

## Patient Counseling

Patient counseling exercises using role plays based on the real/hypothetical clinical case scenarios. The students are expected to provide counseling on disease condition, medication, lifestyle modifications, monitoring parameters, etc. and the same shall be documented (minimum 5 cases).

Counseling is a process to provide important information, advise, lifestyle modification and assistance orally or in written to the patients with their medications and ensure them to take the drugs properly. So counseling is important to give right drug, in right dose at right time by right route and to right patient.

### Objectives

- Improving patient adherence
- Assessing the patient understanding of the therapy
- Motivating patient

### Basic Counseling Skills

- Attending
- Silence
- Rapport building
- Focussing
- Questions
- Reflecting
- Summarizing

Pharmacists, being active members of the health care team, can play an important role in providing patient counseling so as to improve patient compliance and thus enhance the therapeutic efficacy and quality of life. Since counseling is done by pharmacists so doctors can spend more time on examination and diagnosis of the patient.

The communication session may be verbal (language, tone, volume and speed) or non-verbal (body language, eye contact and facial expression, etc.) taken by a pharmacist.

### Steps Involved in Patient Counseling

- **Introduction:** Introduce yourself and get familiar with the patient.
- **Assess the need of counseling:** Record the details information about patient age, weight, allergy if any, past medication, habits, response to previous therapy, duration of therapy, etc. Current therapy details like interactions, ADR, route, duration of therapy.
- **Provide information and advice on medicine use:** Inform the patient about dose, frequency, route, side effects, ADR, interactions of medicine. Also provides details about diet to be taken or avoided with medicines. Tell about actions, duration of therapy. Inform what to do in missed doses and if any ADR appears.
- **Assessment and monitoring:** Tell the summary of the counseling session. Clear all the doubts of the patient. Monitor actual compliance through follow-up.



## Experiment 16

### OBJECT

To provide patient counseling session on the real/hypothetical clinical case of hypertension.

**Name of patient**

**Age:**

**Sex:**

**Weight:**

**Address of patient:**

**Counseling session Date:**

**Time:**

### Disease Condition

- Duration of disease in years
- Organs affected
  - (i) CNS/stroke:            Yes/No
  - (ii) Heart failure/attack: Yes/No
  - (iii) Sexual effect:        Yes/No
  - (iv) Vision loss:            Yes/No
  - (v) Kidney disease:        Yes/No

### Medication

- Drug/drugs prescribed by physician:
- Dose:
- Frequency:
- Route:
- ADR if any:
- Drug interaction if any:

### Lifestyle Modifications

- Take diet rich in fruits/vegetables
- Weight control:                            Yes/No
- Low salt intake:                            Yes/No
- Habits smoke/alcohol:                    Yes/No
- Aerobic exercises (30 minutes):        Yes/No
- Love yourself (life stress free):        Yes/No



**Monitoring Parameters**

- Up to date BP record: Yes/No
- **Lipid profile**
  - Cholesterol
  - HDL
  - LDL
  - Triglycerides
- Kidney profile

**Creatinine****Urea****Result**

Counseling session—Excellent/Best/Good/Satisfactory



## Experiment 17

### OBJECT

To provide patient counseling session on the real/hypothetical clinical case of diabetes.

**Name of patient:**

**Age:**

**Sex:**

**Weight:**

**Address of patient:**

**Counseling Session Date:**

**Time:**

### Disease Condition

- Duration of disease in years
- Organs affected
  - (i) CNS/stroke:            Yes/No
  - (ii) Heart failure/attack:    Yes/No
  - (iii) Liver effect:            Yes/No
  - (iv) Vision loss:            Yes/No
  - (v) Kidney disease:        Yes/No
  - (vi) Skeletal system effect:    Yes/No

### Medication

- **Drug/drugs prescribed by physician**
- **Insulin dependent diabetes:** Educate the patient regarding newer insulin administration. Ask the patient to carry chocolates during travel to be used in hypoglycemic attack and ask him not to miss the meal.
- **Non-insulin dependent diabetes (sulfonylurea):** Explain the methods to prevent, detect and manage hypoglycemia. Advise the patient not to take sucrose in hypoglycemia as it may not be absorbed when acarbose is taken.
- **Dose:**
- **Frequency:**
- **Route:**
- **ADR if any:** In case treatment with metformin, monitor muscle and stomach pain, weight loss, unusual sleepiness, nausea.
- **Drug interaction if any**

### Lifestyle Modifications

- Take diet of low glycemic index/vegetables    Yes/No
- Weight control                                    Yes/No
- Low salt intake                                    Yes/No



- Habits smoke/alcohol Yes/No
- Aerobic exercises (minimum 30 minutes) Yes/No
- Love yourself (life stress record) Yes/No

**Monitoring Parameters**

- Up to date BP and blood sugar record Yes/No
- Lipid profile
  - Cholesterol
  - HDL
  - LDL
  - Triglycerides
- Kidney profile

**Creatinine**

- LFT profile
- Retina examination

**Result**

**Counseling session:** Excellent/Best/Good/Satisfactory



## Experiment 18

### OBJECT

To provide patient counseling session on the real/hypothetical clinical case of asthma.

**Name of patient:**

**Age:**

**Sex:**

**Weight:**

**Address of patient:**

**Counseling Session Date:**

**Time:**

### Disease Condition

- Duration of disease in years
- Organs affected
  - (i) Chest X-ray                      Yes/No
  - (ii) Allergy tests performed      Yes/No

### Medication

- Drug/drugs prescribed by physician
- **Beta receptor agonists:** Monitor for tremors and muscle pain.
- **Theophylline:** Patients on sustained release preparations should be told not to crush/chew the tablets.
- **Anticholinergics:** Monitor for dry throat, nausea, headache, blurred vision and painful urination.
- **Corticosteroids:** Medication should be administered regularly. Emphasize gargling of mouth after use of inhaled medications.
- **Dose:**
- **Frequency:**
- **Route**
- **ADR if any**
- **Drug interaction if any**

### Lifestyle Modifications

- Habits smoke/alcohol                      Yes/No
- Aerobic exercises and pranayamas      Yes/No
- Love yourself (life stress free)          Yes/No

### Monitoring Parameters

- TLC    Yes/No
- Chest X-ray                                  Yes/No
- Lungs biopsy                                Yes/No
- Lung PFT (pulmonary function test)    Yes/No

### Result

**Counseling session:** Excellent/Best/Good/Satisfactory.



## Experiment 19

### OBJECT

To provide patient counseling session on the real/hypothetical clinical case of anemia.

**Name of patient:**

**Age:**

**Sex:**

**Weight:**

**Address of patient:**

**Counseling Session Date:**

**Time:**

### Disease Condition

- Duration of disease in months/years
- Organs affected
  - (i) Intestinal disorders like ulcer: Yes/No
  - (ii) Pregnancy case: Yes/No
  - (iii) Bleeding disorders like hemorrhoids and bleeding gum: Yes/No
  - (iv) Menstruation disorders: Yes/No
  - (v) Deficiency of iron, folic acid, vitamin B<sub>12</sub>: Yes/No

### Medication

- Drug/drugs prescribed by physician:
- Iron and vitamins tablets/iron, vitamins supplements:
- Frequency:
- Route:
- ADR if any:
- Drug interaction if any:

### Lifestyle Modifications

- Iron rich diet (carrot, apple, bananas, grape, beet root, spinach, kale, broccoli): Yes/No
- Vitamin C rich food (orange, strawberries, mosami): Yes/No
- Use copper water (keep water in copper vessel overnight): Yes/No
- Yoga/exercises/pranayamas: Yes/No
- Expose body to morning sunlight and take cold baths: Yes/No
- Include lentils and whole grain cereals in your diet: Yes/No
- Cook your food in iron pots to increase iron content: Yes/No
- Avoid tea, coffee, bran, soda and hot spicy food: Yes/No



**Monitoring Parameters**

- Ocular, dermal, respiratory manifestations, i.e. yellow eyes and yellow skin: Yes/No
- Muscular manifestation, i.e. weakness: Yes/No
- Neurological manifestations, i.e. fatigue, dizziness, fainting: Yes/No
- CVS manifestation, i.e. low BP, palpitation, chest pain: Yes/No
- Spleen manifestation: Yes/No

**Result**

**Counseling session:** Excellent/Best/Good/Satisfactory



## Experiment 20

### OBJECT

To provide patient counseling session on the real/hypothetical clinical case of epilepsy.

**Name of patient:**

**Age:**

**Sex:**

**Weight:**

**Address of patient:**

**Counseling Session Date:**

**Time:**

### Disease Condition

- Duration of disease in years
- Chronic CNS disorders
  - (i) Duration and frequency of seizures
  - (ii) Types of seizures: Generalized seizures/sudden dropping (atonic)/blank spells (absence)/sudden jerking (myoclonic)
  - (iii) Loss of consciousness Yes/No

### Medication

- Drug/drugs prescribed by physician
- **Barbiturates:** Explain the patient about the possibility of dependence and drug interactions especially with oral contraceptives. Also monitor for fever, skin rashes, swelling of eyelids, mental depression
- **Benzodiazepines:** Monitor for behavior problem, mental depression, impaired memory, skin rashes, etc.
- **Phenytoin:** The patient should be advised not to stop medicine or take other medicine without the doctor's advice.
- Monitor for gum bleeding, bone malformation, joint pain and headache
- **Valproate:** Controlled release and sustained release preparations should not be chewed or crushed. They should be
- Swallowed whole.
- **Frequency:**
- **Route:**
- **ADR if any:**
- **Drug interaction of anti-epileptics:**



Interacting drugs	Response
Large doses of penicillin, isoniazid, aminophylline, theophylline, tricyclic antidepressants, hypoglycemic oral, medications and insulin, and antihistamines.	Cause seizures or decrease seizures. Threshold and improve the frequency of seizures in people with epilepsy
Benzodiazepines, barbiturates, other AEDs, and opiates).	Seizures may also be associated with drug withdrawal

### Lifestyle Modifications

- Iron rich diet (carrot, apple, bananas, grape, beet root, spinach, kale, broccoli): Yes/No
- Vitamin C rich food (orange, strawberries, mosami): Yes/No
- Use copper water (keep water in copper vessel overnight): Yes/No
- Yoga/exercises/pranayamas: Yes/No
- Expose body to morning sunlight and take cold baths: Yes/No
- Include lentils and whole grain cereals in your diet: Yes/No
- Cook your food in iron pots to increase iron content: Yes/No
- Avoid tea, coffee, bran, soda and hot spicy food: Yes/No

### Lifestyle Modifications

- Diet consists of high protein and fat with low carbohydrates
- Patients with epilepsy have anxiety about getting a job, having children, having a driving license, social life, and other life-related aspects. Change the interests and hobbies. Avoid cycling and activities such as this on the streets with heavy traffic. Always watch them around the water, at the beach, and near the wading pools problem. If seizures are poorly controlled, a life jacket should be dressed when it is in water. People with epilepsy have higher risk for motor vehicle accidents. Some people with seizures are not licensed to drive at all, while others may drive with limitations (e.g. unless a seizure has recently happened, or the type or dose of medication is changing). Decrease the alcohol intake and smoking. Increase depression severity is associated with an increased likelihood of uncontrolled seizures. Epilepsy influences relations with the others and the relationship between patients and their children. It has been reported that epilepsy negatively affects their sex life. And proper sleep is important for patients. Lower seizure threshold due to ineffective sleep and insufficient sleep.

### Monitoring parameters

- EEG: Yes/No
- MRI: Yes/No
- CSF, CBC, electrolytes, glucose reports: Yes/No

### Result

**Counseling session:** Excellent/Best/Good/Satisfactory







**Q9.** ACE inhibitors are given in:

- (1) Asthma                      (2) Hypertension                      (3) Anemia                      (4) Epilepsy

**Q10.** Low salt intake is suggested in:

- (1) Asthma                      (2) Hypertension                      (3) Anemia                      (4) Epilepsy

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**ANS**

- Q1.** (3)                      **Q2.** (3)                      **Q3.** (4)                      **Q4.** (3)                      **Q5.** (1)                      **Q6.** (1)                      **Q7.** (4)  
**Q8.** (3)                      **Q9.** (2)                      **Q10.** (2)

