kjaer SK[1,6]

[1] Virus, Lifestyle and Genes, Danish Cancer Society Research Center, Copenhagen, Denmark. [2] Clinical Pharmacology and Pharmacy, Department of Public Health, University of Southern Denmark, Odense, Denmark. [3] Unit of Statistics and Pharmacoepidemiology, Danish Cancer Society Research Center, Copenhagen, Denmark. [4] Cell Death & Metabolism, Center for Autophagy, Recycling and Disease, Danish Cancer Society Research Center, Copenhagen, Denmark. [5] Department of Public Health, University of Copenhagen, Denmark. [6] Department of Gynecology, Rigshospitalet, University of Copenhagen, Denmark.

② Results

Age	Antihistamine use[a]	Epithelial (total) Cases	Epithelial (total) Adjusted OR[b] (95% CI)	Mucinous Cases	Mucinous Adjusted OR[b] (95% CI)	Serous Cases	Serous Adjusted OR[b] (95% CI)	Endometrioid Cases	Endometrioid Adjusted OR[b] (95% CI)	Clear cell Cases	Clear cell Adjusted OR[b] (95% CI)
All	Non-use	4 731	1	529	1	3 245	1	673	1	284	1
	Ever use	825	0.97 (0.90-1.05)	68	0.74 (0.57-0.96)	574	0.97 (0.89-1.07)	130	1.13 (0.93-1.38)	53	0.98 (0.72-1.33)
< 50y	Non-use	645	1	126	1	367	1	93	1	59	1
	Ever use	92	0.72 (0.57-0.90)	18	0.72 (0.44-1.20)	47	0.63 (0.46-0.87)	22	1.20 (0.74-1.96)	5	0.46 (0.18-1.16)
≥ 50y	Non-use	4 086	1	403	1	2878	1	580	1	225	1
	Ever use	733	1.02 (0.93-1.11)	50	0.75 (0.55-1.02)	527	1.02 (0.93-1.13)	108	1.12 (0.90-1.39)	48	1.12 (0.80-1.55)

[a] Ever use defined as ≥2 filled prescriptions between 1995 and 1 year prior to index date. Non-use defined as <2 filled prescriptions in the same period. [b] Adjusted for: age (by design), parity, hysterectomy, tubal ligation, highest achieved education, marital status, highest income, comorbid conditions (diabetes, endometriosis, infertility), smoking, use (expiry, non-aspirin NSAIDs, paracetamol, HRT, hormonal contraceptives, proton-pump-inhibitors, H2-receptor blockers, metformin, insulin and analogues, and other oral antidiabetics).

③ Key message & Discussion

> **Antihistamine use was not associated with overall ovarian cancer risk.**

> **However, we found an inverse association for mucinous ovarian cancer, specifically.**

Mucinous ovarian cancer differs from non-mucinous types in terms of tissue of origin and etiologic factors and has been suggested influenced more by exogenous factors.

> **We also found an inverse association between antihistamine use and ovarian cancer risk among pre-menopausal (<50y), but not post-menopausal (≥50y) women**, suggesting effect modification by hormonal factors. Indeed, estrogen has been suggested to induce the release of histamine and other immune modulatory agents from mast cells.

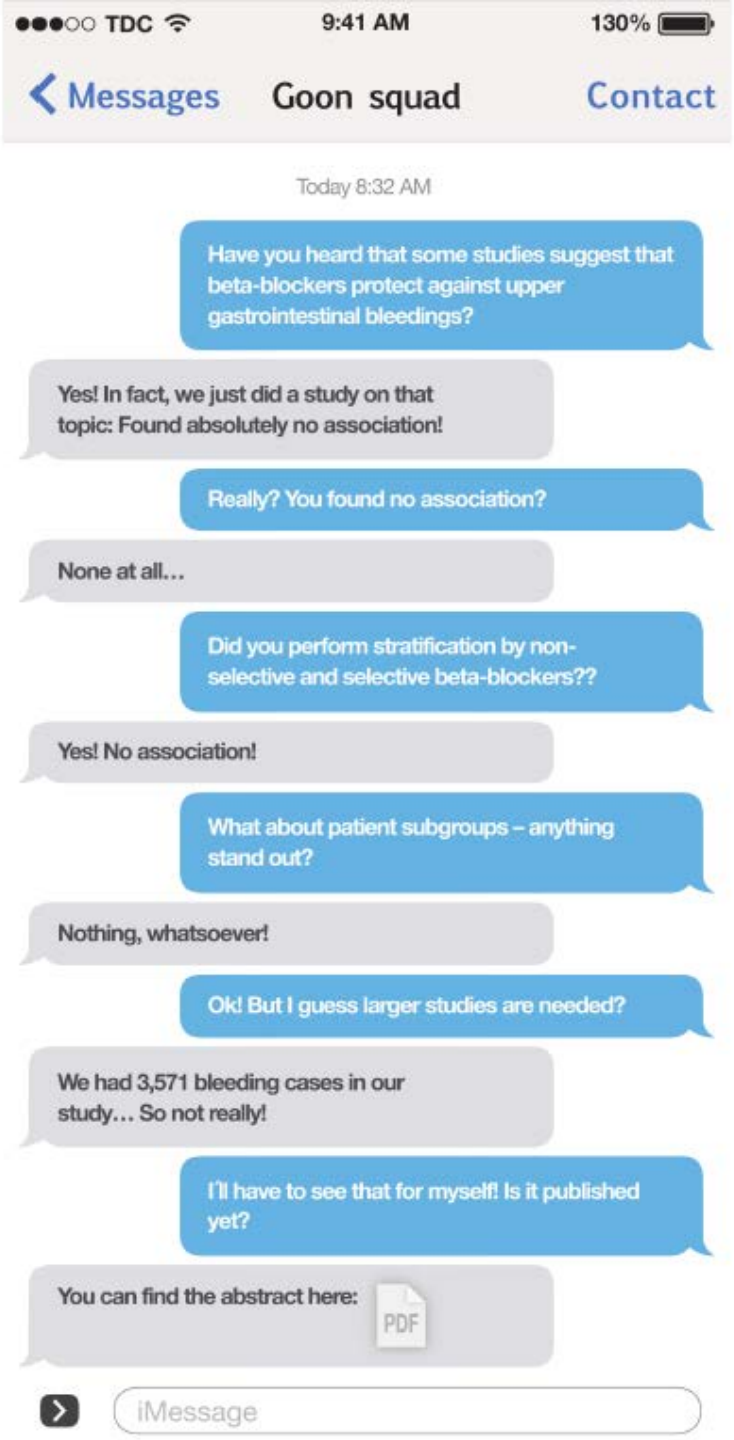
> Additional research is needed to confirm our findings.

Danish Cancer Society | RESEARCH CENTER

✉ Contact: **freija@cancer.dk**

✉ Conflict of interest: none

DANMARKS FRIE FORSKNINGSFOND
INDEPENDENT RESEARCH FUND DENMARK


●●●○○ TDC
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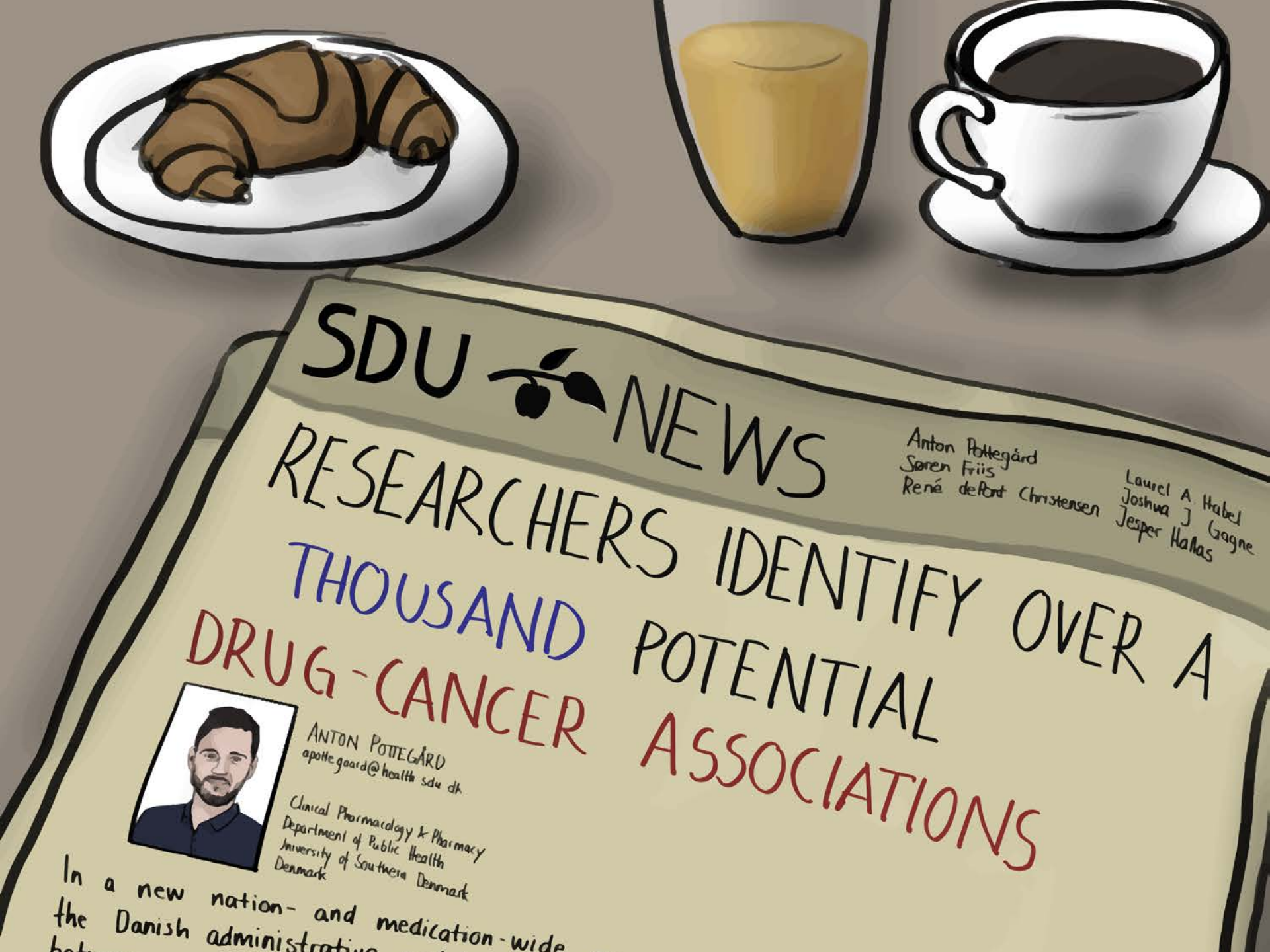
Today 8:32 AM
Have you heard that some studies suggest that beta-blockers protect against upper gastrointestinal bleedings?
Yes! In fact, we just did a study on that topic: Found absolutely no association!
Really? You found no association?
None at all…
Did you perform stratification by non-selective and selective beta-blockers??
Yes! No association!
What about patient subgroups – anything stand out?
Nothing, whatsoever!
Ok! But I guess larger studies are needed?
We had 3,571 bleeding cases in our study… So not really!
I'll have to see that for myself! Is it published yet?
You can find the abstract here:
PDF
iMessage


SDU NEWS
Anton Pottegård
Søren Friis
René deFort Christensen
Laurel A Habel
Joshua J Gagne
Jesper Hallas
RESEARCHERS IDENTIFY OVER A THOUSAND POTENTIAL DRUG-CANCER ASSOCIATIONS
ANTON POTTEGÅRD
apottegaard@health.sdu.dk
Clinical Pharmacology & Pharmacy
Department of Public Health
University of Southern Denmark
Denmark
In a new nation- and medication-wide

We document a substantial use of prescription drugs among ovarian cancer patients. Use increases 3-5 months prior to, spiked at, and remains elevated after the time of diagnosis **(Figure 1)**. This is largely driven by symptomatic drugs (e.g. anti-emetics, opioids, and hypnotics). Conversely, use of prophylactic drugs (e.g. statins and antihypertensive agents) drops only slightly after the time of diagnosis **(Table 2)**.

Figure 1

Table 2

Pharmacoepidemiological implications

Clinical implications

Background

Methods

University of Southern Denmark

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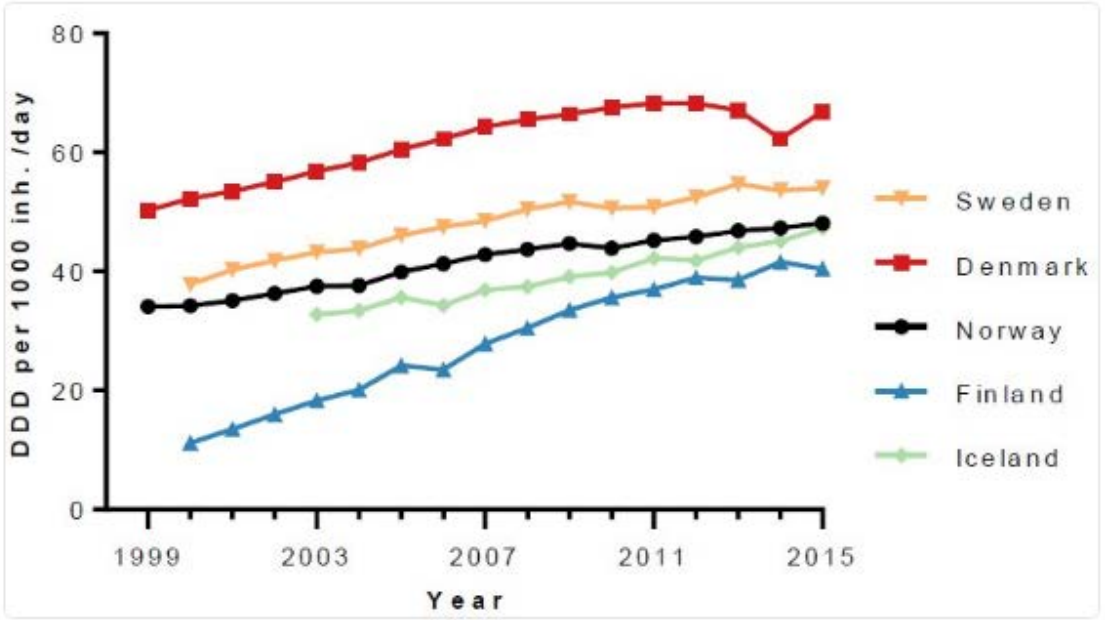
Panodil-brug i Danmark et stykke over niveau ift øvrige nordiske lande. Et højt forbrug, men formentlig en markør for rationel brug af førstelinje-behandling.
onlinelibrary.wiley.com/doi/abs/10.111 ...

Translate Tweet



1:05 AM - 5 May 2018

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3

Anton Pottegård
@Pottegard

Booked for a #scicomm presentation but had to stay home with a sick child? Don't worry @SkypeBusiness got your back! #TheFutureIsNow

3:02 PM · Nov 22, 2019 · Twitter for iPhone

Anton Pottegård
Associate Professor at University of Southern Denmark
1w

Kære netværk!

I forbindelse med et af vores forskningsprojekter på Sygehusapotek Fyn skal vi oversætte og validere et australsk spørgeskema til måling af ældre patienters holdninger til at få reduceret i deres medicin. Projektet er en del af et større forskningsprojekt omkring netop muligheden for at mindske brug af lægemidler. Spørgeskemaet vil, efter oversættelse og validering, blive brugt blandt danske patienter.

For at komme videre har vi brug for en sidste person, som kan hjælpe os med oversættelsen. Konkret skal vi bruge en person der (1) har engelsk som modersmål, (2) også er dygtig til dansk, og (3) ikke er inden for det sundhedsfaglige område.

Opgaven indebær oversættelse af 27 spørgsmål og efterfølgende deltagelse i et møde med tre andre oversættere og projektgruppen, hvor der skal fastlægges en endelig dansk oversættelse af skemaet. Mødet vil have en varighed på 2-3 timer.

Hjælp vil blive honoreret med vin og chokolade, og eventuelle transportudgifter i forbindelse med mødet vil blive dækket.

Er du interesseret og vil høre mere om opgaven og forskningsprojektet, så er du velkommen til at kontakte forskningsassistent @**Carina Lundby Olesen** på **Carina.Lundby.Olesen@rsyd.dk**.

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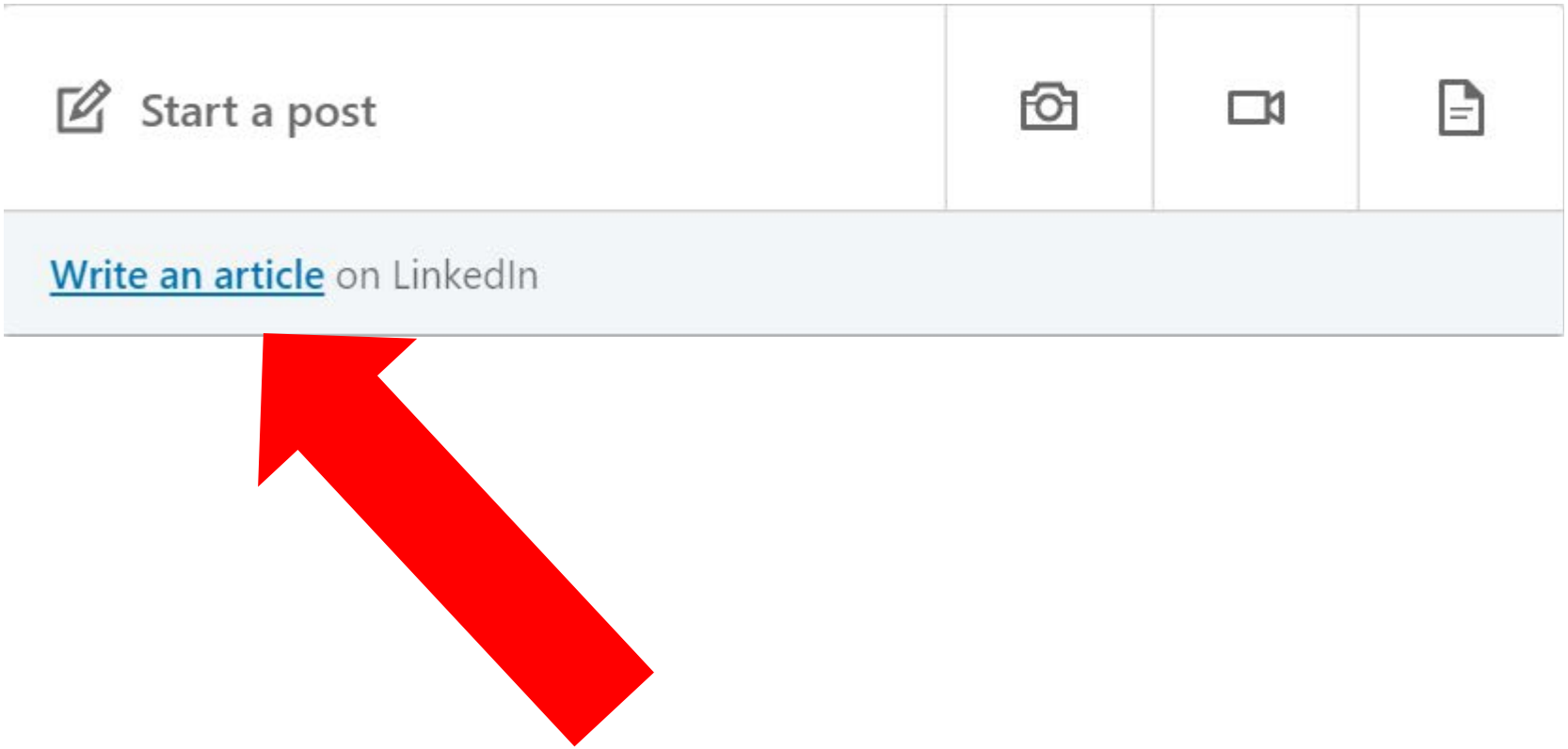
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Anton Pottegård
Lektor på Syddansk Universitet. Bruger sundhedsdata til at afdække virknin... See more
3 articles

Brugen af lægemidler blandt de ældste borgere i vores samfund er massiv – og støt stigende. Men er mere behandling også bedre behandling? Og hvordan har de ældste det med at skulle tage alle disse piller? Skal vi måske gøre noget anderledes?

Lad os se på nogle konkrete tal. Blandt danske borgere >80 år brugte 56% sidste år paracetamol, 34% brugte de kolesterolsænkende lægemidler statiner, 30% brugte mavesyredæmpende medicin og 43% brugte medicin mod forhøjet blodtryk. Blot for at nævne nogle få eksempler. Således bruger de ældste borgere gennemsnitligt mere end fem lægemidler per dag.

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Anton Pottegård
Lektor på Syddansk Universitet. Bruger sundhedsdata til at afdække virknin... See more
3 articles

429 73 3 3

Most scientific papers end with "This calls for more research"! As such, there is always

Et par forslag…

(i prioriteret rækkefølge!)

4 x ”NEED TO”

KAGE!

Intern formidling!

LinkedIn!

Tilbagemelding til netværket
(evt. genbrug af LinkedIn-opslag)

4 x ”bør overvejes”

Særlige stakeholders?

Andre apotekere?

DAs kredskonsulent?

…

Farmaci?

Farmakonomen?

Dansk Sundhedsvæsen

Helse

…

Konferencer?

(FIP, PCNE, etc…)

Videnskabelig publikation?

(Call us…!)