Top 5 primary care topics for pharmacists in 2016

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THE RXTX HIGHLIGHTS PROGRAM IS A CONTINUING education program developed by the Canadian Pharmacists Association (CPhA) and the Information Technology Primary Care Research Group at McGill University. In this program, the CPhA emails weekly treatment recommendations (Highlights), based on their online clinical resource RxTx, to their members. Participating CPhA members are given the opportunity to rate the relevance, cognitive impact, intention to use and expected patient health benefits for each Highlight received using the Information Assessment Method (www.mcgill.ca/iam), in exchange for continuing education credits.

For this annual report, all the ratings provided by participants in 2016 were analyzed, and the top 5 most beneficial Highlights were identified (Table 1). The analysis used the Benefit of Information Index (BII), which considers the proportion of ratings indicating an expected health benefit for at least 1 patient and half of the proportion of ratings indicating a possible health benefit for at least 1 patient.^{1,2} By calculating a BII value for each Highlight, we are able to identify through crowdsourcing the clinical information expected to have the most positive impact on the health of the Canadian

population, as assessed by their pharmacists. In 2016, each weekly Highlight was rated by an average of 181 participants (95% confidence interval [CI], 172-190). The Highlights were rated as “totally” or “partially” relevant in 49% of ratings completed by participants. By allowing clinicians to provide their ratings and feedback comments regarding the expected benefits of information for patients, we may leverage the collective wisdom of practising pharmacists across Canada and improve information content.³ Crowdsourcing is a force multiplier, which allows the traditional “ask-the-user” approach to reach a wider audience.^{4,5}

One potential shortcoming of using crowdsourcing, however, is the unperceived continuing education needs of pharmacists. For example, if pharmacists were unaware that about 50% of their patients may have lower urinary tract symptoms, they would rate a guideline for that condition much lower because they do not perceive there is a problem.

Through this article, the insight obtained from the ratings of participating CPhA members may be useful to all pharmacists, as large groups can be collectively wise in identifying relevant information.⁶ ■

TABLE 1 Top 5 beneficial highlights of 2016, as rated by CPhA members

Highlight title*	Highlight text	Total ratings	BII
Gastroesophageal reflux disease: When should long-term PPI therapy be re-evaluated?	PPIs are considered safe and well tolerated compared with other medications; however, there is growing evidence of rare but potentially serious adverse effects with long-term use. While a clear causal relationship has not always been established, PPIs are associated with cardiovascular events, <i>C. difficile</i> and other enteric bacterial infections, community-acquired pneumonia, dementia, gastric disease (fundal gland polyposis), hypomagnesemia, kidney disease and osteoporotic fracture. The Canadian Association of Gastroenterology recommends re-evaluating PPI therapy for gastrointestinal symptoms on an annual basis through a trial discontinuation or dosage reduction. Note that this recommendation does not apply to patients with Barrett's esophagus, Los Angeles grade D esophagitis or gastrointestinal bleeding.	226	36.9
Low back pain: Prescription for walking?	In patients with chronic low back pain, prescribed walking programs have been shown to be as effective as usual nonpharmacologic methods such as physical therapy, group exercise classes or strength training for improving pain, functioning and quality of life. Providing patients with a pedometer, walking diary and instructions for a tailored, graduated, walking program (building up to 30 minutes of brisk walking 5 days a week) is a beneficial and cost-effective option for managing chronic low back pain.	214	34.1
Influenza: New information on immunization and egg allergy	NACI recommendations regarding egg-allergic individuals have evolved over the past several influenza seasons based on emerging clinical evidence. Egg-allergic adults and children may be vaccinated against influenza using a single, full dose of injectable trivalent or quadrivalent inactivated vaccine without a prior influenza skin test, irrespective of the immunization setting or of a past severe reaction to egg. Due to a lack of data at the time the current NACI statement was issued, the live attenuated intranasal influenza vaccine (LAIV) is not recommended for persons with a documented egg allergy. A study of 779 egg-allergic children aged 2-18 years, published subsequent to the 2015-2016 NACI statement, demonstrated the LAIV is well tolerated in youth with a history of egg allergy. Approximately 35% of subjects in the study population reported a history of anaphylaxis to egg and >50% had been diagnosed with asthma or recurrent wheeze. LAIV could be considered as an alternative for young patients with a history of egg allergy and needle phobia. It is expected that NACI recommendations will continue to evolve as the evidence base grows in this area. As with all vaccines, immunization providers should have the necessary equipment to respond to vaccine emergencies at all times.	193	31.1
Diabetes mellitus: Who needs preventive antiplatelet therapy?	Antiplatelet therapy: Low-dose ASA (75-162 mg/day) is recommended in patients with diabetes to prevent further serious vascular events in those with established cardiovascular disease. For primary prevention, the potential benefit does not outweigh the risks associated with ASA. Routine use is not recommended for primary prevention of cardiovascular events in patients with diabetes. If antiplatelet therapy is deemed necessary and patients are unable to tolerate ASA, clopidogrel 75 mg daily may be considered.	211	31.0
Osteoarthritis: Acetaminophen: safe and effective?	Because acetaminophen has a relatively low risk of side effects, it is recommended as the oral drug of first choice in the management of OA. However, recent meta-analyses show that acetaminophen provides minimal pain relief in the treatment of OA. Additionally, there are increasing safety concerns with high doses of acetaminophen.	183	26.8

*If you are an RxTx subscriber, you can find the above highlights at <https://www.e-therapeutics.ca/search>. ASA, acetylsalicylic acid; BII, Benefit of Information Index; CPhA, Canadian Pharmacists Association; NACI, National Advisory Committee on Immunization; OA, osteoarthritis; PPI, proton pump inhibitor.

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