

# A TEAM APPROACH TO CHOLESTEROL CONTROL

Find out what your pharmacist can do to help you reach lipid targets

by Dr. Lyne Lalonde and Julie Villeneuve



**D**yslipidemia, an imbalance in your cholesterol levels, is a common and major risk factor for heart disease. Drugs called statins are effective at reducing LDL cholesterol, but must be taken regularly over the long term to provide optimal results. Too many people stop taking their medications or miss doses frequently.

And the delay between doctors' appointments means it can take some time to adjust your dose to make sure you reach target levels. But wait!

There's another health professional you see pretty regularly who just may be able to help. And now, at least in some provinces, they're getting the authority to do just that. It's time to look at your pharmacist in a whole new light.

## **YOUR PARTNER IN CHOLESTEROL CONTROL**

A number of studies have shown that people achieve better cholesterol control when doctors and pharmacists work together with them to track progress

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towards targets and help deal with issues that reduce **adherence**.

### Medication management experts


Pharmacists are trained extensively in the composition and use of medications. Their expertise lies in how medications should be used, how to maximize their benefits and minimize adverse effects, and how prescription drugs interact with other medications, over-the-counter drugs and foods.

Pharmacists are the most accessible health care provider and the best trained in drug treatment. They're now taking on an expanded role in health care. In many provinces, pharmacists can now start, adjust, continue or discontinue a medication in collaboration with a doctor.

### A MODEL FOR COLLABORATION

In Québec, changes to health laws in 2002 opened the door to pharmacists playing a bigger role in starting and adjusting drug therapies according to a doctor's prescription, and in requesting lab tests when needed.

A research group involving pharmacists, family physicians and a cardiologist designed a study in Québec to show that physician-pharmacist teams could improve the management of dyslipidemia. They produced a TEAM protocol and specific clinical tools. This includes a pharmacist training session and a clear description of the doctor's and pharmacist's respective roles and responsibilities.

The goal is to optimize lifestyle changes and drug therapy in order to reach target cholesterol levels. The protocol was designed for people at moderate to high risk of heart disease who were either starting treatment with a statin or were already on a statin but had not achieved target LDL-cholesterol levels. 

## How the TEAM approach would work

1

Your physician prescribes a statin, specifying the initial and maximal doses, the target lipid levels and recommended lifestyle changes.

2

When you go to fill your first prescription, you meet with your pharmacist to discuss heart disease risk and the long-term benefits of treatment. Together, you design a three-month plan of action that includes drug therapy and lifestyle changes.

Your pharmacist gives you the statin prescription as well as a requisition form to have another set of lab tests (called a lipid panel) done in six weeks to measure your cholesterol levels.

If at any time you experience adverse effects, you can return to your pharmacist who will either adjust your treatment or refer you to your physician to explore other treatment alternatives.

3

You meet with your pharmacist again two months later to look at your lab test results and see if you've reached the lipid target set by your doctor. You discuss any adverse effects or difficulties adhering to the drug regimen and implementing lifestyle changes. If you're not on target and you've been taking your medication as instructed, the pharmacist will increase the dose of statin according to your physician's prescription and give you a requisition form to have another lipid panel performed after six weeks. The pharmacist will meet with you every two months to evaluate if you have reached your lipid targets.

4

Once you've reached your targets, you'll see the pharmacist three months later to confirm that these have been maintained. If you're still at target, the current dosage of statin will be maintained. If you're not at target, the pharmacist will again ask about adherence and help you find strategies for taking your medication more regularly. If you've been adherent but are not at target, the pharmacist will increase the dose of statin according to your physician's prescription.

5

By the time you see your doctor for regular follow-up, you'll be well on your way to controlling your cholesterol and will be able to discuss any questions knowledgeably. And you'll have established a relationship with your pharmacist that makes it easy for you to ask questions when you go to refill your prescription.

Sound good to you? Ask your doctor or pharmacist what services pharmacists can provide in your province.