**A Project to Address lower urinary tract symptoms (LUTS) by pharmacists in the community**

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Colleague,

Re: Patient enrollment in the community-based **Management of LUTS by Pharmacists project.**

Mr/Ms/Mrs …………………………………………………… was identified as having LUTS including the following symptoms:

As you know, LUTS affect approximately 50% of older adults and can result in isolation, skin breakdown, and UTI’s, among other complications. In addition to the financial cost, seniors also experience stigma, and may suffer in silence for many years.

This study was designed to engage community pharmacists to consult with older adults who have purchased absorbable products or who would like to talk about LUTS at the time of prescription pick-up. The intervention is based upon the LUTS Guide and Algorithm for Pharmacists, and will include the following:

1. Review the patient’s medication profile, history, and medical conditions (e.g. through patient interview, Netcare documentation)
2. Review the patient’s lifestyle habits that can impact bladder health (e.g. fluid intake, caffeine consumption)
3. Review the patient’s bladder habits (e.g. frequency of toileting)
4. Provide education regarding lifestyle and behaviours that can impact bladder function
5. Provide education regarding medications that can impact bladder function
6. Discuss a plan with the patient for addressing any modifiable factors
7. Complete patient questionnaire regarding bladder symptoms, bother, and control
8. At 4 weeks have an interim meeting with the pharmacist to determine if the plan is working
9. At 8 weeks complete the plan and repeat the questionnaires

You will be provided with a written notification (sent by fax) of all assessments (including laboratory) for the patient and all changes in his/her management in this study.

Please see the attached study summary for more information.

It is important to emphasize that this pharmacist-assisted study is meant to provide additional care and improve accessibility -it is not intended to replace the rest of the health care team. The pharmacist will continue to work collaboratively with you and the patient to achieve goals over this 8 week period. You will be kept in the loop.

Please note that pharmacists, as a separate regulated health profession, are legally responsible for their own actions. They will take responsibility for any recommendations, tests, or prescriptions they provide. Pharmacists will refer the patient to you as required.

You are receiving this letter because the patient has identified you as being the most responsible primary care physician. We know, however, that sometimes that is not the case. Should you not consider yourself the most responsible physician for this patient’s care, please let us know as soon as you can.

Thank you for your cooperation in this study. By working with you and the patient, we believe we can help optimize health outcomes for patients with LUTS.

If you have any questions regarding this specific patient, please contact the pharmacist

…………………………………………. (Pharmacist name), at …………………………

If you have any queries or concerns about the study, please do not hesitate to contact any of the study investigators listed below.

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Dr. Yazid Al Hamarneh, EPICORE Centre/COMPRIS, Department of Medicine, University of Alberta, 780-492-9608

Dr. Ross Tsuyuki, Professor of Medicine (Cardiology) and Director, EPICORE Centre/COMPRIS, Department of Medicine, University of Alberta, 780-492-8526

Adrian Wagg, Professor of Medicine (Geriatrics), and Director, Division of Geriatric Medicine, University of Alberta, 780-492-5338

### Kathleen Hunter, Professor, Faculty of Nursing, University of Alberta, (780) 492-8941

Jane Schulz, Professor of Medicine (Obstetrics and Gynaecology), (780) 780 735 4942

**A Project to Address lower urinary tract symptoms (LUTS) by pharmacists in the community**

**Background/Rationale:** Lower urinary tract symptoms (LUTS) is one of the most common geriatric syndromes, leading to stigma, isolation, urinary tract infections, and skin breakdown. Despite the numerous guidelines, medications, and other evidence-based interventions, LUTS remains under recognized and undertreated.

Community pharmacists are well positioned to identify patients with LUTS, as most older adults obtain medications regularly, and may purchase absorbable products at the pharmacy. The efficacy of pharmacists’ intervention in chronic disease has been well demonstrated in the literature.

**Primary objective:** To determine the effect of a community based identification and intervention program in patients with LUTS on bladder symptoms and bother.

**Study design**: Randomized controlled trial with the patient as the unit of randomization

**Sample size:** 100 older adults

**Intervention:** The pharmacist will complete a review of participants which will include a medication, medical, and bladder history, review of labwork (Netcare), and bladder and lifestyle habits. The plan will be developed with the patient.

**Follow-up:** Patients will be followed up by the pharmacist at 4 weeks and again at 8 weeks to provide ongoing care and monitor their progress.

**Control:** Patients receive usual care with no specific intervention for 8 weeks. At the end of the 8 weeks the patients will be crossed over to receive the intervention described above.

**Primary outcome**: The primary outcome is difference of the Patient Perception of Bladder Condition (PPBC) score from baseline to 8 weeks. The PPBC is a single-item question that the patient answers on a scale of 1-6.

**What this study adds**:

* This is the first community based study involving pharmacists for management of LUTS.
* It utilizes an already available: community pharmacists, their expanded scope of practice and remuneration system already in place.
* We will use an innovative method in the community to capture patients with LUTS.
* We will pay unique attention to case finding, essential in chronic disease management – without good case finding, interventions are worthless.