

CLINICAL PHARMACY JOURNAL, LA RIVISTA SCIENTIFICA DELLA SIFAC,  
SOCIETÀ ITALIANA DI FARMACIA CLINICA

CLINICAL PHARMACY

Journal

1 MARZO 2024 - N. 200

#200CPJ



REGISTRATO PRESSO IL TRIBUNALE DI CAGLIARI AL N. 7 DEL 26.06.2015

DIRETTORE RESPONSABILE: VALERIO CIMINO

**Redazione:**

Valerio Cimino, Corrado Giua Marassi, Nicolina Floris, Flora Romano, Stefano Miggos, Enrico Keber Assunta Pistone, Paolo Carta, Giuseppe Fimiani, Giulia Matranga, Paolo Levantino, Cinzia Cimino, Katia Vaiarelli, Alberto Lepore, Federica Cau, Diego Zorzetto.

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Società Italiana di Farmacia Clinica - SIFAC  
Viale Regina Margherita, 30 - 09124 Cagliari  
[www.sifac.it](http://www.sifac.it) || [info@sifac.it](mailto:info@sifac.it)

Società Scientifica riconosciuta dal Ministero della Salute DM 2/08/2017  
Iscritta Registro Persone Giuridiche Prefettura Cagliari n.70, p.502, 2°pt  
Affiliata FISM Federazione Società Medico-Scientifiche

10 anni di un percorso partito dagli albori. 10 anni di lavoro, impegno, nuove sfide ma anche innovazione, soddisfazioni e traguardi, che hanno definito la nostra essenza scientifica.

10 anni di SIFAC, che non si fermano e ne hanno davanti tanti altri ancora, ma che oggi culminano in una tappa importante: la pubblicazione della nostra duecentesima news letter: un numero certamente simbolico ed emblematico, che racchiude in sé la nostra storia, ricordandoci chi siamo e permettendoci, con rispetto, di raccontarvelo.

Tutto è partito all'inizio con un duplice obiettivo, che ha alimentato fin da subito il Credo della società scientifica: promuovere e sostenere l'*Evidence Based Medicine*, da un lato, e portarla nella pratica clinica del farmacista, dall'altro.

Questi due elementi hanno trovato la loro più alta fusione nella nascita del **metodo Clinical Pharmacy**: è nato così, per la prima volta, un modello che si declinasse nell'operato del farmacista ogni giorno, orientando tutte quelle decisioni cliniche nella gestione delle patologie minori (*minor diseases*). Anche per lo scenario italiano, quindi, si è delineato, al pari di altri contesti come quello inglese o spagnolo, una metodologia sistematica fondata su evidenze scientifiche e linee guida e non più, semplicemente, sulla percezione individuale o sulla personale esperienza, con l'obiettivo ultimo di standardizzare l'approccio al paziente, massimizzando la qualità e la riproducibilità della sua presa in carico.

Il modello si articola attraverso, in primis, una serie di valutazioni preliminari che consentono di contestualizzare la problematica, indagando l'eventuale presenza di campanelli d'allarme, definiti come *red flag* e rivelatori, laddove presenti, di possibili condizioni più serie da rinviare ad un consulto medico.

Una volta escluse le red flag, si procede approfondendo l'*inquadramento clinico*. Il colloquio si fonda su un algoritmo decisionale articolato attraverso una concatenazione logica di domande, al fine di restringere il campo di ipotesi possibili per segni e sintomi riferiti, analizzando in maniera approfondita le pietre angolari di *diagnosi differenziale* con altri disturbi minori simili.

Completato l'inquadramento clinico della problematica, il farmacista si orienterà verso la gestione della stessa, avvalendosi di un approccio terapeutico ed educativo, tra loro fortemente complementari. La scelta terapeutica, che verrà effettuata dal vasto armamentario di medicinali senza obbligo di prescrizione, integratori e dispositivi medici pienamente in possesso del farmacista, si incentrerà su protocolli condivisi e Linee Guida internazionali, che creano una gerarchia razionale tra le soluzioni terapeutiche per una determinata condizione clinica, discriminando la scelta in base alla robustezza delle evidenze presenti nella letteratura più recente ed autorevole.

Ma le sfide in essere per la professione non si sono concluse, rivelandosi anzi in continua evoluzione nel corso degli anni: con l'introduzione del Piano Nazionale della Cronicità, la partecipazione del farmacista alla presa

in carico del paziente cronico, quale anello fondamentale nella catena del team di cura, è divenuta sempre più tangibile.

In questo scenario, SIFAC ha realizzato dei veri e propri percorsi di gestione della cronicità offrendo un riscontro concreto a quel processo clinico, spesso ancora troppo astratto, che prende il nome di **Pharmaceutical care**.

Diverse progettualità hanno contribuito a standardizzare sempre più questo tipo di percorsi, settandoli in ambito di diverse patologie croniche, da quelle cardiovascolari, a quelle respiratorie o metaboliche, finanche arrivando talvolta al campo oncologico e neurologico.

La presa in carico del paziente cronico definita attraverso tali modelli si avvale del connubio sinergico di due tipologie di strumenti: quelli *analitici-diagnostici*, forniti dalle misurazioni di prima istanza che vengono effettuate in farmacia (analisi ematiche, telemedicina) e quelli *cognitivi*, rappresentati da questionari validati presenti in letteratura scientifica, talvolta specifici per una determinata patologia (come, ad esempio, il TAI test per le patologie croniche respiratorie) oppure adattabili alla condizione della cronicità in generale. I questionari, opportunamente somministrati al paziente, consentono l'esplorazione, da parte del farmacista, delle principali dorsali della cronicità: corretta conoscenza e formazione sulla propria patologia e sul trattamento, aderenza alla terapia farmacologica, manifestazione di eventuali reazioni avverse ai farmaci e/o interazioni.

Queste informazioni, ad esempio l'aderenza alla terapia, vengono stratificate dal test attraverso uno score: l'associazione sinergica delle valutazioni cognitive, da un lato, con i risultati di quelle strumentali, dall'altro, fornisce un cruscotto completo e globale di tutta la storia clinico-terapeutica dell'individuo, permettendo al farmacista di operare un intervento educativo personalizzato proprio laddove si annidano le principali criticità e inadempienze.

Oltre ad un forte amore per le evidenze scientifiche e la volontà di applicarle ad ogni modello di *best practice*, SIFAC ha sempre avuto a cuore anche un'altra mission, forse la più ambiziosa: quella di contribuire ad integrare quelle evidenze e generarne di nuove, arricchendo così la comunità scientifica attraverso la **ricerca clinica**, e facendo sì che, per la prima volta, questa provenisse anche dalle farmacie di comunità italiane.

Ogni giorno, sono circa 4 milioni gli accessi dei pazienti che chiedono un consulto in tema di salute: la farmacia di comunità rappresenta, quindi, una finestra costantemente spalancata sul panorama del mondo reale, popolato dai reali utilizzatori di farmaci, dispositivi medici e integratori, godendo quindi di una posizione privilegiata per scattare una fotografia dei dati emergenti dalla real life.

Pertanto, combinando la pratica professionale del farmacista con quella di ricercatore, previo un opportuno percorso formativo di specializzazione, la farmacia può coniugare l'attività di erogazione del farmaco con

quella di ricerca sullo stesso, che altro non sono che aspetti complementari, volti a sostenersi a vicenda per poter ottimizzare sempre più la pratica clinica.

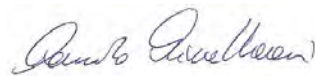
In quest'ottica, SIFAC ha creato negli anni una vera e propria rete di farmacisti clinici sperimentatori partecipando alla conduzione di studi osservazionali in ambito di epidemiologia, farmacovigilanza, e poi, via via, indirizzando e perfezionando la ricerca verso protocolli più articolati, conducendo i primi studi italiani su Dispositivo Medico, su Medicinale di automedicazione e, non ultimo, su integratori, che rappresentano progettualità attualmente in essere per la società.

Il percorso di ricerca ha portato a intessere collaborazioni sempre più fervide non solo nell'ambito "pharmacy", ma altresì con la classe medica, con il mondo accademico e con istituti clinici e di ricerca d'eccellenza che hanno permesso a ciascun ricercatore, e alla società tutta, di arricchire il proprio bagaglio e ampliare sempre più gli orizzonti alla volta di una strada nuova che, da mai praticata prima, è stata resa sempre più percorribile.

Il terreno fertile di multidisciplinarietà e partnership sinergiche ha dato i suoi frutti attraverso rigogliose pubblicazioni di alto valore su riviste impattate, portando la farmacia italiana a fornire un contributo nello scenario della ricerca scientifica internazionale, creando peraltro dei validi riferimenti da cui altre società scientifiche o federazioni internazionali hanno potuto attingere la propria bibliografia per ulteriori lavori.

Questa, descritta in poche righe, è la linfa che ha alimentato SIFAC nel corso degli anni e che continua a scorrerle dentro: un forte Credo negli aspetti clinico-scientifici del lavoro del farmacista, ma soprattutto nell'opera di squadra e nelle collaborazioni intra- ed interdisciplinari, con lo sguardo sempre volto al confronto internazionale. Tante sono le sfide ad oggi raccolte, tante quelle che ci attendono: saremo pronti a proseguire sulle strade tracciate e ad aprirne auspicabilmente ancora di nuove, in uno scenario ricco di prospettive stimolanti per il futuro della nostra professione.

**Corrado Giua Marassi**



Presidente Società Italiana Farmacia Clinica

Con grande piacere aggiungo pochi pensieri in occasione della pubblicazione del duecentesimo numero della Newsletter di SIFAC che corrispondono a 10 anni della società scientifica.

Ho condiviso sin dall'inizio l'idea di Corrado di portare in Italia un sistema strutturato di formazione, informazione, ricerca e elaborazione di linee guida nel settore della farmacia clinica.

Mancava e se ne iniziava a sentire davvero l'esigenza.

In questi anni la professione del farmacista è cambiata, il corso di studi si è evoluto e la percezione dei cittadini e anche degli altri professionisti sanitari nei confronti del farmacista è accresciuta.

Mi onoro di aver contribuito in piccola parte a questo percorso che non ci sarebbe stato senza la volontà ferrea e l'intelligenza di Corrado, Enrico e molti altri.

Le pubblicazioni scientifiche riportate in questo numero dimostrano che il farmacista di farmacia può contribuire non solo alla cura quotidiana delle persone ma anche al miglioramento delle conoscenze. Sempre più spesso stiamo assistendo a sperimentazioni cliniche effettuate in farmacia, così come altrettanto importanti sono le attività che portano a procedure validate e condivisibili su tutto il territorio.

Le attività innovative diventano rilevanti quando vengono svolte dalla maggioranza dei componenti della comunità.

Molto ancora c'è da fare ma sono sicura che nei prossimi decenni questa società scientifica saprà, collaborando con le altre associazioni, fare la sua parte nella continua evoluzione del farmacista clinico al servizio della comunità.

***Paola Minghetti***

Direttore Dipartimento Scienze

Farmaceutiche Università degli Studi di Milano

## Editoriale

Questa edizione speciale del Clinical Pharmacy Journal festeggia il traguardo dei 200 numeri pubblicati a partire dal 24 gennaio 2014 e, di conseguenza, anche i dieci anni di attività.

Sin dalla sua nascita come nuova società scientifica, la Società Italiana di Farmacia Clinica, si è impegnata nella sfida culturale di promuovere una nuova visione del ruolo del farmacista. Una sfida che la Sifac ha vinto, come si evince dalla presentazione del presidente e dalle più importanti produzioni scientifiche che sono riportate in questo speciale.

Un secondo elemento di novità della Sifac è rappresentata dalla giovane età media dei soci a dimostrazione della proiezione verso un futuro professionale che abbina la competenza e la ricerca all'innovazione.

Sin dai primi tempi di attività la Società ebbe bisogno di uno strumento di informazione che ne rappresentasse e diffondesse lo spirito e gli obiettivi.

Sono stato coinvolto da Corrado – cui sono legato da un lungo rapporto di stima ed amicizia – che conoscendo il mio impegno anche come giornalista pubblicitista mi propose di curare l'organo ufficiale della Sifac.

Ho riflettuto a lungo al taglio da dare al nascente Clinical Pharmacy Journal ed ho, quindi, deciso di puntare su una formula innovativa: comunicare la più recente produzione scientifica nel campo della farmacia clinica attraverso testi stringati e link alle fonti.

Quella di indirizzare a link esterni rimane una scelta controcorrente in quanto, nel mondo internet, l'obiettivo di ogni sito è quello di raccogliere il maggior numero possibile di click per fini pubblicitari. L'essere una rivista realizzata a titolo di volontariato da parte di tutti i partecipanti ci ha consentito di sfuggire a questa logica. La nostra rivista, pertanto, riassume il contenuto degli studi scientifici senza rinviare ad altro ma consentendo la possibilità di approfondire a quanti lo volessero.

La gestione dei collaboratori è cambiata nel tempo: nella fase iniziale abbiamo elencato i nomi di quanti hanno partecipato al numero in un elenco in coda, per evidenziare che la rivista rappresenta la Società nel suo insieme. Successivamente abbiamo scelto di valorizzare le competenze e l'impegno dei nostri collaboratori attraverso la firma di ogni singolo articolo.

L'organizzazione della rivista si è evoluta nel tempo, passando da un numero variabile di articoli per ogni numero, in alcuni casi anche dieci, ad un numero fisso di cinque pezzi per numero selezionando quelli di maggior interesse per la categoria.

Anche la grafica è cambiata nel tempo, passando da uno schema piuttosto "spartano" ad uno esteticamente più curato e più funzionale.

Nel layout attuale, all'editoriale del direttore responsabile o del presidente della Sifac segue un articolo in evidenza e, quindi, gli altri articoli.

Abbiamo individuato quattro tipologie di articoli rappresentati da colori diversi: il rosso per "Farmacia e counseling", il viola per le "Varie", il verde per "Patologie e cure" e l'arancio per "Adr ed interazioni". Le quattro tematiche si susseguono secondo questo ordine.

A volte abbiamo creato dei numeri monotematici dedicati a quello che è forse l'aspetto principale della clinical pharmacy: il consiglio in farmacia.

Dopo la prima fase di organizzazione, la rivista si è formalmente strutturata attraverso la registrazione presso il Tribunale di Cagliari, città dove ha sede la Società, il 26 giugno del 2015.

Molto importante è la sinergia creata con il sito [www.sifac.it](http://www.sifac.it), dove è presente la raccolta di tutti i numeri pubblicati e da cui è possibile iscriversi alla newsletter per ricevere la rivista nella propria mail.

Uno dei nostri punti di forza è la puntualità della pubblicazione il mercoledì, con periodicità quindicinale e con brevi sospensioni nel periodo natalizio e durante le ferie estive. Con orgoglio posso affermare che in dieci anni di attività la newsletter non ha mai ritardato di un giorno.

Abbiamo pubblicato circa 20 numeri ogni anno, oltre 1.100 articoli e, ovviamente, 200 editoriali, a volte anche critici, su tematiche di attualità per la professione.

Siamo riusciti a farlo grazie agli oltre trenta collaboratori che si sono avvicendati in questi anni, per la quasi totalità giovani colleghi entusiasti, a cui porgo un sentito ringraziamento.

Ringrazio il presidente Sifac e il Consiglio Direttivo che mi hanno sempre sostenuto ed incoraggiato e tutti Voi, cari lettori, che ci seguite con attenzione.

Festeggiamo insieme il numero 200 con una panoramica delle pubblicazioni scientifiche e dei libri realizzati da Sifac. Continuiamo il nostro impegno per rendere la farmacia di comunità un centro di ricerca scientifica in un contesto di real life, e i farmacisti clinici che vi operano dei professionisti al passo con i tempi e, forse con un pizzico di presunzione, anche un passo avanti.

**Valerio Cimino**

Direttore Responsabile



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**PUBBLICAZIONI  
SCIENTIFICHE  
SU RIVISTE**

## A Prospective Real-World Study of *Bacillus clausii* Evaluating Use, Treatment Habits and Patient Satisfaction in Italian Community Pharmacies: The PEGASO Study

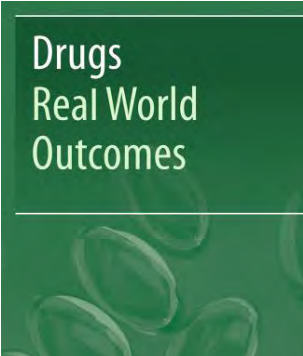
Corrado Giua<sup>1</sup>, Flora Romano<sup>1</sup>, Enrico Keber<sup>1</sup>, Paolo Pellegrino<sup>2</sup>, Marcos Perez III<sup>3</sup>, Maria Chiara Uboldi<sup>2</sup> on behalf of SIFAC group of clinical pharmacists (SGCP)

<sup>1</sup> Società Italiana Farmacia Clinica (SIFAC), Viale Regina Margherita 30, 09124 Cagliari, Italy

<sup>2</sup> Sanofi, Milan, Italy

<sup>3</sup> Sanofi, Frankfurt, Germany

SIFAC group of clinical pharmacists (SGCP): Maria Luisa Bastianini, Erika Belei, Federica Carpinella, Stefania Casu, Cesare Cecchini, Pietro Cossu, David Delitala, Rita Demontis, Elena Giusti, Alessandro Fasciolo, Giuseppe Fimiani, Nicolina Floris, Marco Fortini, Michele Modugno, Enrico Onano, Carla Onnis, Federico Palmas & Maria José Sequenza



Drugs  
Real World  
Outcomes

**Background:** Ailments such as diarrhoea and antibiotic-associated gut symptoms are generally self-managed using probiotics. Real-world data on reasons behind self-medication with over-the-counter (OTC) products and patient-reported outcomes can be investigated strategically by the pharmacists.

**Objective:** This study evaluates the use of *Bacillus clausii* (Enterogermina®) at the Italian community pharmacies among self-medicating patients, their treatment habits and perceived benefits.

**Design:** This is a multicentre, prospective, non-interventional study which included two visits [at screening (T0) and end of the study (T1) when symptoms had subsided,  $\leq 30$  days from T0]. Patients who were already inclined to buy *B. clausii* were enrolled and instructed to complete a questionnaire at T0 and T1. The primary objective was to evaluate the reasons for taking *B. clausii*. Secondary objectives assessed treatment duration, perceived effectiveness, quality of life (QoL), treatment satisfaction and safety outcomes.

**Results:** Overall, 268 patients were enrolled; 99.6% of them were evaluated at T0 and 97.4% at T1, and safety was evaluated in 97.8% who had  $\geq 1$  dose of *B. clausii*. At T0, mean age was 50.7 years and majority were females (62.2%). In the interview, main reason stated for using *B. clausii* at T0 was diarrhoea (56.93%), followed by other gastrointestinal symptoms. Treatment duration was shorter in those with diarrhoea or abdominal pain versus those with constipation or abdominal tension. More than 90% perceived their symptoms to have improved or improved very much. Overall QoL improved in all the aspects measured. Treatment satisfaction was reported by nearly 90% of patients as satisfied, very satisfied or extremely satisfied. No adverse events were reported.

**Conclusion:** This is the first pharmacy-based study in Italy that evaluated the real-world usage of an OTC probiotic containing *B. clausii* among self-medicating adults. Diarrhoea was the most common reason for use, with high-level of perceived effectiveness and patient satisfaction with *B. clausii*.

**Citation:** Giua, C., Romano, F., Keber, E. et al. A Prospective Real-World Study of *Bacillus clausii* Evaluating Use, Treatment Habits and Patient Satisfaction in Italian Community Pharmacies: The PEGASO Study. *Drugs - Real World Outcomes* (2023). <https://doi.org/10.1007/s40801-023-00402-1>

## Oral Corticosteroid Abuse and Self-Prescription in Italy: A Perspective from Community Pharmacists and Sales Reports before and during the COVID-19 Era



Journal of  
*Personalized  
Medicine*

Nappi E<sup>1</sup>, Keber E<sup>2</sup>, Paoletti G<sup>1,3</sup>, Casini M<sup>3,4</sup> on behalf of the SGCP Group, Carosio C<sup>5</sup>, Romano F<sup>2</sup>, Floris N<sup>2</sup>, Parmigiani C<sup>6</sup>, Salvioni C<sup>6</sup>, Malvezzi L<sup>3,7,8</sup>, Puggioni F<sup>1</sup>, Canonica GW<sup>1,3</sup>, Heffler E<sup>1,3</sup>, Giua C<sup>2</sup>.

<sup>1</sup> Personalized Medicine, Asthma and Allergy, IRCCS Humanitas Research Hospital, Via Manzoni 56, Rozzano, 20089 Milan, Italy

<sup>2</sup> Società Italiana Farmacia Clinica (SIFAC), Viale Regina Margherita 30, 09124 Cagliari, Italy

<sup>3</sup> Department of Biomedical Sciences, Humanitas University, Via Rita Levi Montalcini 4, Pieve Emanuele, 20090 Milan, Italy

<sup>4</sup> Respiratory Disease and Lung Function Unit, Department of Medicine and Surgery, University of Parma, 43125 Parma, Italy

<sup>5</sup> Federazione Associazione Giovani Farmacisti (Fenagifar), Via Spadolini 7, 20141 Milan, Italy

<sup>6</sup> IQVIA™ Italia, Via Fabio Filzi 29, 20124 Milan, Italy

<sup>7</sup> Otorhinolaryngology Head & Neck Surgery Unit, IRCCS Humanitas Research Hospital, Via Manzoni 56, Rozzano, 20089 Milan, Italy

<sup>8</sup> Otorhinolaryngology Head & Neck Surgery Unit, Casa di Cura Humanitas San Pio X, Via Francesco Nava 31, 20159 Milan, Italy

SGCP Group: Stefano Miggos, Assunta Pistone, Valerio Cimino, Anna Battisti, Giulia Boi, Lisa Boschetti, Alfredo Carruba, Federica Cau, Cesare Cecchini, Gandolfo Curcio, Rita Demontis, Ivonne Falcione, Giuseppe Fimiani, Alessia Florio, Benedetta Fofi, Alberto Lepore, Paolo Levantino, Francesca Marson, Andrea Marzini, Rita Meloni, Michele Modugno, Carla Onnis, Vittorio Rui, Filippos Sagias, Margherita Tafuri, Lorenzo Turati, Alessandra Tuveri, Concetta Vazzana, Stefania Stabile, Gloria Giovannelli, Erika Belei, and Federica Carpinella. We would like to thank IQVIA™ for providing data about the consumption of oral corticosteroid medication in Italy.

**Background:** Corticosteroids are commonly used for a variety of conditions, but their use might come with significant side effects. Self-medication practices increased during the COVID-19 pandemic, potentially favoring corticosteroid misuse. Studies on this topic are lacking, thus we aim to characterize the misuse of corticosteroids in Italy through pharmacists' perspectives and sales reports.

**Methods:** We sent to territorial pharmacists a survey that aimed to investigate corticosteroid misuse before and during the pandemic. In parallel, sales reports of the major oral corticosteroids were obtained from IQVIA.

**Results:** We found that 34.8% of clients demanded systemic corticosteroids without a valid prescription, with a rise to 43.9% during the pandemic ( $p < 0.001$ ). Adults and patients suffering from upper airway diseases or obstructive airway diseases most frequently asked for corticosteroids without an appropriate prescription. The greatest increase after the beginning of the pandemic was seen for lung diseases. Although sales of the major oral corticosteroids decreased during the pandemic, sales of those used for COVID-19 increased.

**Conclusions:** Self-medication with corticosteroids is common and might lead to avoidable toxicities. This tendency increased during the pandemic probably because of incorrect beliefs about the inappropriate use of corticosteroids for treating COVID-19 itself. The development of shared strategies between doctors and pharmacists is essential in defining protocols guiding appropriate patient referral in order to minimize corticosteroid misuse.

**Citation:** Nappi E, Keber E, Paoletti G, Casini M on behalf of the SGCP Group, Carosio C, Romano F, Floris N, Parmigiani C, Salvioni C, Malvezzi L, Puggioni F, Canonica GW, Heffler E, Giua C. Oral Corticosteroid Abuse and Self-Prescription in Italy: A Perspective from Community Pharmacists and Sales Reports before and during the COVID-19 Era. *Journal of Personalized Medicine*. 2023; 13(5):833. <https://doi.org/10.3390/jpm13050833>

## The key role of clinical pharmacists in medication safety strategies

Esteban Zavaleta-Monestel<sup>1</sup>, Bruno Serrano-Arias<sup>1</sup>, Zoe Rojas-Barrantes<sup>1</sup>, Sebastián Arguedas-Chacón<sup>1</sup>, Jaime Hidalgo-Murillo<sup>1</sup>, Sophia Gegunde<sup>2</sup>, Francesco Ferrara<sup>3</sup>, Andrea Zovi<sup>4</sup>, Corrado Giua-Marassi<sup>5</sup>

1. Department of Pharmacy, Hospital Clínica Bíblica, San José, Costa Rica
2. Department of Pharmacy, Universidad de Iberoamérica, San José, Costa Rica
3. Pharmaceutical Department, Asl Napoli 3 Sud, Naples, Italy
4. Ministero della Salute, Rome, Italy
5. Società Italiana Farmacia Clinica, Cagliari, Italy



**Introduction.** Inadequate healthcare worldwide poses a significant public health challenge, leading to heightened patient injuries and global health crises. Consequently, there is a growing emphasis on patient safety, with clinical pharmacists playing a crucial role in developing effective strategies to address this issue. They collaborate within multidisciplinary teams to enhance medication safety, resulting in improved patient care and cost savings. This review underscores the indispensable contributions of clinical pharmacists in ensuring patient medication safety and its substantial benefits.

**Materials and methods.** A comprehensive literature review spanning 2013 to 2023 encompassed 91 articles, with 51 selected for inclusion. Supplementary search strategies, such as citation searches and examination of reference lists, augmented the research.

**Results.** Medication errors significantly impact patient well-being and national economies, occurring at various stages of patient care, most commonly during prescription, preparation, dispensing, and administration. Clinical pharmacists intervene in high-risk settings, including pediatric care, polypharmacy cases, and high-risk medication use. They also facilitate smooth transitions in medication care and contribute to reporting and managing adverse medication effects.

**Conclusion.** Clinical pharmacists are pivotal in promoting safer and cost-effective medication use, preventing harmful drug reactions, enhancing treatments, reducing readmissions, and saving costs. In contemporary healthcare, their role is paramount for medication safety and efficiency, offering profound benefits to patients and healthcare systems.

**Key words:** Clinical pharmacist; Patient safety; Patient harm; Public health.

**Citation:** Zavaleta-Monestel E, Serrano-Arias B, Rojas-Barrantes Z, Arguedas-Chacón S, Hidalgo-Murillo J, Gegunde S, Ferrara F, Zovi A, Giua-Marassi C. The key role of clinical pharmacists in medication safety strategies. *GIFAC* 2023;37(4):179-185. doi 10.1721/4179.41691

## Use, Abuse, and Misuse of Nasal Medications: Real-Life Survey on Community Pharmacist's Perceptions

Elena Russo <sup>1,2</sup>, Francesco Giombi <sup>1,2</sup>, Giovanni Paoletti <sup>2,3</sup>, Enrico Heffler <sup>2,3</sup>, Giorgio Walter Canonica <sup>2,3</sup>, Francesca Pirola <sup>1,2</sup>, Giuseppe Mercante <sup>1,2</sup>, Giuseppe Spriano <sup>1,2</sup>, Luca Malvezzi <sup>1,2,4</sup>, Enrico Keber <sup>5</sup>, SGCP and Corrado Giua <sup>5</sup>



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<sup>1</sup> Otorhinolaryngology Head & Neck Surgery Unit, IRCCS Humanitas Research Hospital, Via Manzoni 56, Rozzano, 20089 Milan, Italy

<sup>2</sup> Department of Biomedical Sciences, Humanitas University, Via Rita Levi Montalcini 4, Pieve Emanuele, 20090 Milan, Italy

<sup>3</sup> Personalized Medicine, Asthma and Allergy, IRCCS Humanitas Research Hospital, Via Manzoni 56, Rozzano, 20089 Milan, Italy

<sup>4</sup> Otorhinolaryngology Head & Neck Surgery Unit, Casa di Cura Humanitas San Pio X, Via Francesco Nava 31, 20159 Milan, Italy

<sup>5</sup> Società Italiana Farmacia Clinica (SIFAC), Viale Regina Margherita 30, 09124 Cagliari, Italy

SGCP Group: Carolina Carosio, Nicolina Floris, Stefano Miggos, Assunta Pistone, Flora Romano, Valerio Cimino, Anna Battisti, Giulia Boi, Lisa Boschetti, Alfredo Carruba, Federica Cau, Cesare Cecchini, Gandolfo Curcio, Rita Demontis, Ivonne Falcione, Giuseppe Fimiani, Alessia Florio, Benedetta Fofi, Alberto Lepore, Paolo Levantino, Francesca Marson, Andrea Marzini, Rita Meloni, Michele Modugno, Carla Onnis, Vittorio Ruiu, Filippos Sagias, Margherita Tafuri, Lorenzo Turati, Alessandra Tuveri, Concetta Vazzana.

**Background:** Medication overuse is an increasing global problem, especially for those rhinology diseases whose management requires over-the-counter drugs. This observational community pharmacy-based study aimed to investigate the actual use of the best-selling topical nasal medications and to characterize the clinical issues underlying their query through the pharmacist's perception.

**Methods:** In the pilot phase, a preliminary survey was developed by a team of researchers and tested on a small sample of practitioners to assess usability and intelligibility. Eventual amendments were made according to the feedback obtained, and the final version was submitted to practitioners working in 376 pharmacies evenly distributed over the Italian territory.

**Results:** Two groups of customers (18–30 years old and 60–75 years old) were the ones who most frequently purchased topical decongestants. The dosage applied for sympathomimetic amines was higher than recommended in up to 44.4% and the duration of use longer than 5 days in up to 31.9% of the cases. Patients' queries of alpha agonists and topical corticosteroids resulted in significantly higher numbers than practitioners' prescriptions. Allergic rhinitis was the most common disease affecting patients seeking sympathomimetic amines.

**Conclusions:** The prolonged use of sympathomimetic amines in patients suffering from rhinology diseases is a significant problem that requires greater attention in terms of social education and surveillance.

**Citation:** Russo E, Giombi F, Paoletti G, Heffler E, Canonica GW, Pirola F, Mercante G, Spriano G, Malvezzi L, Keber E, et al. Use, Abuse, and Misuse of Nasal Medications: Real-Life Survey on Community Pharmacist's Perceptions. *Journal of Personalized Medicine*. 2023; 13(4):579. <https://doi.org/10.3390/jpm13040579>

## Impact of 2021 ESC Guidelines for Cardiovascular Disease Prevention on Hypertensive Patients Risk: Secondary Analysis of Save Your Heart Study

Rita Del Pinto<sup>1,2,3</sup>, Corrado Giua<sup>4</sup>, Enrico Keber<sup>4</sup>, Eleonora Grippa<sup>5</sup>, Marco Tilotta<sup>5</sup>, Claudio Ferri<sup>1,2</sup>

<sup>1</sup> Department of Clinical Medicine, Public Health, Life and Environmental Sciences, University of L'Aquila, L'Aquila, Italy

<sup>2</sup> Internal Medicine and Nephrology Unit, ESH Excellence Center for Hypertension and Cardiovascular Prevention, San Salvatore Hospital, L'Aquila, Italy

<sup>3</sup> Department of Pathology, School of Medicine, Case Western Reserve University, Cleveland, OH, USA

<sup>4</sup> Società Italiana Farmacia Clinica (SIFAC), Cagliari, Italy

<sup>5</sup> Medical Affairs, Servier Italia, Rome, Italy



**Introduction.** Cardiovascular diseases (CVD) are a leading cause of death worldwide, and several modifiable and unmodifiable risk factors contribute to this burden of disability and mortality. Thus, effective cardiovascular prevention relies on appropriate strategies to control risk factors within the frame of unmodifiable traits.

**Methods.** We conducted a secondary analysis of treated hypertensive adults aged  $\geq 50$  years enrolled in *Save Your Heart*. CVD risk and hypertension control rates based on the 2021 updated European Society of Cardiology guidelines were evaluated. Comparisons with previous standards in terms of risk stratification and hypertension control rates were performed.

**Results.** Among the 512 patients evaluated, with the application of the new parameters for fatal and non-fatal cardiovascular risk assessment, the proportion of individuals at high or very high risk rises from 48.7 to 86.7% of cases. A trend towards lower hypertension control rates was observed based on 2021 European guidelines compared with the 2018 edition (likelihood estimate for difference: 1.76%, 95% CI – 4.1 to 7.6%,  $p = 0.589$ ).

**Conclusions.** In this secondary analysis on the *Save Your Heart* study, the application of the new parameters reported in the European Guidelines for Cardiovascular Prevention 2021 showed a hypertensive population with a very high probability of encountering a fatal or non-fatal cardiovascular event due to failure to control risk factors. For this reason, a better management of risk factors must be the main goal for the patient and all the involved stakeholders.

**Citation:** Del Pinto R, Giua C, Keber E, Grippa E, Tilotta M, Ferri C. Impact of 2021 ESC Guidelines for Cardiovascular Disease Prevention on Hypertensive Patients Risk: Secondary Analysis of Save Your Heart Study. *High Blood Press Cardiovasc Prev.* 2023 Mar;30(2):167-173. doi: 10.1007/s40292-023-00568-3. Epub 2023 Mar 11. Erratum in: *High Blood Press Cardiovasc Prev.* 2023 Sep;30(5):487. PMID: 36906668; PMCID: PMC10090023.

## Developing and piloting a communication assessment tool assessing patient perspectives on communication with pharmacists (CAT-Pharm)

Daniela Scala<sup>1</sup>, Sara Mucherino<sup>2</sup>, Francesca Wirth<sup>3</sup>, Valentina Orlando<sup>2</sup>, Piera Polidori<sup>4</sup>, Maria Ernestina Faggiano<sup>5</sup>, Daniela Iovine<sup>6</sup>, Paola Saturnino<sup>6</sup>, Francesco Cattel<sup>7</sup>, Alberto Costantini<sup>8</sup>, Corrado Giua<sup>9</sup>, Gregory Makoul<sup>10</sup>, Lilian M Azzopardi<sup>3</sup>, Enrica Menditto<sup>11</sup>

<sup>1</sup>Nuclear Medicine, AORN "A. Cardarelli", Naples, Italy.

<sup>2</sup>CIRFF, Center of Pharmacoeconomics and Drug Utilization Research, Department of Pharmacy, University of Naples Federico II, Naples, Italy.

<sup>3</sup>Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, Msida, Malta.

<sup>4</sup>Department of Clinical Pharmacy, ISMETT, Palermo, Italy.

<sup>5</sup>Pharmacy Department, AOU Policlinico Di Bari, Bari, Italy.

<sup>6</sup>Pharmacy Department, AORN "A. Cardarelli", Naples, Italy.

<sup>7</sup>Farmacia Ospedaliera A.O.U. Città Della Salute E Della Scienza Di Torino, Turin, Italy.

<sup>8</sup>U.O.C. Farmacia Ospedaliera Aziendale Ospedale "Santo Spirito" ASL Pescara, Pescara, Italy.

<sup>9</sup>Società Italiana Farmacia Clinica (SIFAC), Cagliari, Italy.

<sup>10</sup>PatientWisdom, Inc., Madison CT USA and Yale School of Medicine, New Haven, CT, USA.

<sup>11</sup>CIRFF, Center of Pharmacoeconomics and Drug Utilization Research, Department of Pharmacy, University of Naples Federico II, Naples, Italy.



**Background:** Effective communication strategies in health care help to enhance patient empowerment and improve clinical outcomes.

**Objective:** Adapt the original Communication Assessment (CAT) instrument for the pharmacist profession (CAT-Pharm) and to test its validity and reliability in two different settings.

**Setting:** Five hospital pharmacies in Italy and five community pharmacies in Malta.

**Method:** Pilot study involving a standardized multi-step process adhering to internationally accepted and recommended guidelines. Corrections and adjustments to the translation addressed linguistic factors and cultural components. CAT-Pharm, compared to the original CAT, maintained 10 out of the 14 items: one was slightly modified; three were changed to better fit the pharmacist role; one was added.

**Main outcome measures:** CAT-Pharm development and testing its practicality to assess patient perceptions of pharmacists' interpersonal and communication skills.

**Results:** CAT-Pharm was tested on 97 patients in the Italian setting and 150 patients in the Maltese setting to assess the practicality of the tool and its usefulness in investigating gaps and priorities for improving pharmacist-patient communication. Results Show reliability and internal validity of the CAT-Pharm tool. The analysis of patient perceptions of communication with the pharmacist in Italy indicated differences from that in Malta. The different settings provided insight into the utility of CAT-Pharm.

**Conclusion:** This study provided a valid and reliable tool that could be applied to assess patient perception of the pharmacist's communication abilities.

**Keywords:** Communication; Communication assessment tool; Community pharmacy; Hospital pharmacy; Patient empowerment; Patient-pharmacist relationship.

**Citation:** Scala D, Mucherino S, Wirth F, Orlando V, Polidori P, Faggiano ME, Iovine D, Saturnino P, Cattel F, Costantini A, Giua C, Makoul G, Azzopardi LM, Menditto E. Developing and piloting a communication assessment tool assessing patient perspectives on communication with pharmacists (CAT-Pharm). *Int J Clin Pharm.* 2022 Aug;44(4):1037-1045. doi: 10.1007/s11096-022-01382-y. Epub 2022 Feb 24. PMID: 35211832; PMCID: PMC9393125.

## Adaptation of communication assessment tool for community pharmacists in medication adherence and minor diseases management

Corrado Giua<sup>1</sup>, Sara Mucherino<sup>2</sup>, Nicolina Floris<sup>1</sup>, Enrico Keber<sup>1</sup>, Gregory Makoul<sup>3</sup>, Daniela Scala<sup>4</sup>, Valentina Orlando<sup>2</sup>, Enrica Menditto<sup>2</sup>

<sup>1</sup> Società Italiana Farmacia Clinica (SIFAC), Cagliari, Italy

<sup>2</sup> CIRFF, Center of Pharmacoeconomics and Drug Utilization Research, Department of Pharmacy, University of Naples Federico II, Naples, Italy

<sup>3</sup> PatientWisdom, Inc. - Madison CT USA and Yale School of Medicine, New Haven (CT), USA

<sup>4</sup> Nuclear Medicine, AORN "A. Cardarelli", Naples, Italy

**Aim.** To develop two versions of the Communication Assessment Tool (CAT) skilled for the setting of community pharmacy and to pilot test it on a selected sample.

**Materials.** Development of two versions of CAT-tool for community pharmacists. Validity and reliability assessments were required to determine the psychometric properties of developed tool versions. To investigate the construct validity of each adapted tool item, confirmatory factor analysis was performed. Reliability was assessed with the Cronbach's Alpha evaluation, internal validity by submitting tool versions to patients of eleven pharmacies from North, Center, and South of Italy for pilot testing.

**Results.** Two CAT versions were developed and tested: CAT-Pharm-community Adherence to therapy and Minor Disease Management versions. First to evaluate pharmacist-patient communication following the dispensing of a prescription drug, second a consultation for minor disease management.

**Conclusion.** Communication tools are useful to implement optimal management of chronic diseases to minimize non-adherence and patients' negative health outcomes.

**Citation:** Giua C, Mucherino S, Floris N, Keber E, Makoul G, Scala D, Orlando V, Menditto E (2022) Adaptation of communication assessment tool for community pharmacists in medication adherence and minor diseases management. *Pharmacia* 69(2): 571–578. <https://doi.org/10.3897/pharmacia.69.e8074>





## Save Your Heart - Studio osservazionale trasversale, multicentrico, italiano, sulla presenza di fattori di rischio cardiovascolare in partecipanti affetti da ipertensione

Corrado Giua <sup>1</sup>, Luigi Minerba <sup>2</sup>, Antonio Piras <sup>3</sup>, Nicolina Floris <sup>1</sup>, Flora Romano<sup>1</sup>, Eleonora Grippa <sup>4</sup>, Marie Georges Besse <sup>4</sup>, Enrico Keber<sup>1</sup>, on behalf of the SIFAC Group of Clinical Community Pharmacists (SGCP)

<sup>1</sup> Società Italiana Farmacia Clinica (SIFAC), Cagliari, Italy

<sup>2</sup> Department of Medical Science and Public Health – University of Cagliari, Cagliari, Italy

<sup>3</sup> ATS Sardinia, Cagliari, Italy

<sup>4</sup> Medical Affairs, Servier Italia, Rome, Italy

SIFAC Group of Clinical Community Pharmacists (SGCP): Anna Battisti, Giulia Boi, Lisa Boschetti, Camilla Cavalli, Cesare Cecchini, Valerio Cimino, Gandolfo Curcio, Rita Demontis, Giuseppe Fimiani, Benedetta Fofi, Gloria Giovannelli, Eva Giua, Francesca Marson, Andrea Marzini, Stefano Miggos, Michele Modugno, Benedetta Poggetti, Vittorio Ruiu, Maria Josè Sequenza, Lorenzo Turati e Concetta Vazzana.

**Introduzione.** Le malattie cardiovascolari costituiscono la causa principale di morte a livello mondiale, buona parte della popolazione non è a conoscenza dei propri fattori di rischio e/o non risulta essere adeguatamente trattata.

**Metodi.** SAVE YOUR HEART è uno studio osservazionale, trasversale, multicentrico, italiano, condotto in 21 farmacie comunitarie aderenti a SIFAC su pazienti di età superiore o uguale a 50 anni in trattamento antiipertensivo. È stata rilevata la presenza di fattori di rischio cardiovascolare quali pressione arteriosa, profilo lipidico e glicemia e l'aderenza alla terapia.

**Risultati.** Dei 512 partecipanti, il 68,0% presentava almeno un valore pressorio fuori target. Il 69,0% dei diabetici risultava avere un valore di glicemia al di sopra dei target, tra i soggetti non-diabetici (N=428) la percentuale dei pazienti con valori glicemici borderline o con iperglicemia risultava essere il 31,3%. Nei soggetti con diagnosi di ipercolesterolemia, i valori target di LDL non venivano raggiunti nel 59,3% mentre tra coloro privi di diagnosi nel 71,6%. Il 10,2% della popolazione presentava un rischio di evento cardiovascolare fatale a 10 anni molto alto.

**Conclusioni:** L'indagine condotta ha delineato una fotografia dello stato di salute post-pandemia da COVID-19 con elementi di criticità. Il parziale o mancato controllo dei principali fattori di rischio associati ad evento cardiovascolare fatale sottolinea la necessità di un approccio clinico che miri ad intercettare, trattare efficacemente e seguire i soggetti che non risultino essere a target, per limitare probabili conseguenze cardiovascolari a medio e lungo termine.

**Citation:** Giua C, Minerba L, Piras A, Floris N, Romano F, Grippa E, Besse MG and Keber E; on behalf of the SIFAC Group of Clinical Community Pharmacists (SGCP). Save Your Heart – Studio osservazionale trasversale, multicentrico, italiano, sulla presenza di fattori di rischio cardiovascolare in partecipanti affetti da ipertensione. GIHTAD (2022) 15:1.



## Dermatitis in community pharmacies: a survey on italian pharmacists' management and implications on corticophobia

Corrado Giua<sup>1</sup>, Nicolina P. Floris<sup>1</sup>, Michele Schlich<sup>2</sup>, Enrico Keber<sup>1</sup>, Carlo Gelmetti<sup>3</sup>

<sup>1</sup> Società Italiana di Farmacia Clinica, Cagliari, Italy

<sup>2</sup> Dipartimento di Scienze della Vita e dell'Ambiente, Università di Cagliari, Cagliari, , Italy

<sup>3</sup> Clinica Dermatologica dell'Università di Milano, IRCCS Ca' Granda Ospedale Maggiore Policlinico di Milano, Milano, Italy

SIFAC GROUP of Community Pharmacists (SGCP): Silvia Accalai, Francesca Cabiddu, Sebastiano Campochiaro, Flora Corrias, Pietro Cossu, Annunziata Lombardi, Elisabetta Mariani, Leonardo Mariotti, Francesco Mitaritonna, Rosa Napolitano, Margherita Tafuri and Adriana Terrin.

**Abstract.** Community pharmacists represent an important resource for the promotion of a safer and more effective self-management of common skin diseases, as well as the provision of educational support on therapies prescribed by clinicians, ultimately improving patients' adherence. In this study, a semi-structured survey was administered to 154 Italian community pharmacists, in order to acquire information on their counseling activity on dermatological disorders. Collected data provide an overview on the frequency and methodology of counseling offered in Italian community pharmacies, identifying knowledge gaps and misbeliefs. In particular, an overall negative opinion on topical corticosteroid therapy emerged among pharmacists, unveiling a phenomenon previously described as corticophobia. Starting from this observation, we discuss the risks for patients' adherence, associated with corticophobia among pharmacists. Lastly, we briefly report on the main tools desired by pharmacists to improve their education on dermatology, envisioning their implementation with the aim of a more effective counseling.

**Citation:** Giua C, Floris NP, Schlich M, Keber E, Gelmetti C (2021) Dermatitis in community pharmacies: a survey on italian pharmacists' management and implications on corticophobia. *Pharmacia* 68(3): 671–677. <https://doi.org/10.3897/pharmacia.68.e70452>



## The management of upper gastrointestinal symptoms: A study on community pharmacies in Italy

Enrico Keber<sup>1</sup>, Paolo Rocco<sup>2</sup>, Umberto M. Musazzi<sup>2</sup>, Antonio M. Morselli-Labate<sup>3</sup>,  
Nicolina P. Floris<sup>1</sup>, Ambra Pedrazzini<sup>1</sup>, Paola Minghetti<sup>2</sup>, Corrado Giua<sup>1</sup>

<sup>1</sup> Società Italiana di Farmacia Clinica (SIFAC), Cagliari, Italy

<sup>2</sup> Department of Pharmaceutical Sciences, Università degli Studi di Milano, Milano, Italy

<sup>3</sup> Department of Medical and Surgical Sciences. Alma Mater Studiorum – University of Bologna, Bologna, Italy

SGCP: Caterina Accardi, Pasqualina Accogli, Valeria Armand, Maria Bono, Aurelia Capuani, Matteo Cattaneo, Maria Luisa Coppo, Valentina Dal Pos, Angela Di Cello, Laura Di Palma, Elisabetta Ferrara, Marzia Franzoni, Laura Gambino, Maria Gargano, Anna Rita Maggio, Giorgio Nenna, Gianluigi Petito, Viviana Romano, Giorgio Stancati, and Sara Zonta



**Abstract.** Upper gastrointestinal (GI) symptoms are usual complaints among patients presenting to Italian community pharmacies. However, information on treatment history of those patients is often lacking. This descriptive, cross-sectional study aims at exploring the medication history of individuals with upper GI tract symptoms visiting one of the 20 enrolled community pharmacies, over a period of 7 months, based on the administration of a questionnaire. Of 1,020 interviewees, 62.1% had asked for a medical consultation. The most frequent symptom was epigastric burning (31.8%), followed by acid regurgitation (14.6%) and post-prandial fullness (12.0%). Of the 1,609 therapies, proton pump inhibitors constituted the most represented therapeutic class (35.6%) followed by antacids (17.5%) and alginate-based products (17.2%). In treating symptoms, 38.1% of the patients do not seek medical advice, while 42.0% rely on non-prescription therapies. As findings suggest, support to patients with GI disorders in community pharmacies can be enhanced for a safer self-medication.

**Citation:** Keber E, Rocco P, Musazzi UM, Morselli-Labate AM, Floris NP, Pedrazzini A, Minghetti P, Giua C (2021) The management of upper gastrointestinal symptoms: A study on community pharmacies in Italy. *Pharmacia* 68(2): 401–409. <https://doi.org/10.3897/pharmacia.68.e66065>

## The effect of sucralfate-containing ointment on quality of life in people with symptoms associated with haemorrhoidal disease and its complications: the results of the EMO CARE survey

Corrado Giua<sup>1</sup>, Luigi Minerba<sup>2</sup>, Antonio Piras<sup>3</sup>, Nicolina Floris<sup>1</sup>, Flora Romano<sup>1</sup>, on behalf of the SIFAC Group of Clinical Community Pharmacists (SGCP)<sup>1</sup>

<sup>1</sup>Società Italiana Farmacia Clinica (SIFAC), Cagliari, Italy;

<sup>2</sup>Department of Medical Science and Public Health – University of Cagliari, Cagliari, Italy;

<sup>3</sup>ATS Sardinia, Cagliari, Italy;

SIFAC Group of Clinical Community Pharmacists (SGCP): Matteo Baio, Lisa Boschetti, Cesare Cecchini, Benedetta Fofi, Valentina Gianotti, Enrico Keber, Alberto Lepore, Stefano Miggos, Michele Modugno, Margherita Tafuri and Giusi Arcifa, Michela Barbisan, Francesco Benetti, Alfredo Carruba, Maria Laura Deidda, Giuseppe Di Bonaventura, Ivonne Falcione, Greta Giannantonio, Eleonora Giorgino, Piera Loiacono, Andrea Lunardini, Silvia Magagnotto, Francesca Marson, Andrea Marzini, Rita Meloni, Agnese Offidani, Dario Oggioni, Margherita Parisi, Benedetta Poggetti, Lucia Sacco, Filippos Spyridon Sagias, Cristiano Tavani, Lorenzo Turati, Concetta Vazzana, Diego Zorretto



**Summary.** Background and aim: A rectal ointment containing 3% of sucralfate and herbal extracts (calendula, witch hazel leaf (hamamelis), chamomile), became available in Italy in 2019 for the treatment of symptoms associated with haemorrhoidal disease. This survey evaluated the effect of the mentioned sucralfate ointment, on quality of life (QoL) and symptom frequency in participants seeking treatment for haemorrhoidal disease from community pharmacies in Italy.

**Methods:** EMO CARE was a multicentre prospective survey conducted at community pharmacies in Italy. Eligible participants ( $\geq 18$  years) were those with haemorrhoidal symptoms in the last 7 days and were willing to initiate a treatment with the sucralfate ointment and herbal extracts (calendula, witch hazel leaf (hamamelis), chamomile). A survey was administered by the investigating pharmacists at the beginning and end ( $\sim 14$  days) of treatment. The primary endpoint was the change in HEMO-FISS-QoL scores.

**Results:** Of the 290 (mean age 53.1 years old; 58.3% female) enrolled, 287 attended the follow-up visit. After a mean duration of 13 days, the sucralfate ointment significantly improved total HEMO-FISS-QoL scores (mean change from baseline:  $-10.41$ ; 95%CI  $-11.95, -8.86$ ;  $P < 0.001$ ) and mean scores for all domains of the HEMO-FISS-QoL scale ( $-11.13$  [95%CI  $-12.95, -9.30$ ] for physical disorders,  $-6.14$  [95%CI  $-7.42, -4.85$ ] for psychology,  $-18.79$  [95%CI  $-21.67, -15.90$ ] for defaecation, and  $-6.46$  [95%CI  $-8.40, -4.51$ ] for sexuality; all  $P < 0.001$  versus baseline). At the end of treatment, 39.4% of participants reported that they no longer had haemorrhoidal symptoms and the frequency of all assessed symptoms were reduced significantly from baseline (all  $P < 0.05$ ).

**Conclusions:** After a mean 13 days of treatment the sucralfate ointment with herbal extracts improved HEMO-FISS-QoL scores and reduced symptoms in people with haemorrhoidal disease.

**Citation:** Giua C, Minerba L, Piras A, Floris N, Romano F, Sifac Group of Clinical Pharmacists. The effect of sucralfate-containing ointment on quality of life in people with symptoms associated with haemorrhoidal disease and its complications: the results of the EMO CARE survey. Acta Biomed. 2021 Feb 4;92(1):e2021029. doi: 10.23750/abm.v92i1.11309. PMID: 33683221; PMCID: PMC7975930.

## Community pharmacist's professional adaptation amid Covid-19 emergency: a national survey on Italian pharmacists

Corrado Giua <sup>1</sup>, Giovanni Paoletti <sup>2,3</sup>, Luigi Minerba <sup>4</sup>, Giacomo Malipiero <sup>2</sup>, Giulio Melone <sup>2</sup>, Enrico Heffler <sup>2,3</sup>, Assunta Pistone <sup>1</sup>, Enrico Keber <sup>1</sup>; on behalf of SIFAC Group of Clinical Community Pharmacists (SGCP)

<sup>1</sup>Società Italiana Farmacia Clinica (SIFAC), Cagliari, Italy

<sup>2</sup>Personalized Medicine, Asthma and Allergy, Humanitas Clinical and Research Center IRCCS, Istituto Clinico Humanitas, Via Alessandro Manzoni 56, 20089 Rozzano, MI, Italy

<sup>3</sup> Department of Biomedical Sciences, Humanitas University, Pieve Emanuele, MI, Italy

<sup>4</sup> Department of Medical Science and Public Health, University of Cagliari, Cagliari, Italy

SIFAC Group of Clinical Community Pharmacists (SGCP): Valerio Cimino, Giuseppe Fimiani, Valentina Gianotti, Alberto Lepore & Flora Romano



**Background.** Italy has been the first non-Asian country affected by Coronavirus Disease 19 (COVID-19) pandemic. Community pharmacies are essential services authorized to continue their activity during the emergency. To date, a clear image is lacking of the critical issues Italian community pharmacists had to face and of how they responded in their daily work.

**Objective.** To describe procedures and critical logistical-organizational issues encountered by Italian community pharmacists and to collect the main requests reported by patients to pharmacists. Setting a national survey on Italian community pharmacists.

**Method.** A cross-sectional survey using a reasoned questionnaire was sent during the pandemic peak to Italian pharmacies, divided in two groups according to the incidence of COVID-19: “Red Zones” and “non-Red Zones”. Main outcome measure Exploring the most frequently adopted measures by the pharmacists.

**Results.** 169 community Pharmacists answered the questionnaire. The most frequently adopted measures were the use of gloves, surgical masks and protective barriers at the drug counter. Most implemented services for customers were: booking of prescriptions, delivery of medications and implementation of phone consultations. Overall, the questionnaire highlighted an increase in the number of health-related consultations and requests by customers. In Red Zones, there was a higher use of FFP2 and FFP3 masks by pharmacists, where customers were mainly interested in gaining information about specific classes of medications.

**Conclusion.** Community pharmacists adapted to lockdown measures by implementing a number of measures. There was an overall increase in pharmacists' personal protective equipment in Red Zones possibly linked to increased risk perception.

**Citation:** Giua C, Paoletti G, Minerba L, Malipiero G, Melone G, Heffler E, Pistone A, Keber E; SIFAC Group of Clinical Community Pharmacists (SGCP). Community pharmacist's professional adaptation amid Covid-19 emergency: a national survey on Italian pharmacists. *Int J Clin Pharm.* 2021 Jan 15:1–8. doi: 10.1007/s11096-020-01228-5. Epub ahead of print. PMID: 33449247; PMCID: PMC7809641.

## Validation of the Italian Version of the Test of Adherence to Inhalers

Baiardini I<sup>1,2</sup>, Paoletti G<sup>1,2</sup>, Malipiero G<sup>1</sup>, Giua C<sup>3</sup>, Keber E<sup>3</sup>, Canonica GW<sup>1,2</sup>, Heffler E<sup>1,2</sup>

<sup>1</sup>Personalized Medicine, Asthma and Allergy, Humanitas Clinical and Research Center IRCCS, Rozzano, Italy

<sup>2</sup> Department of Biomedical Sciences, Humanitas University, Pieve Emanuele, Italy

<sup>3</sup>Società Italiana Farmacia Clinica (SIFAC), Cagliari, Italy

**Abstract.** Failure to adherence to drug therapy is one of the most relevant problems in clinical practice, especially in the treatment of chronic diseases. When treating asthma, it is estimated that more than 50% of patients do not take the prescribed medications correctly. A great part of this population follows the treatment wrongly or suspends it because it is not perceived as necessary. There are several approaches to assess the level of adherence. The TAI Test (Test of Adherence to Inhalers), is the only tailored tool to evaluate the adherence to inhalers in patients with asthma. To date, the Italian version of the TAI Test questionnaire had not been validated yet. The validation process conducted, assessed more than 80 patients in two different rounds: at baseline and after two months. At each visit patients were administered the Italian version of TAI. The results of our study, confirm that the Italian version of the TAI is a valid and reliable tool to identify and monitor non-adherence.

**Citation:** Baiardini I, Paoletti G, Malipiero G, Giua C, Keber E, Canonica GW, Heffler E. Validation of the Italian Version of the Test of Adherence to Inhalers. *J Investig Allergol Clin Immunol.* 2020;30(6):450-452. doi: 10.18176/jiaci.0536. Epub 2020 Jun 6. PMID: 32376521.



## Effect of an educational intervention delivered by pharmacists on adherence to treatment, disease control and lung function in patients with asthma

Giovanni Paoletti <sup>1,2</sup>, Enrico Keber<sup>3</sup>, Enrico Heffler <sup>1,2</sup>, Giacomo Malipiero <sup>1</sup>, Ilaria Baiardini <sup>1,2</sup>, Giorgio Walter Canonica <sup>1,2</sup>, Corrado Giua <sup>3</sup>, on behalf of SIFAC Group of Clinical community Pharmacists (SGCP)

<sup>1</sup> Personalized Medicine, Asthma and Allergy, Humanitas Clinical and Research Center IRCCS, Rozzano, MI, Italy

<sup>2</sup> Department of Biomedical Sciences, Humanitas University, Pieve Emanuele, MI, Italy

<sup>3</sup> Società Italiana Farmacia Clinica (SIFAC), Cagliari, Italy



SIFAC Group of Clinical Community Pharmacists (SGCP): Carlotta Comar, Katia Vaiarelli, Giuliana Gioiella, Carlo Aprile, Angelo Basile, Anna Battisti, Camilla Cavalli, Mario Cirino, Mirka Dalla Bella, Rita Demontis, Gaetano Di Donato, Rita Di Gangi, Antonio Esposito, Gyada Falanga, Patrizia Ghetti, Giuseppe Fimiani, Alessia Florio, Enrico Floris, Alessandro Fontanesi, Antonino Giuffrida, Carmelo Guccione, Laura Lancia, Anna Maria Lanzoni, Azzurra Leo, Chiara Leone, Paolo Levantino, Matteo Marchionni, Maria Miccichè, Francesco Moneghini, Pia Policicchio, Antonio Rauseo, Flora Romano, Maria Josè Sequenza, Stefania Stabile, Matilde Zacchia, Stefano Iellousheg Zanetti.

**Background:** Lack of therapeutic adherence is a relevant problem in clinical practice and it can be assessed via validated tools such as the Test of Adherence to Inhalers (TAI). Education on the correct use of inhaler devices has been associated with improvement in adherence. Many studies highlighted the pivotal role of pharmacists in promoting therapeutic adherence in the management of respiratory diseases.

**Objective:** To evaluate the effectiveness on adherence and clinical parameters of an educational intervention administered by clinical pharmacists (CPs) to patients with asthma on long-term inhalation therapy.

**Methods:** A prospective comparative study involving 34 community pharmacies in Italy (23 intervention, 11 control). Enrolled subjects were evaluated for adherence to inhalation therapy by TAI, asthma control by “Asthma Control Test” (ACT), and lung function at baseline and after 2 months. The educational intervention at baseline was based on TAI results and administered by specifically trained pharmacists.

**Results:** A total of 242 consecutive subjects (167 intervention, 75 control) were enrolled. There was a significant improvement in TAI score, ACT and lung function parameters ( $p$ -value $<0.001$ ) in the intervention group between baseline and the follow-up visit. Patients with baseline  $ACT \geq 20$  maintained disease control more frequently in the intervention group compared to the control arm (95% vs 79.5%,  $p = 0.004$ ).

Conclusions through administration of TAI-driven educational interventions addressing both technical and psychological issues, trained CPs can help improve adherence to treatment and asthma control.

**Citation:** Paoletti G, Keber E, Heffler E, Malipiero G, Baiardini I, Canonica GW, Giua C, on behalf of SIFAC Group of Clinical Community Pharmacists (Sgcp). Effect of an educational intervention delivered by pharmacists on adherence to treatment, disease control and lung function in patients with asthma, *Respiratory Medicine* (2020), doi: <https://doi.org/10.1016/j.rmed.2020.106199>.

## Women's attitude toward gynecological pain in fertile age: Results from a cross-sectional study among Italian community pharmacies

Corrado Giua Marassi<sup>1</sup>, Assunta Pistone<sup>1</sup>, Fabio Parazzini<sup>2</sup>, Silvia Vannuccini<sup>3,4,5</sup>, Felice Petraglia<sup>4,6</sup>

<sup>1</sup>Società Italiana Farmacia Clinica (SIFAC), Cagliari, Italy

<sup>2</sup>Obstetrics and Gynecology, Dipartimento di Scienze Cliniche e di Comunità, University of Milan, Italy

<sup>3</sup>Department of Health Sciences, University of Florence, Italy

<sup>4</sup>Obstetrics and Gynecology, Careggi University Hospital, Florence, Italy

<sup>5</sup>Department of Molecular and Developmental Medicine, University of Siena, Italy

<sup>6</sup>Department of Experimental, Clinical and Biomedical Sciences, University of Florence, Italy



**Introduction:** Several epidemiological data on women afferent to clinics for medical treatment of pelvic pain are available, while few studies explored the general population. Thus, this study aimed to investigate women presenting with gynecological pain at the community pharmacy and to evaluate the relevance of pharmacist advice regarding medical treatment.

**Methods:** A cross-sectional study was conducted in a sample of 10 Italian community pharmacies, by administering a structured questionnaire to fertile age women reporting pelvic pain during the last 3 months. Questions were concerning demographic information, pain characteristics, women's behavior toward gynecological pain, and diagnosis possibly received from a physician.

**Results:** A group of 290 women were interviewed. Severe pain was reported in 58.3%, with a mean  $\pm$  SD of  $4.4 \pm 6.8$  days of suffering, causing absenteeism from work in 45.3% of cases. Almost half of women reported that the onset of gynecological pain was before 15 years and 72.2% had consulted a physician in the past, with a mean delay of  $2.5 \pm 4.3$  years between the onset of pain and medical consultation. However, only 28% of the overall population received a diagnosis. 51.0% received one treatment, while 39% received two or more. The first therapy was prescribed in 40.2% cases by the physician, while in the remaining it was recommended either by the pharmacist or it was a self-medication.

**Conclusion:** Gynecological pelvic pain is a disabling problem, regardless of the underlying cause, with significant impact on social and working life and requiring a better medical management.

**Citation:** Giua Marassi C, Pistone A, Parazzini F, Vannuccini S, Petraglia, F. Women's attitude toward gynecological pain in fertile age: Results from a cross-sectional study among Italian community pharmacies. *Journal of Endometriosis and Pelvic Pain Disorders*. 2018;10(2):88–94. <https://doi.org/10.1177/2284026518776148>



## Equivalent medicinal products in Italy: the reasons for the prudence of physicians and pharmacists

Corrado Giua Marassi<sup>1</sup>, Umberto M. Musazzi<sup>2</sup>, Ambra Pedrazzini<sup>1</sup>, Enrico Keber<sup>1</sup>, Paolo Rocco<sup>2</sup>, Nicolina P. Floris<sup>1</sup>, Paola Minghetti<sup>2</sup>

<sup>1</sup> Società Italiana Farmacia Clinica (SIFAC) - Italy

<sup>2</sup> Dipartimento di Scienze Farmaceutiche, Università degli Studi di Milano - Italy



### Abstract

Despite the regulatory framework favourable to the use of equivalent medicines in Italy, it remains below the European average. Although the causes are not fully clarified, several factors can concur to the patient reluctance to take generic medicines. In this context, the influence of health professionals (e.g., physicians, pharmacists) could play an important role. The aim of this work is to investigate the reasons behind the reticence of doctors and pharmacists to prescribe/recommend equivalent medicines by means of a survey sent to 308 health professionals. The results confirmed a lack of confidence in 43% of the interviewees. Based on such results, another survey was conducted on the same sub-group of health professionals to better identify the causes of their reluctance. Among the main causes of distrust towards equivalent medicines remains the erroneous belief that the quality, safety and efficacy profile is not comparable with the originator. Physicians and pharmacists were particularly sceptics towards the equivalent drugs of the therapeutic classes most frequently used to treat chronic diseases (e.g., hypertension, arrhythmias, cardiopathies, diabetes mellitus). Such results highlighted that there is room for improving the preparation of the health professionals towards a better patient education about equivalent medicines. On the other side, the results highlighted the caution of both physicians and pharmacists with respect to uncontrolled switching of medicines and their propensity to promote a linear therapeutic choice so that the patient takes the same medicine throughout the therapy.

**Citacion:** C Giua Marassi, UM Musazzi, A Pedrazzini, E Keber, P Rocco, NP Floris, P Minghetti. *Equivalent medicinal products in Italy: the reasons for the prudence of physicians and pharmacists*. *GIHTAD* (2018) 11:5. <https://springerhealthcare.it/GIHTAD/2018/10/03/555/>

## Why do patients have doubts about generic drugs in Italy?

L Pasina<sup>1</sup> & SAM Urru<sup>2</sup> & S Mandelli<sup>1</sup> & SGCP Investigators

<sup>1</sup> Istituto di Ricerche Farmacologiche Mario Negri - Milan, Italy

<sup>2</sup> Sviluppo e Studi Superiori in Sardegna, CRS4 - Cagliari, Italy

SGCP (SIFAC Group Clinical Pharmacists) Investigators: Chiara Pelliccia, Enrico Santori, Francesco Gamaleri, Maria Laura Greco, Michele Antuofermo, Silvia Papes, Sofia Marotto, Gaspere Ganduscio, and Matilde Zacchia.

**Abstract:** The consumption of generic drugs differs widely among European countries, ranging from about 10–15 % (Poland, Hungary, Romania, Czech, Slovakia, Ireland, and Italy) to above 60 % (UK, Germany, or Netherlands) and definitely lower than that registered in USA (about 84 %). Although the Italian National Health Service (NHS) adopts generic substitution at pharmacy level and the reference price (patients pay any difference between the reference price and the price of the chosen medication), the consumption of generics is particularly low compared to that of brand-name generics or on-patent drugs.

The aims of this cross-sectional study conducted between January 1 and May 31, 2015, in nine community pharmacies in eight Italian regions were to evaluate (i) the patients' main reason for refusing generics and (ii) the patients' opinions about the quality and efficacy of generics. A sample of 310 patients was interviewed and opinions were collected on 363 brand-name drugs.

The generics most commonly refused were proton pump inhibitors, non-steroidal anti-inflammatory drugs and low-dose acetylsalicylic. Prejudices related to the supposed less efficacy of generics or higher risk of adverse drug reactions were the main reason for refusing generics (42.4 % of brand-name generics dispensed), although although prescribing physicians or pharmacists had previously discouraged about 18 % of dispensed drugs as generics.

Educational interventions would be particularly urgent with the incoming approval of biosimilars to avoid the risk of maintaining patients on definitely more expensive drugs.

**Citacion:** Pasina L, Urru S, Mandelli S; SGCP Investigators. Why do patients have doubts about generic drugs in Italy? *Eur J Clin Pharmacol*. 2016 May 13. doi: 10.1007/s00228-016-2069-2. Epub ahead of print. PMID: 27173600.



## Evidence-based and unlicensed indications for proton pump inhibitors and patients' preferences for discontinuation: a pilot study in a sample of Italian community pharmacies.

Pasina L<sup>1</sup>, Urru SAM<sup>2</sup>, Mandelli S<sup>1</sup>, Giua C<sup>3</sup>, Minghetti P<sup>4</sup>; SGCP Investigators.

1. IRCCS - Istituto di Ricerche Farmacologiche 'Mario Negri', Milano, Italy
2. CRS4 - Settore di Biomedicina - Centro di Ricerca, Sviluppo e Studi Superiori in Sardegna, Italy
3. Dipartimento Scienze della Vita, Università degli Studi di Trieste, Italy
4. Dipartimento di Scienze Farmaceutiche, Università degli Studi di Milano, Italy

**What is known and objective:** Despite the widespread use of proton pump inhibitors (PPIs), little is known about the appropriateness of treatment according to the indications reported by patients and their involvement in the process of treatment discontinuation. In patients who are unlikely to benefit, the medication should be stopped and dose tapering is recommended to reduce the risk of rebound symptoms. The aims of this pilot study were to evaluate the appropriateness of treatment according to the reported indications by PPI users, patients' preferences for drug withdrawal, and the modalities of previous attempts to discontinue the medications.

**Methods:** This observational study was conducted in nine community pharmacies. Each pharmacist was asked to interview a sample of patients with prescriptions for PPIs and to collect a minimum set of information about socio-demographic characteristics, drug indication, duration of drug treatment, number of drugs used for acid-related disorders, preference about drug withdrawal, previous attempts at drug discontinuation and the method of drug tapering when this was performed.

**Results and discussion:** The study included 260 patients, 126 (48.5%) females; 81 patients received more than one drug for acid-related problems and the second medication was more frequently prescribed by a general practitioner, community pharmacist or specialist. Unlicensed indication was reported by 125 patients, and 77 patients did not receive any information about the duration of treatment. Fifty-one patients were in favour of drug discontinuation. PPI withdrawal was attempted but was unsuccessful in 12 cases. Nine patients discussed the method of drug withdrawal with their physician, and abrupt discontinuation was the most frequent suggestion. Many patients were treated with PPIs for unlicensed indications such as gastroprotection because of the number of concomitant drugs used or unspecified gastroprotection. Recommendations about the main indications and the duration of treatment are essential to avoid unnecessary prescriptions and undefined prolongation of drug use. Correct information about the method of drug discontinuation is essential for success.

**What is new and conclusion:** Many patients using PPIs are treated for unlicensed indications such as non-specific gastroprotection. The use of more than one drug for acid-related disorders is frequent among PPI users although this is not supported by evidence. Patients should be given clear and appropriate information about the duration of treatment and method of drug discontinuation.

**Citacion:** Pasina L, Urru SAM, Mandelli S, Giua C, Minghetti P; SGCP Investigators. Evidence-based and unlicensed indications for proton pump inhibitors and patients' preferences for discontinuation: a pilot study in a sample of Italian community pharmacies. *J Clin Pharm Ther.* 2016 Apr;41(2):220-3. doi: 10.1111/jcpt.12371. Epub 2016 Mar 2. PubMed PMID: 26931180.



## Role of community pharmacists in the detection of potentially inappropriate benzodiazepines prescriptions for insomnia.

Urru SAM<sup>1</sup>, Pasina L<sup>2</sup>, Minghetti P<sup>3</sup>, Giua C<sup>4</sup>

1. CRS4 - Biomedicine Sector- Science and Technology Park Polaris Sardinia, Italy
2. IRCCS - Istituto di Ricerche Farmacologiche 'Mario Negri', Milan, Italy
3. Dipartimento di Scienze Farmaceutiche, Università degli Studi di Milano, Italy
4. Dipartimento Scienze della Vita, Università degli Studi di Trieste, Italy

**Background:** The appropriate management of chronic insomnia is crucial and prescribing of hypnotic drugs is common. Regular and prolonged use of hypnotics should be avoided because of the risk of tolerance to effects, dependence and an increased risk of adverse events. In 2012, updated Beers criteria for potentially inappropriate medication in older adults suggested to avoid all benzodiazepines in older adults to treat insomnia. In addition, successful discontinuation may result in improvements on cognitive and psychomotor function, particularly in older people.

**Objective:** To investigate the appropriateness of benzodiazepines prescription for insomnia and explore the role that community pharmacists can have in identifying signals of potential inappropriate drug prescriptions.

**Setting:** Community pharmacies in Italy.

**Method:** This is an observational study conducted in 8 community pharmacies. Each pharmacist was asked to interview a sample of patients with the prescriptions of at least one benzodiazepine and to complete a minimum data set collecting information about socio-demographic characteristics, drug indication, duration of drug prescription, number of hypnotic-drugs, previous attempt to drug-discontinuation, preference of patients about benzodiazepine withdrawal and modality of drug tapering. Main outcome measure Indications, treatment duration, dosage and drug discontinuation attempts and modalities.

**Results:** A total of 181 participants were interviewed. About half of respondents (n = 81) reported to be treated for insomnia and 62 % were elderly (mean age 68, range 27-93). Fifty-two patients (64 %) were on long term treatment (>3 years) while for thirteen patients (16 %) duration of treatment was comprised between 1 and 3 years. Thirty-three patients were in favour of benzodiazepine-discontinuation but in all cases discontinuation was unsuccessful.

**Conclusion:** Use of community pharmacy survey data allowed us to obtain information about incorrect management of insomnia and inappropriate benzodiazepines prescriptions. Stricter adherence to evidence-based guidelines is essential for a rational use of hypnotic and sedatives.

**Keywords:** Benzodiazepines; Community pharmacies; Elderly; Insomnia; Italy; Medication appropriateness; Pharmacoepidemiology

**Citacion:** Urru SAM, Pasina L, Minghetti P, Giua C. Role of community pharmacists in the detection of potentially inappropriate benzodiazepines prescriptions for insomnia. *Int J Clin Pharm.* 2015 Dec;37(6):1004-8. doi: 10.1007/s11096-015-0166-4. Epub 2015 Jul 22. PubMed PMID: 26198541.



## Role of Community Pharmacies for the Detection of Potentially Inappropriate Xanthine Oxidase Inhibitor Prescriptions.

Pasina L<sup>1</sup>, Urru SAM<sup>2</sup>, Minghetti P<sup>3</sup>, Giua C<sup>4</sup>, Study Group of Community Pharmacists (SGCP) Investigators.

1. IRCCS-Istituto di Ricerche Farmacologiche "Mario Negri", Milano, Italy
2. CRS4 - Biomedicine Sector- Science and Technology Park Polaris Sardinia, Italy
3. Department of Pharmaceutical Sciences, Università degli Studi di Milano, Italy
4. Dipartimento Scienze della Vita, Università degli Studi di Trieste, Italy

**Background:** Xanthine oxidase (XO) inhibitors are largely the treatment of choice for gout, but allopurinol is often inappropriately used for asymptomatic hyperuricemia. There is little evidence that allopurinol is useful in preventing cardiovascular diseases and therapeutic decisions must balance the expected benefit with the potential harm.

**Objective:** To investigate the appropriateness of XO inhibitor use in relation to evidence-based indications and examine the role of community pharmacies in the detection of inappropriate prescriptions of these drugs.

**Methods:** This is an observational study conducted in eight community pharmacies. Each pharmacist was asked to interview a sample of patients who had received prescriptions of XO inhibitors. Patients were asked to complete a structured minimum data set that collected information on drug indication, history of gout, and presence of cardiovascular diseases.

**Results:** The study sample included 74 patients receiving XO inhibitors. About one third of patients reported being treated for asymptomatic hyperuricemia and had never had a gout attack. About half of the patients treated for asymptomatic hyperuricemia had been receiving the drug treatment for more than 3 years. Four asymptomatic hyperuricemic patients received allopurinol to treat hypertension. Among the patients treated for asymptomatic hyperuricemia, there was a higher presence of diabetes mellitus, obesity, previous myocardial infarction, and heart failure than in patients treated for an appropriate indication.

**Conclusions:** Inappropriate use of XO inhibitors is principally related to the treatment of hyperuricemia in patients with cardiovascular diseases. Community pharmacists have a central role in pharmacovigilance, by contributing to the prevention and identification of potentially inappropriate drug prescriptions.

**Citacion:** Pasina L, Urru SAM, Minghetti P, Giua C, Study Group of Community Pharmacists (SGCP) Investigators. Role of Community Pharmacies for the Detection of Potentially Inappropriate Xanthine Oxidase Inhibitor Prescriptions. *Drugs Real World Outcomes*. 2015 Mar;2(1):81-86. PubMed PMID: 27747614; PubMed Central PMCID: PMC4883203.



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# **PROTOCOLLI D'INDIRIZZO**



**STRATEGIE  
PER LA MINIMIZZAZIONE  
DEGLI EVENTI AVVERSI  
DA FANS OTC:  
PROTOCOLLO  
PER IL FARMACISTA  
DI COMUNITÀ**

Corrado Giua Marassi | Enrico Keber  
Enrico Onano | Ambra Pedrazzini



## AUTORI

**Corrado Giua Marassi<sup>1</sup>**

**Enrico Keber<sup>1</sup>**

**Enrico Onano<sup>1</sup>**

**Ambra Pedrazzini<sup>1</sup>**

*<sup>1</sup> Società Italiana di Farmacia Clinica (SIFAC), Italy*

## REVISORI

**Giorgio Gandolini<sup>2</sup>**

**Marco Pistis<sup>3</sup>**

*<sup>2</sup> Centro Reumatologia, IRCCS Santa Maria Nascente, Fondazione don Carlo Gnocchi ONLUS, Milano, Italy*

*<sup>3</sup> Dipartimento Scienze Biomediche, Sezione di Neuroscienze e Farmacologia Clinica, Università di Cagliari, Italy*



## AUTORI

**Corrado Giua Marassi**<sup>1</sup>

**Umberto M. Musazzi**<sup>2</sup>

**Ambra Pedrazzini**<sup>1</sup>

**Paola Minghetti**<sup>2</sup>

<sup>1</sup>Società Italiana Farmacia Clinica (SIFAC)

<sup>2</sup>Dipartimento di Scienze Farmaceutiche, Università degli Studi di Milano



## AUTORI

**Corrado Giua Marassi**

Presidente Società Italiana Farmacia Clinica (SIFAC)

**Assunta Pistone**

Ricercatrice e responsabile area Nutraceutica SIFAC

## REVISORI

**Prof.ssa Anna Maria Fadda**

Presidente Associazione Docenti e Ricercatori Tecnologia e Legislazione Farmaceutica (ADRITELF)

**Prof. Simone Guglielmetti**

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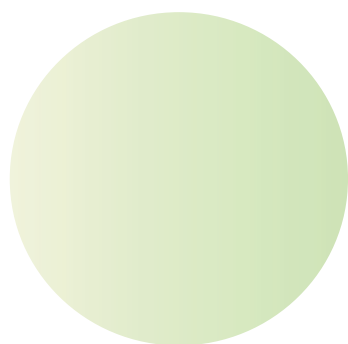
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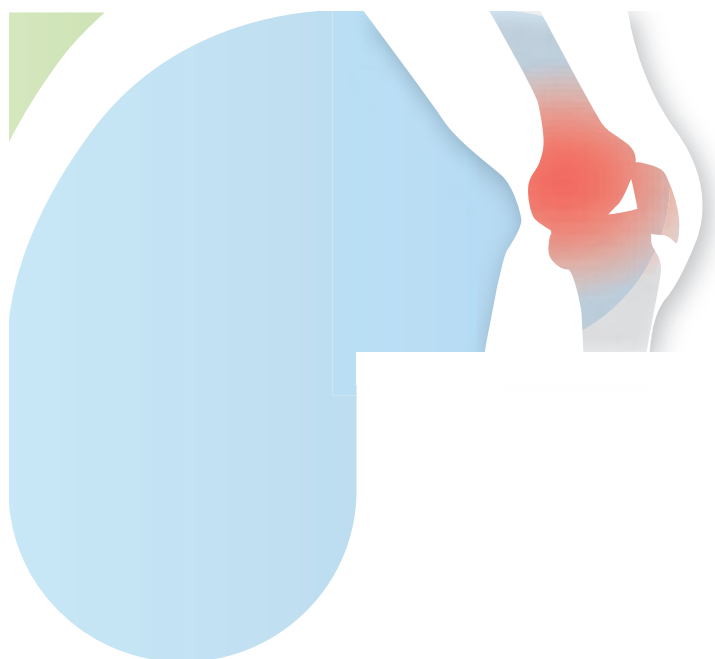
**Dott. Enzo Ubaldi**

Responsabile area gastroenterologica SIMG





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per la gestione  
dell'osteoartrite  
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**AUTORI**

**Corrado Giua Marassi**  
Farmacologo - Docente Universitario  
Presidente Società Italiana di Farmacia Clinica

**Stefano Miggos**  
PharmD - Ricercatore  
Società Italiana di Farmacia Clinica

**Giorgio Gandolini**  
Dirigente medico Servizio Reumatologia  
IRCCS Santa Maria Nascente -  
Fondazione Don Carlo Gnocchi Onlus - Milano

ISBN 978-88-214-4215-5

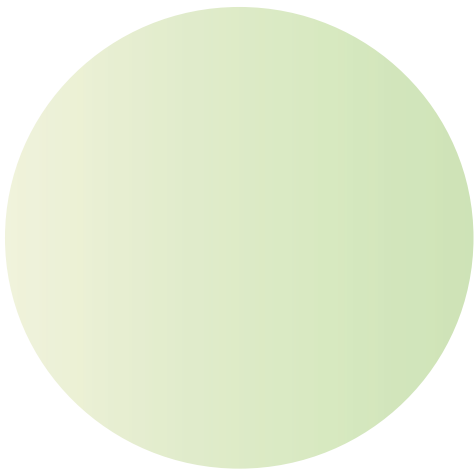
**REVISORI**

**Matteo Longhi**  
Primario Reumatologia  
IRCCS Istituto Ortopedico Galeazzi - Milano

**Filippo Nicola**  
Specialista in Fisiatria

**Diego Pedrazzini**  
Specialista in Ortopedia  
Medico Medicina Generale

Si ringraziano per la collaborazione i Farmacisti Clinici:  
Elisabetta Parisi, Antonios Georgopoulos e Salvatore Vitale  
Società Italiana di Farmacia Clinica



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sulla **contraccezione**  
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ISBN 978-88-214-4213-1





Protocollo di indirizzo per il trattamento  
della Dispepsia e della Malattia da Reflusso  
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Ottobre 2014

#### Autori

- **Corrado Giua Marassi**  
Presidente Società Italiana di Farmacia Clinica (SIFAC)  
Coordinatore scientifico Master Clinical Pharmacy  
Università degli Studi di Milano, Granada, Cagliari
- **Paolo Carta**  
Farmacologo  
Ricercatore Società Italiana di Farmacia Clinica
- **Giovanni Orlando**  
Farmacista Ospedaliero  
Ricercatore Società Italiana di Farmacia Clinica
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Specialista in Gastroenterologia  
Phd in Medicina Interna  
Università di Genova
- **Dott. Lorenzo Del Nero**  
Specializzando in Gastroenterologia  
Università di Genova

**Hanno collaborato alla stesura del documento i seguenti farmacisti clinici:**

Debora Basso, Roberta Desortes, Gaia Maria Favazzi, Federica Lai, Stefania Paolazzi, Letizia Todde, Matilde Zacchia

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Corrado Giua Marassi

# Inquadramento clinico e gestione dei disturbi minori in farmacia

Con la collaborazione di

Matteo Alemanni, Matteo A. Baio, Anna Belloni Fortina, Elisabetta Boncompagni,  
Carla Bruschelli, Valerio Cimino, Roberto Della Loggia, Giorgio Gandolini, Enrico Keber,  
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*Dalle basi neurobiologiche al trattamento*



*A cura di*

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*Con la collaborazione di*

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