Letter to the Editor

Pharmacy Consultation Outcomes During a Lung Cancer Awareness Campaign

Christine Heading¹, Amira Guirguis¹, Shreya Shah¹ and Stephanie Bancroft¹*

¹London North West Local Practice Forum of the Royal Pharmaceutical Society, Waxwell Lane, Pinner, UK

Introduction

Lung cancer remains a condition that is frequently diagnosed too late for optimum prognosis [1]. Several factors seem to contribute to this, but there is good evidence that response to potential symptoms of lung cancer and awareness of the condition varies between men and women. This is believed to contribute to delayed diagnosis in men, with reluctance to report minor symptoms to a general medical practitioner (GP) identified as one cause [2]. In response to this, audit data from a two week health improvement campaign undertaken by 29 pharmacies in North West London during Lung Cancer Awareness Month in 2013, was subjected to analysis that included gender as a variable. The results suggest that this analysis was justified.

Key words: lung cancer; odds ratio; health improvement

Methods

Following Royal Pharmaceutical Society guidance, an audit pack was devised by a team of pharmacists who subsequently collated the results from all pharmacies. Pharmacy staff anonymously interviewed adult patients who asked one of four relevant questions retrieved from a counter aid, modified for the study. The questions related to respiratory symptoms including sore throat, cough and chest pain, or a wish to discuss smoking cessation. The results were examined and subjected to simple analysis to determine whether there was any association between in-pharmacy outcomes and recorded variables.

Results

From the 267 interviews, a sub-group of 109 patients was identified, who complained of a persistent cough lasting more than 3 weeks that was not obviously linked to some short-term cause. The demographic characteristics of the persistent cough sub-group, the major symptom, were similar for men and women. Age-range was recorded for 54 men and 54 women, and the numbers of patients in each estimated age group (<30, 30-50, >50 years) was similar for both genders. All smokers (25 men; 21 women) were offered referral to a smoking cessation service.

Analysis focused on referral to a GP and supply of an over the counter (OTC) product, as either a sole action or in combination with others. All patients were entitled to free health care. Results showed that more women than men were referred to a GP, and more men than women received an OTC product (Table 1). Table 1 also shows the number of patients for whom those were the only actions as well as the Odds Ratio (OR) of the predominant gender being predictive of the action taken.

Table 1: Correlation between patient gender and actions: general medical practitioner referral (GP) and supply of over the counter (OTC) products.

<table>
<thead>
<tr>
<th></th>
<th>Men n=52</th>
<th>Women n=53</th>
<th>Odds Ratio (95% CI) for predominant gender</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP referral only</td>
<td>7</td>
<td>19</td>
<td>female; 3.59 (1.36-9.52) p = 0.010*</td>
<td></td>
</tr>
<tr>
<td>Total GP referral</td>
<td>17</td>
<td>27</td>
<td>female; 2.14 (0.969-4.72) p = 0.06</td>
<td></td>
</tr>
<tr>
<td>OTC supply only</td>
<td>16</td>
<td>9</td>
<td>male; 2.17 (0.859-5.50) p = 0.101</td>
<td></td>
</tr>
<tr>
<td>Total OTC supply</td>
<td>28</td>
<td>14</td>
<td>male; 3.25(1.43-7.37) p = 0.0045*</td>
<td></td>
</tr>
</tbody>
</table>

Data only included if both gender and action were recorded. CI represents Confidence Interval; *denotes Odds Ratio statistical significance, calculated according to Sheskin p542 [3].

Conclusion

These findings suggest that even in a pharmacy consultation environment, patient gender may be associated with outcome, when patients present with symptoms that could indicate lung cancer. The difference in outcome suggests men's uptake of GP medical assessment is delayed and this finding is compatible with those reported elsewhere. Since patients are partners in the decision-making process, this may reflect poorer appreciation by men of lung cancer symptoms.

Acknowledgment

The authors acknowledge assistance from colleagues on the Steering Group of the North West London Local Practice Forum of the Royal Pharmaceutical Society, the pharmacy staff and owners of the 29 pharmacies that contributed data, and Darush Attar-Zadeh for use of the counter aid designed for the South West London Cancer Network Pharmacy Triggered Airways Referral Project.

*Corresponding author: Stephanie Bancroft, London North West Local Practice Forum of the Royal Pharmaceutical Society, Waxwell Lane, Pinner, UK, Tel: +44(0)79 5101 8390; Fax +44(0)1895 639852; E-mail: LNWLPF@gmail.com

Rec Date: September 8 2015, Acc Date: September 25 2015, Pub Date: September 29 2015.

Citation: Christine Heading, Amira Guirguis, Shreya Shah and Stephanie Bancroft (2015) Pharmacy consultation outcomes during a lung cancer awareness campaign. BAOJ Cancer Res Ther 1: 009.

Copyright: © 2015 Stephanie Bancroft, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
Note
This report is independent research supported by the Royal Pharmaceutical Society. The views expressed in this publication are those of the authors and not necessarily those of the Royal Pharmaceutical Society.
UK National Research Ethics Service guidelines indicate that the study was a service evaluation and required no ethics approval.

References