



Centro Servizi - Bologna Fiere

Antimicrobial stewardship interventions involving community pharmacy teams: a scoping review

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INTRODUCTION

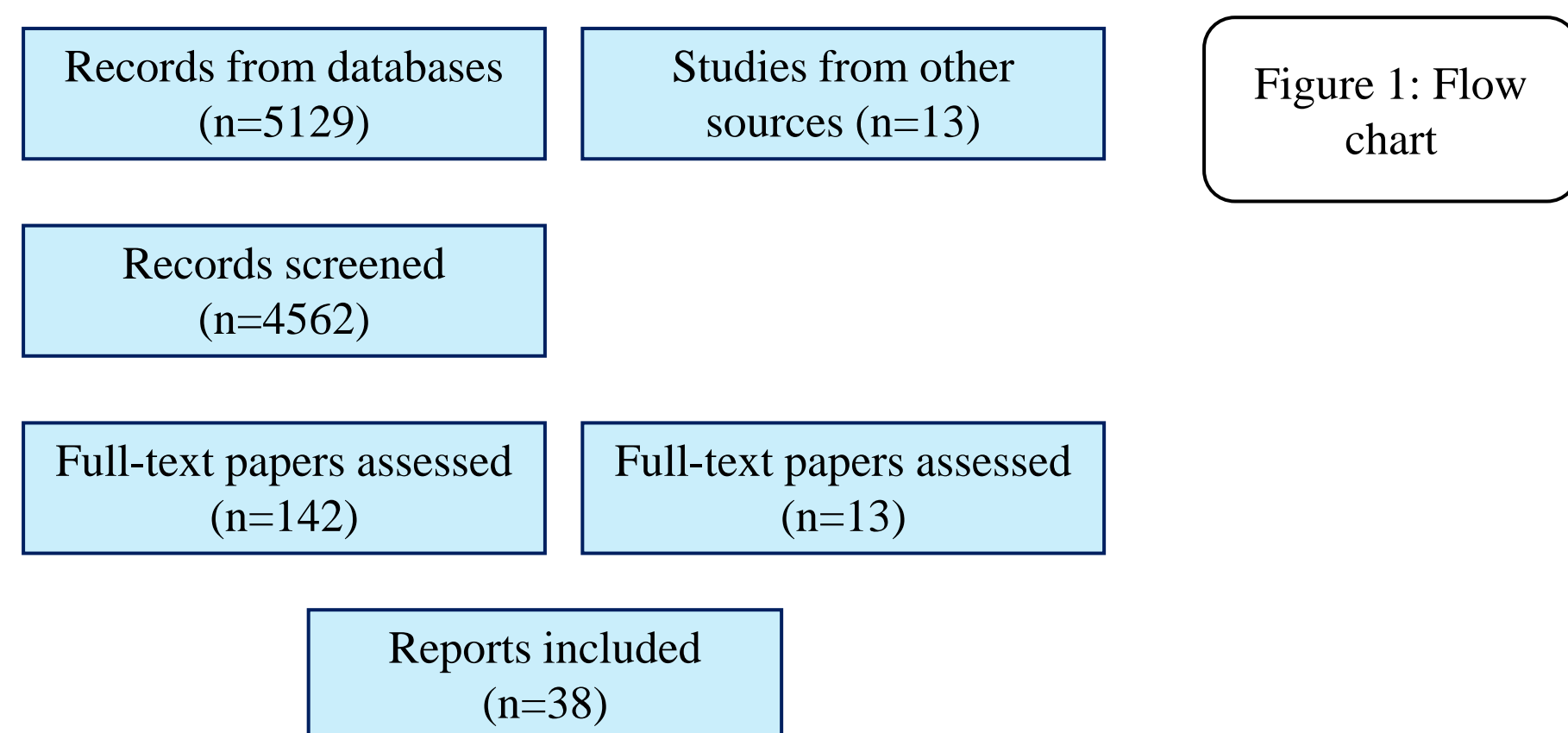
The World Health Organisation defines Antimicrobial Stewardship (AMS) as “a coherent set of actions which promotes the responsible use of antimicrobials” [1]. The involvement of community pharmacy (CP) teams in AMS-related interventions is justified by the high prevalence of antimicrobials being taken in primary care. Yet, CP teams are rarely considered as part of AMS activities.

AIM AND OBJECTIVES

To synthesise the available evidence in relation to the current involvement of CP team members in AMS-related interventions. A particular focus was given to description of intervention components, nature and extent of the use of theory and barriers and facilitators for the implementation of the identified interventions.

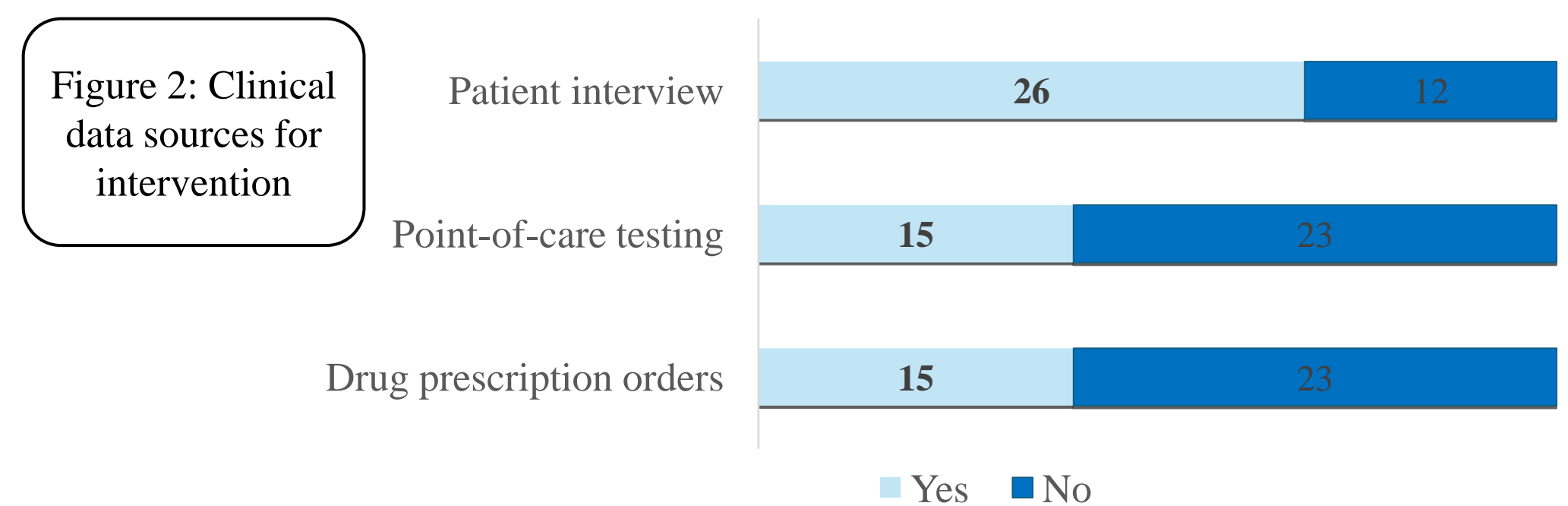
METHODS

To ensure rigour, the search followed the recommendations of the PRISMA-ScR and the protocol was registered with the Open Science Framework. The search was conducted in MEDLINE, IPA and CINAHL Complete, identifying studies published 1999-2023, in English. Studies reporting AMS-related interventions, including at least one CP team member and conducted in a CP setting were included. Study selection and data extraction were performed by two independent reviewers.

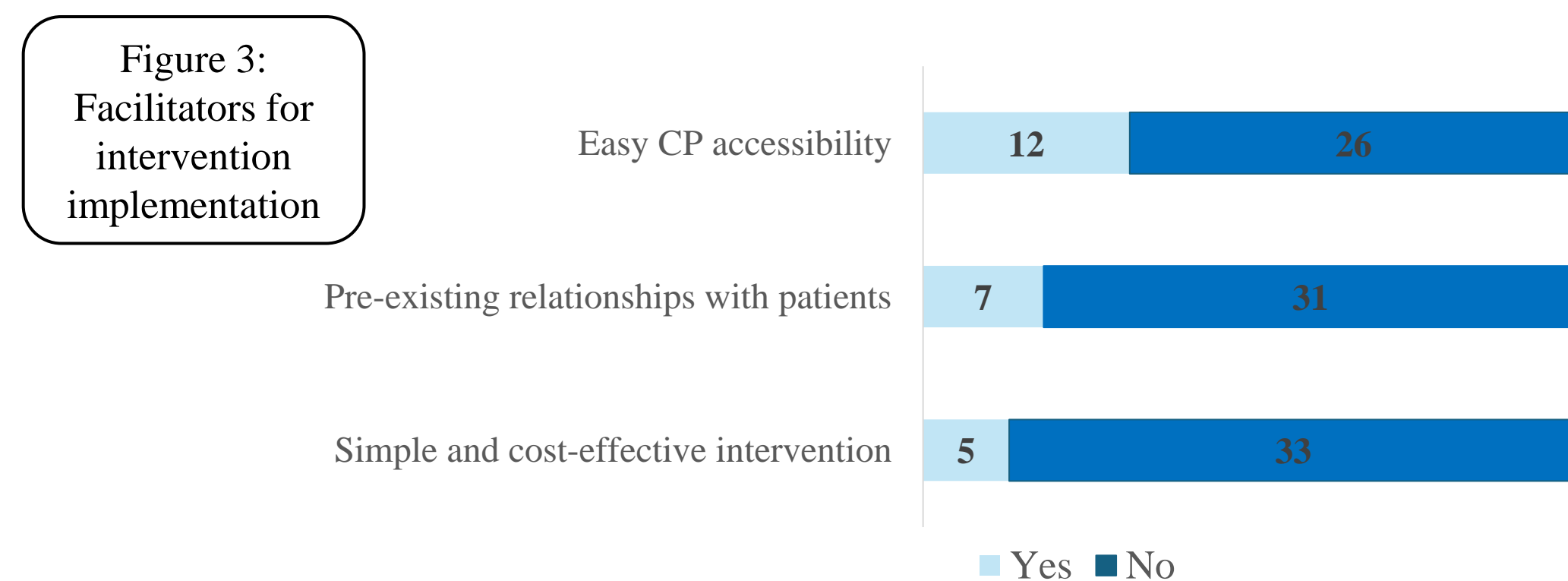


RESULTS

Thirty-eight reports met the inclusion criteria. The focus of interventions was mainly on a specific medical condition (n = 27), with respiratory tract infections (n = 10) being the most frequent. Patient interview (n = 26), point-of-care testing (n = 15) and drug prescription orders (n = 15) were the main sources to obtain information for patient’s assessment. Patient counselling was the most common action provided by pharmacists (n = 30), followed by referral to other healthcare professional or service (n = 17).



Only three interventions were underpinned by theory. The most common identified barrier for intervention implementation was the lack of adequate remuneration (n = 10), with the easy accessibility of CPs representing the most frequently detected facilitator (n = 12).



CONCLUSIONS

The review provides significant findings in an area where the evidence is weak, demonstrating that community pharmacists can contribute to AMS with different roles and positive service outcomes. The review emphasises the need to remunerate CPs for their involvement in AMS while highlighting the potential for expansion of easily accessible CP services.

REFERENCES

1. WORLD HEALTH ORGANISATION, Antimicrobial stewardship programmes in health-care facilities in low- and middle-income countries: a WHO practical toolkit. 2019. *JAC-Antimicrobial Resistance*, 1(3).