Results of a national survey on OTC medicines, Part 3: Perceived time expectations for clinical encounters associated with over-the-counter medicines

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Introduction

Over-the-counter (OTC) medications are an important component of primary health care. Since Schedule II medications can only be purchased in pharmacies, pharmacists can and should have an important role in the recommendation and proper use of these agents. Accordingly, we have conducted a large national survey of pharmacists' views on OTC medications. The first article in this series described pharmacists' opinions on the scheduling of various nonprescription medications.¹ The second article described pharmacists' opinions on switching of products from Schedule I (prescription only) to OTC Schedule II status.² In this paper we explore pharmacist-patient contact time. Pharmacists' perceptions of patient expectations for consultation time may serve as an important basis for the development of practical interventions relating to OTC use. Accordingly, we asked pharmacists' opinions on patient expectations regarding this issue for a number of OTC agents.

Methods

The detailed methods for this national survey have been reported previously.¹ Briefly, this was a cross-sectional survey of practising community pharmacists across Canada. Respondents completed a questionnaire covering various aspects of OTC medication. This mail-out survey was conducted using the Dillman method: an advance letter 1 week prior to the main mailing, the mailing of

the questionnaire, 2 follow-ups and 1 reminder to nonresponders.

The questions for this part of the survey were posed from the perspective that when patients ask about an OTC medication, there would be a certain amount of clinical time spent with the pharmacist. This would include inquiring about symptoms, medical history, previous medicine use for the condition, etc. We asked pharmacists their opinions on what the majority of their patients expect in terms of clinical contact time when purchasing an agent for the first time. For this exercise, it was important to specify *first-time user*, as it was reasonable to assume consumers familiar with a product (due to repeated use) would likely expect less. Pharmacists were to assume that a patient asked about a specific product — "I'm thinking about buying product X. Do you think it would help me?" Respondents were presented with 13 OTC medications listed in Table 1 and were asked to indicate the time that the majority of users would appreciate spending with the pharmacist on a time scale of half-minute increments, ranging from 0 minutes to 5 minutes or more.

Results

A total of 2305 usable surveys were received of 5037 originally mailed out, for a response rate of 46%.

The average age of pharmacist respondents was 47 years (± 14.3 years) and 58% were female. Two-thirds were staff pharmacists and 27% practised

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in a franchise >1200 square feet, 21% in a chain pharmacy and 21% in an independent pharmacy.

Table 1 shows the amount of time that pharmacists believe patients would welcome when being helped to select an OTC product. Pharmacists' perceptions of time for OTC product consultation were generally quite short, from a low of 1.7 minutes (mean) for acetaminophen/caffeine/codeine 8 mg and ASA 81 mg, to a high of 3.6 minutes (mean) for permethrin crème rinse (Nix).

The extremes in times, from the very low (no time or ≤ 30 seconds) to the longest time (5 or more minutes) are shown in Table 2. A number of pharmacists felt that patients would appreciate (or need) a longer consultation for Nix and nicotine patches. In contrast, a number of pharmacists felt that patients neither needed nor wanted more than 30 seconds of consultation for codeine-containing products, Materna, low-dose ASA or ibuprofen.

Discussion

In this national survey of over 2300 community pharmacists, we found that pharmacists felt that most patients would be receptive to about 2 minutes of clinical interaction when asking for an OTC product (for the first time) by name. These results should add to our knowledge of consumer demand from the perspective of the pharmacist. Analyses of this kind may also offer some reflection of how pharmacists view their own value to the consumers they serve.

These findings are similar to those observed in community pharmacies in Saskatoon, where patients spent an average of 80 seconds when self-selecting a cough/cold/allergy product.³ The average time spent when pharmacists were involved in the transaction was 130 seconds. In community pharmacies involving a headache and antacid scenario in Germany, the time spent by the pharmacist ranged from 30 seconds to 5 minutes.⁴ With regard to patients' willingness to be advised on OTC medications, one report found that about 75% were prepared to spend 1–5 minutes with the pharmacists during such an encounter.⁵ Other studies have reported 62.5% of patients expected to make their OTC purchase without being questioned,⁶ while another study reported that over half of patients did expect to be asked questions when purchasing an OTC product.⁷ Of course, these studies evaluated patients' expectations, rather than what is truly appropriate for the purchase of OTC products. Nevertheless, pharmacists may feel that excessive questioning during the clinical interaction associated with OTC product purchases may be considered to be intrusive by

TABLE 1 Pharmacists' estimates of time patients would want to spend in consultation about first-time OTC medication use

OTC product	Average time ($\pm$ SD), minutes
Nix crème rinse	3.6 ($\pm$ 1.1)
Clotrimazole 6-day vaginal cream	2.4 ($\pm$ 1.0)
Acetaminophen/caffeine/codeine 8 mg tablets	1.7 ($\pm$ 1.0)
ASA 81 mg tablets	1.7 ($\pm$ 1.0)
Materna tablets	1.8 ($\pm$ 1.0)
OTC codeine-containing cough syrup	2.0 ($\pm$ 1.0)
Polysporin eye/ear drops	2.2 ($\pm$ 1.0)
Loperamide 2 mg caplets	2.2 ($\pm$ 1.0)
Ranitidine 75 mg tablets	2.3 ($\pm$ 1.0)
Nicotine 21 mg patch	3.4 ($\pm$ 1.2)
Senna tablets	2.0 ($\pm$ 1.0)
Pseudoephedrine 60 mg tablets	2.0 ($\pm$ 1.0)
Ibuprofen 200 mg tablets	1.8 ($\pm$ 0.9)

SD = standard deviation.

TABLE 2 Pharmacists' perspectives on patient expectations of duration of clinical consultation — outliers

OTC product	Number of respondents (%) reporting 0.5 minutes or less	Number of respondents (%) reporting 5 or more minutes
Nix crème rinse	8 (0.3)	557 (24)
Clotrimazole 6-day vaginal cream	47 (2)	93 (4)
Acetaminophen/caffeine/codeine 8 mg tablets	343 (15)	36 (2)
ASA 81 mg tablets	271 (12)	39 (2)
Materna tablets	260 (11)	38 (2)
OTC codeine-containing cough syrup	192 (8)	35 (2)
Polysporin eye/ear drops	78 (3)	48 (2)
Loperamide 2 mg caplets	85 (4)	38 (2)
Ranitidine 75 mg tablets	97 (4)	62 (3)
Nicotine 21 mg patch	29 (1)	470 (21)
Senna tablets	166 (7)	27 (1)
Pseudoephedrine 60 mg tablets	153 (7)	28 (1)
Ibuprofen 200 mg tablets	225 (10)	16 (0.7)

patients. Obviously this needs to be balanced with the need for pharmacists to provide care to these patients (whether they expect it or not).

In our study, there were 2 agents with much longer times indicated — permethrin (Nix) and nicotine patches, which showed average expected interaction times of 3.6 and 3.4 minutes, respectively. Upon further examination of the data, 24% (Nix) and 21% (nicotine patches) of pharmacists indicated that patients would expect to spend ≥ 5 minutes with a pharmacist. Because the upper

limit for time on the questionnaire was ≥ 5 minutes, indeed, some pharmacists may have thought patients would expect even more interaction time. Given the extensive directions required with Nix and extensive lifestyle modifications required with nicotine patches, this seems entirely appropriate.

On the other end of the spectrum were acetaminophen/caffeine/codeine 8 mg tablets (mean = 1.7 minutes) and ASA 81 mg (mean = 1.7 minutes). In the case of the Schedule II codeine product, the low reported interaction time may be a reflection of pharmacists' ongoing frustration with the misuse and abuse of this product by consumers. Opioid-containing products are frequently mentioned in pharmacy circles as the most commonly abused OTC products in the pharmacy. Respondents may perceive that consumers asking for this specific product have a predetermined agenda and are not interested in the pharmacists' assessments or interventions. Alternatively, pharmacists may feel that education for these products is straightforward and requires little time.

The low interaction time perceived by pharmacists for ASA 81 mg is less clear. It may be due to the fact that low-dose ASA is to be physician-directed, and thus first-time users should be reasonably informed on how and why to use it.

In this survey, the scenario presented to pharmacists was one where patients asked for the specific product by name, rather than one where patients mention a particular symptom. We asked pharmacists to draw on their experiences of what *they* perceived patients' expectations for clinical interaction would be. This is in contrast to what *should* be provided for various products. And this might also contradict what is actually done in day-to-day practice. Nevertheless, these findings provide a good starting point for the development of brief OTC-related interventions for community pharmacists and for discussions on the amounts of time that are reasonable or required for such products.

There were a number of limitations to our study. First, although we had a high response rate, there may have been some respondent bias, selecting for those most interested in OTC medications. Secondly, the scenario we used assumed that the patient asked for the product by name. In such situations, the pharmacist may have felt that the patient had already decided on the product needed, and would therefore be less interested in clinical interaction. Further, the phrasing of our main question may have caused some confusion for respondents; the context chosen could be considered rather unorthodox. Therefore, we cannot

rule out social desirability bias, whereby pharmacists may have interpreted the questions to be asking how much time they *should* spend with patients for these OTC scenarios. In future studies, another approach would be to ask patients themselves how much time they would expect with the pharmacist. Finally, the survey captured interaction times as categorical (no time, 30 seconds, 1 minute, etc.) rather than continuous data. Reporting a mean of categorical data is not strictly correct, however, upon inspection of the data, we noted pharmacists' preference for whole minute times, choosing half minutes (e.g., 1.5 minutes) much less frequently. Because of this, we felt that the mean reflected the time estimates better. On this same issue, for data analysis the highest time category ("5 or more minutes") was entered as "5 minutes," setting up the possibility for underestimating the actual time.

Conclusion

In this large national survey of community pharmacists, we found that pharmacists felt that patients' expectations for clinical interaction associated with first-time OTC use would be about 2 minutes. This can serve as the basis for development of pharmacist interventions to improve OTC use, balancing patient expectations for the duration of the interaction with what would be clinically important to cover during that interaction. This includes managing patients' expectations for appropriate pharmacist interactions. ■

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