3. OBJECTIVES

3.1 Scope of the Present Study

Drug prescribing studies may include descriptive epidemiological approaches to the study usage of drugs, beneficial or adverse. The research on study usage will analyse the present state and developmental trends, of drug usage at various levels of the health care system, whether national, regional, local or institutional. Studies on prescribing may determine usage of drugs at a population level, according to age, sex, social class, morbidity, among other characteristics. These studies are useful to provide to calculate rates of reported ADRs, to monitor the utilization of drugs from therapeutic categories and effects of informational and regulatory activities. [Helena Gama, 2008]

The scope of practice for pharmacist diabetes educator defines a range of practice for the specialty and provides a framework for appropriate and effective pharmacist practice in diabetes care. All pharmacists must be knowledgeable of the disease state and coexisting diseases, to provide safe, competent care to persons with, or at risk, for diabetes. As the intensity of care increases, so must a pharmacist’s knowledge base increase through experience, continuing education, individual study, mentorship, and potentially, certification.

Pharmacists providing diabetes care utilize established principles of education strategies, learning theory, and provide lifestyle counseling to help patients effectively manage their disease. Instruction is individualized for persons of all
ages, incorporating cultural preferences, health beliefs, and preferred learning styles of the patient.

Any pharmacist is eligible to become a diabetes educator. The pharmacist diabetes educator provides services beyond basic counseling about medications. The pharmacist educator includes learning theory and educational principles regarding behavioral change in teaching self-management skills to people with diabetes, their families and communities. [Martin, C et al, 2005]

The scope of practice for pharmacists participating in diabetes care ranges from brief medication counseling, to formal education programs, to protocol-driven medication management, to independent direct patient care. In support of this continuum are a variety of personal education/ involvement options for pharmacists. [American Association of Diabetes Educators.]

3.2 Objectives
The objectives of the present study is to investigate prescribing and usage patterns of OHAs and the potential of community pharmacists at Kanpur to influence diabetes knowledge, beliefs on medication and medication adherence and monitoring metabolic control in T2DM. The designated primary endpoint was glycated haemoglobin, with the intermediate health outcomes of blood lipids, serum creatinine, blood pressure and body mass index serving as secondary endpoints.
3.3 Aims

1. To assess the prescribing pattern of OHAs in T2DM subjects.

2. To assess the drug usage pattern of OHAs in T2DM subjects.

3. To assess the influence of community pharmacists on health outcomes including glycated haemoglobin and blood lipids.

4. To assess the influence of community pharmacists on diabetes self-management including adherence to pharmacotherapy and self-care recommendations and monitoring practices.

5. To assess the influence of community pharmacists on patient medication related beliefs, diabetes-related knowledge, patient empowerment and satisfaction with diabetes care.
3.4 Plan of Work

- Selection of topic, Literature Survey & Development of various forms, scales & questionnaires
- Identifying & Seeking of Approval from IHEC
  - Identification of Study Sites
  - Recruiting & Selection of Subjects
    - Training of Pharmacists
  - Pilot Study
    - Grouping of Subjects
  - Collection of Baseline Data
    - Intervention Strategies
  - Collection of Post – Baseline Data
    - Seeking Clearance from IHEC
  - Analysis of Collected Data
  - Report Generation
  - Interpretation of Results
  - Submission of Reports
3.5 References

