LETTERS

The Need to Include Lifestyle Medicine Education in Malaysian Pharmacy Curriculum

Changes in disease patterns over the last 10 years from predominantly infectious to predominantly chronic diseases, in line with economic development, have led to the need for changes in conventional health practice in many parts of the world. This has resulted in a movement toward an evidence-based discipline of lifestyle medicine incorporating aspects of both public health and clinical medicine, aimed at moderating lifestyle and environmentally based etiologies. Within this context, pharmacists have long been recognized as highly accessible and trusted health care providers in many parts of the world, including in Malaysia. Pharmacists have frequent contact with patients who could potentially benefit from lifestyle modification education. Pharmacists are in an ideal position to offer patients information, guidance, and counseling regarding lifestyle changes that can help manage their medical conditions. When looking at the drugs that are most commonly dispensed in a pharmacy setting, it is easy to see that many of these drugs are used to treat conditions in which lifestyle modifications are recommended for treatment and prevention. A brief look at the top 10 medications used in Malaysia from the National Medicines Use Survey shows that approximately a third of these drugs are prescribed for the medical conditions of hyperlipidemia, hypertension, and diabetes.¹ In addition, the local clinical practice guidelines for these conditions clearly recommend 1 or more lifestyle modification strategies for prevention and treatment.² There is no doubt, that pharmacists have several opportunities to discuss lifestyle modification strategies with their patients on a daily basis.³

One study showed that even though patients with dyslipidemia visit the pharmacy more often than the physician's office, pharmacists offer less information to newly diagnosed patients about lifestyle changes than do physicians and nurses.⁴ The same study also reported

that patients with dyslipidemia receive more follow-up lifestyle modification information from their physician and nurse, as well as from a dietician, and even the media, compared with information received from their pharmacist. One reason for the lack of this type of counselling by pharmacists is inadequate knowledge, skills, and confidence to properly counsel patients on lifestyle changes. These skills can be addressed during formal education in pharmacy school, as well as through continuing education programs in lifestyle medicine. To educate future practitioners on lifestyle medicine concepts in Malaysian pharmacy colleges and schools, a coordinated effort is needed between the academics and health practitioners. At present in Malaysia, from personal knowledge, a curriculum component related to the role of pharmacists in lifestyle medicine has not been universally taught at pharmacy colleges and schools in the country. Furthermore, pharmacy educators have not emphasized lifestyle management in the current curriculum. All interested stakeholders in pharmacy education and continuing professional development should emphasize the need for such topics to be included in professional training programs in the future. This in return will help to build more professionals qualified to manage and overcome the ever-increasing menace of lifestyle-related disease in the country.

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