

# Community Pharmacist Intervention to Address Lower Urinary Tract Symptoms in Older Adults: Progress of A Randomized Controlled Trial

CA Sadowski<sup>1</sup>, YN Al Hamarneh<sup>2</sup>, R So<sup>1</sup>, A Wagg<sup>2</sup>, K Hunter<sup>3</sup>, R Tsuyuki<sup>2</sup>, J Schulz<sup>2</sup>



1 Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta, Edmonton, Alberta, Canada  
2 Faculty of Medicine & Dentistry, University of Alberta, Edmonton, Alberta, Canada  
3 Faculty of Nursing, University of Alberta, Edmonton, Alberta, Canada



## Introduction

Our previous research [Duong 2019] in Alberta found that:

**LUTS is common**

- More than half (55%) of community dwelling older adults report LUTS

**LUTS is burdensome**

- 73% of those with LUTS found it inconvenient
- Medical complications, stigma, social isolation, etc.

**LUTS is not addressed**

- 75% had not consulted any HCP

**Pharmacists can address LUTS**

- Most accessible healthcare provider
- Knowledgeable and trained in LUTS
- Scope of practice in Alberta is broad and allows for assessment, prescribing, and a role in public health
- Previous research demonstrates pharmacist impact for other disease states

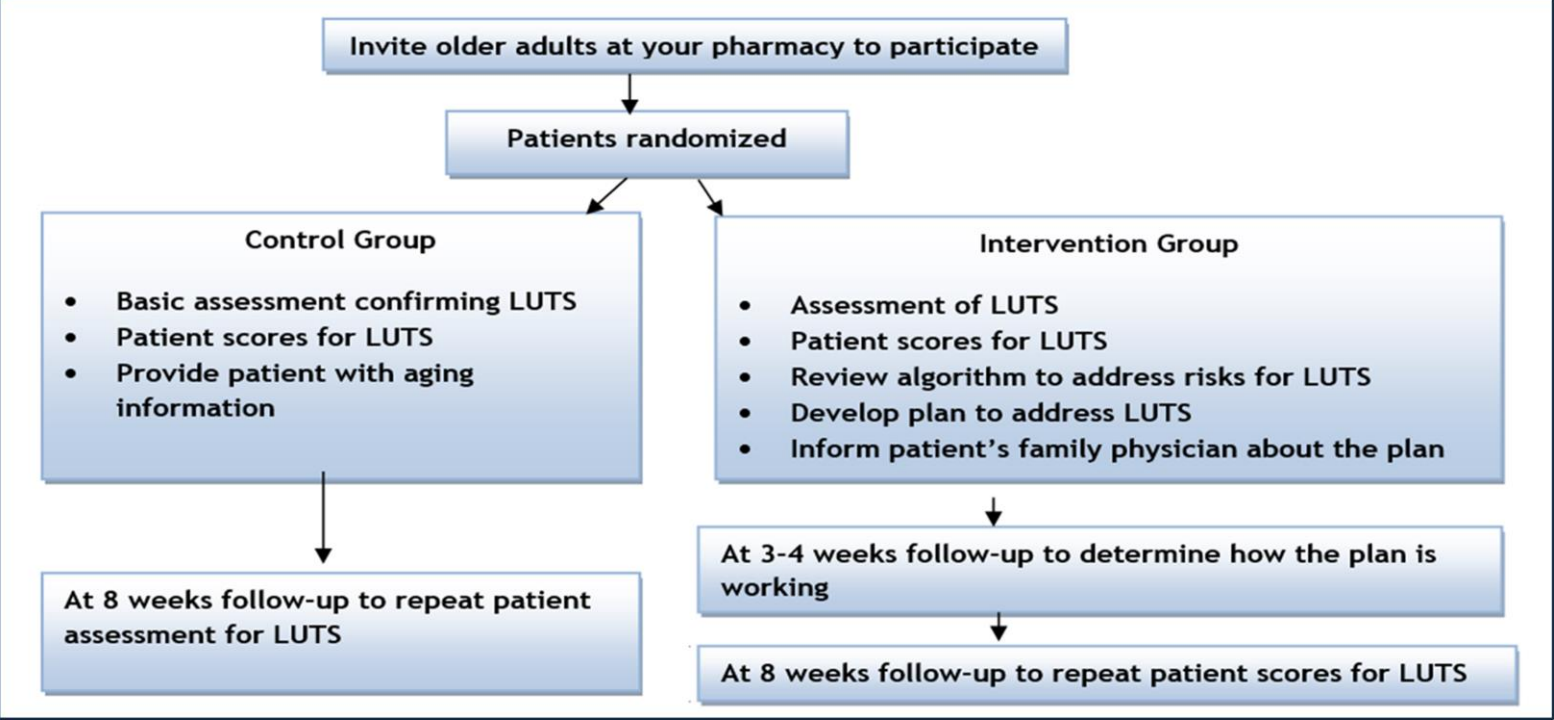
## Methods and Materials

•**Design:** RCT

•**Setting:** Community pharmacies (Edmonton and surrounding area, Red Deer, Alberta)

•**Participants:** Age 60y+ with LUTS

**Intervention:** Pharmacist assessment and plan implementation [Gabriel 2015]



•**Outcomes:**

- Primary: Patient Perception of Bladder Condition (PPBC)
- Secondary: Bladder Self-Assessment Questionnaire (B-SAQ)
- Secondary: International Consultation on Incontinence Questionnaire (ICIQ-SF)
- Feasibility
- Health System Use

## Discussion and Conclusions

Pharmacist engagement

- Some pharmacists are interested in managing LUTS
- Some pharmacists are interested but did not prioritize the study or had feasibility challenges which were overcome in most cases by having a trained research assistant present
- Engaging students can motivate pharmacists

Community-based research

- Ongoing communication and relationships appear to be critical to success for this project and likely others
- Regular visits and connecting with the busy, overworked, but well-meaning pharmacists was motivating

LUTS case finding and management

- PILUTS is complex, some pharmacists not able to conduct the assessments
- Geriatrics syndromes are multi-factorial and have many avenues for intervention
- Previous community pharmacy projects have focused on one disease with a more linear approach to intervention

Conclusion:

- Pharmacists are able to recruit patient and administer a study to assess and intervene on LUTS, but they require support.
- Many pharmacists are not engaged to participate in providing care for LUTS which requires further study to determine the causes for this gap in practice.

## Results

### Study Challenges (2020-2022)

•**COVID**

- Pharmacy Impact
  - Staffing shortages
  - Diversion to testing
  - Diversion to vaccinations
- Study Impact
  - Change from in-person to online study
  - Study halted due to pandemic

•**Predictable**

Seasonal demands (e.g. vacations, influenza)  
Other pharmacy practice research studies  
‘Easier’, less demanding studies

### Study Relaunch (2022-2023)

•**Broader recruitment of pharmacies**

- Initial selection of few pharmacies, one chain
- Shift to broader engagement, multiple pharmacies
- Invitation to Primary Care Network pharmacists

•**Student invitation**

- 4<sup>th</sup> year pharmacy students who are/will be on rotation are invited to participate
- Students trained/oriented
- Encourage students to engage their preceptors
- Summer students hired to assist at pharmacies for recruitment

•**Regular communications**

- Frequent communications, site visits

### Context

- Alberta has 4137 pharmacies and 6136 pharmacists
- N=27 pharmacists registered for the study
- n=15 pharmacy students were trained; 2 pharmacy students hired provided most of the recruitment and support for the pharmacists



## References

Gabriel, GG\*, Tsuyuki RT, Wagg A, Hunter K, Tannenbaum C, **Sadowski CA**. A pharmacist’s guide for care of adult patients presenting with lower urinary tract symptoms (LUTS). *Canadian Pharmacists Journal* 2015;148(5):249-256.

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