

MOUSTAFA, R., PRABHU, K.S., STEWART, D., RAYAN, C., ABDEL AZIZ, H., EL EDRISI, M., IZHAM, M., JOCHEBETH, A., KUTTIKRISHNAN, S., O'CONNOR, A., YOUNG, M., STEINHOFF, M., UDDIN, S. and TONNA, A. 2020. Is there a role for the pharmacist in screening for metabolic syndrome? *European journal of hospital pharmacy* [online], 27(Suppl 1): 25th European Association of Hospital Pharmacists congress (EAHP 2020): hospital pharmacy 5.0: the future of patient care, 25-27 March 2020, Gothenburg, Sweden, article number 4CPS-103, pages A95-A96. Available from: <https://doi.org/10.1136/ejhpharm-2020-eahpconf.204>

Is there a role for the pharmacist in screening for metabolic syndrome?

MOUSTAFA, R., PRABHU, K.S., STEWART, D., RAYAN, C., ABDEL AZIZ, H., EL EDRISI, M., IZHAM, M., JOCHEBETH, A., KUTTIKRISHNAN, S., O'CONNOR, A., YOUNG, M., STEINHOFF, M., UDDIN, S. and TONNA, A.

2020

IS THERE A ROLE FOR THE PHARMACIST IN SCREENING FOR METABOLIC SYNDROME?

Rana Moustafa¹, Kirti. S. Prabhu², Derek Stewart^{3,4}, Cristin Rayan⁵, Hani AbdelAziz¹, Mohsen EL Edrisi¹, Mohamed Izham³, Anh Jochebeth², Shilpa Kuttikrishnan², Ann O'Connor¹, Monica Young⁶, Martin Steinhoff², Shahab Uddin², Antonella Tonna⁴

Affiliations: ¹Hamad Medical Corporation, Doha, Qatar, ²Translational Research Institute, Academic Health System, Hamad Medical Corporation, Doha, Qatar, ³Qatar University, Doha, Qatar, ⁴Robert Gordon University, Aberdeen, UK, ⁵Trinity College Dublin, Ireland, ⁶Qatar Metabolic Institute, Hamad Medical Corporation, Doha, Qatar.

Background:

Evidence for a pharmacist role in the screening of MetS has been shown to be effective in at-risk populations (1). Despite, migrants being an at-risk group for the development of MetS, no literature has described screening of migrants by pharmacists.

Aim:

To identify the impact, of the pharmacist role in screening migrants upon arrival in a Middle Eastern country and following 24 months of residency in the Middle East (ME) .

Methods:

- ❖ This prospective longitudinal observational study is being conducted over two periods. The initial phase was the retrospective pharmacist facilitated screening process of the migrants to Qatar (the new HMC employees, within three months of arrival to Qatar) included screening for DM, HTN, central obesity and dyslipidemia (high triglycerides and low high density cholesterol). Migrants with normal metabolic parameters at baseline were included in the second phase which is the follow-up study 24 months post residing in Qatar, as illustrated in figure 1. Follow-up laboratory tests, BP and waist circumference measurement are being repeated two years post residing in Qatar. Moreover, a questionnaire to address the change in their lifestyle since migration is being applied (Figure 2).
- ❖ Participants were coded with a unique study identification number on data collection sheets and during data analysis
- ❖ Descriptive analysis was utilized for baseline characteristics. ANOVA test will be applied to ascertain the incidence of the new MetS-development after exposure to migration.

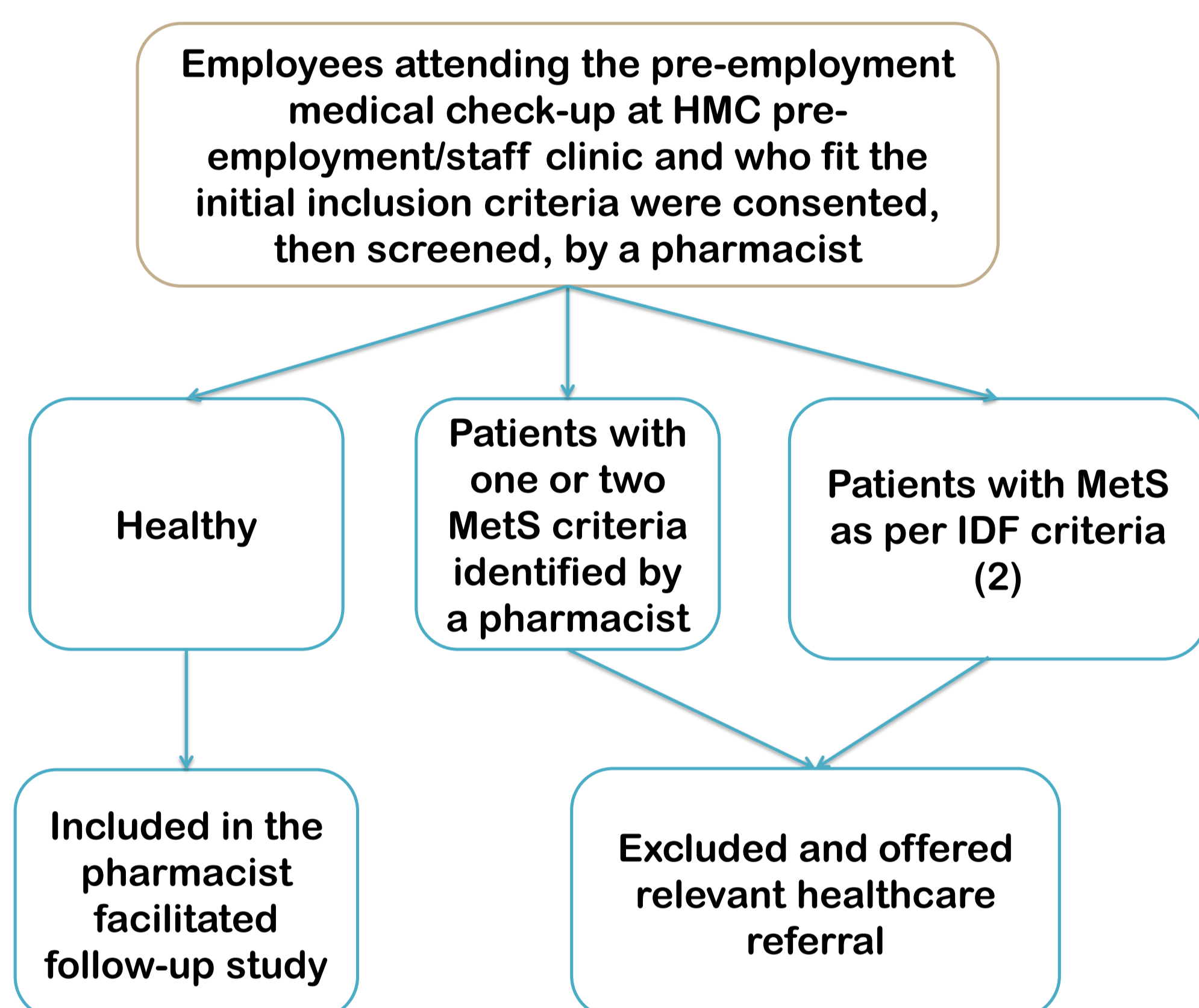


Figure 1: Flow diagram of participant recruitment during period one

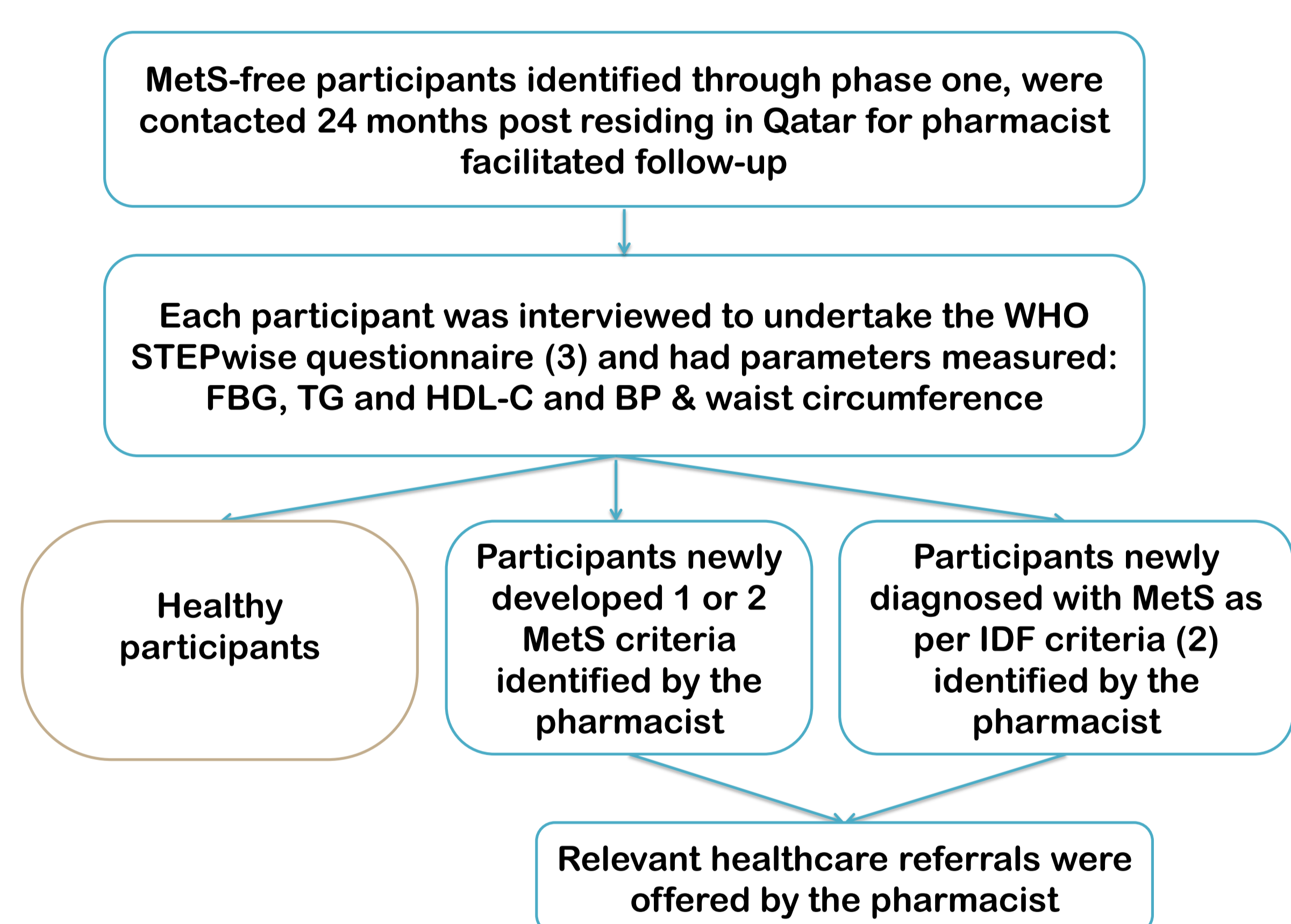


Figure 2 : Flow diagram of participant follow up during period two

RESULTS

Participant Demographics

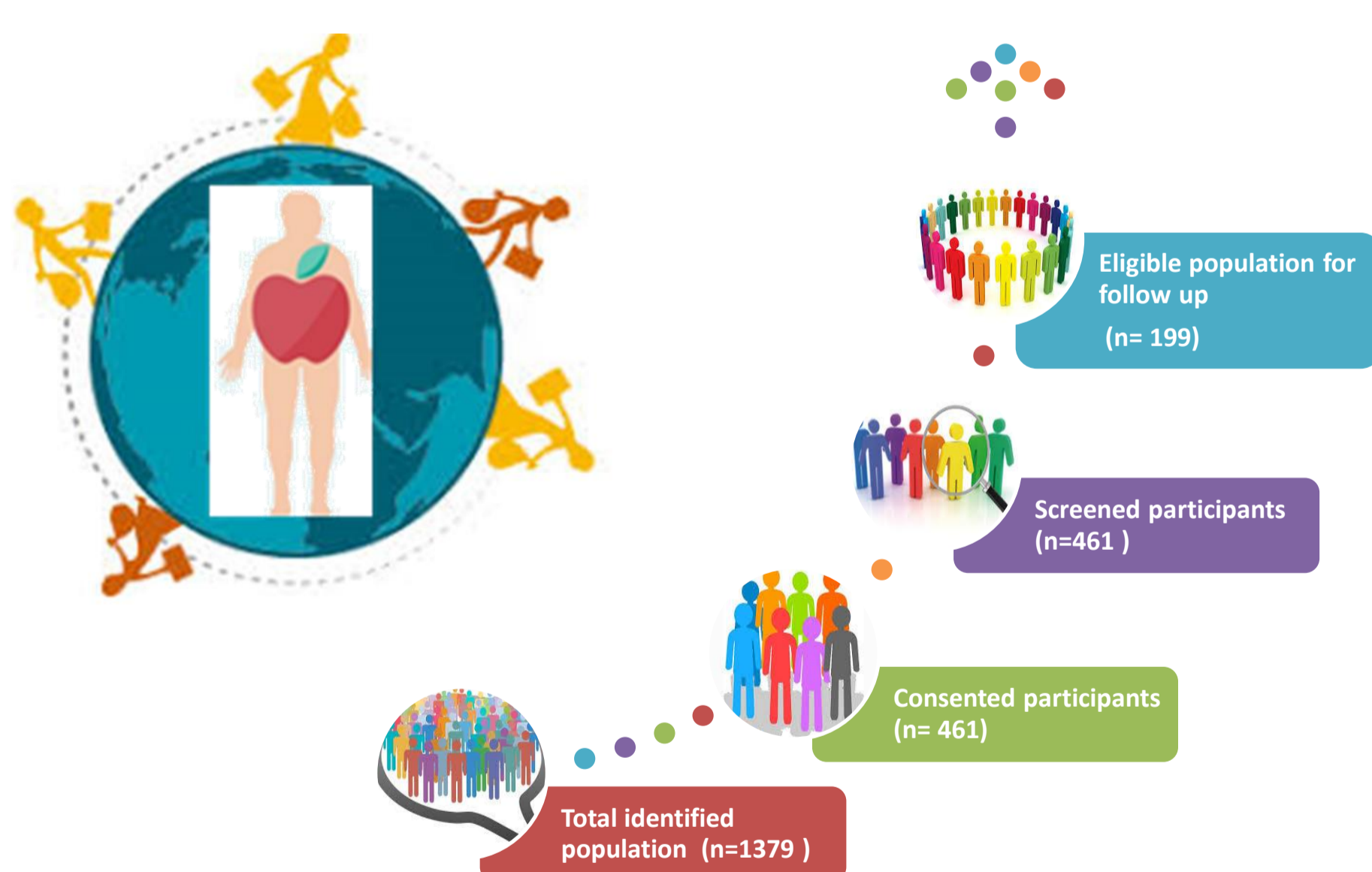


Figure 3– The recruitment process

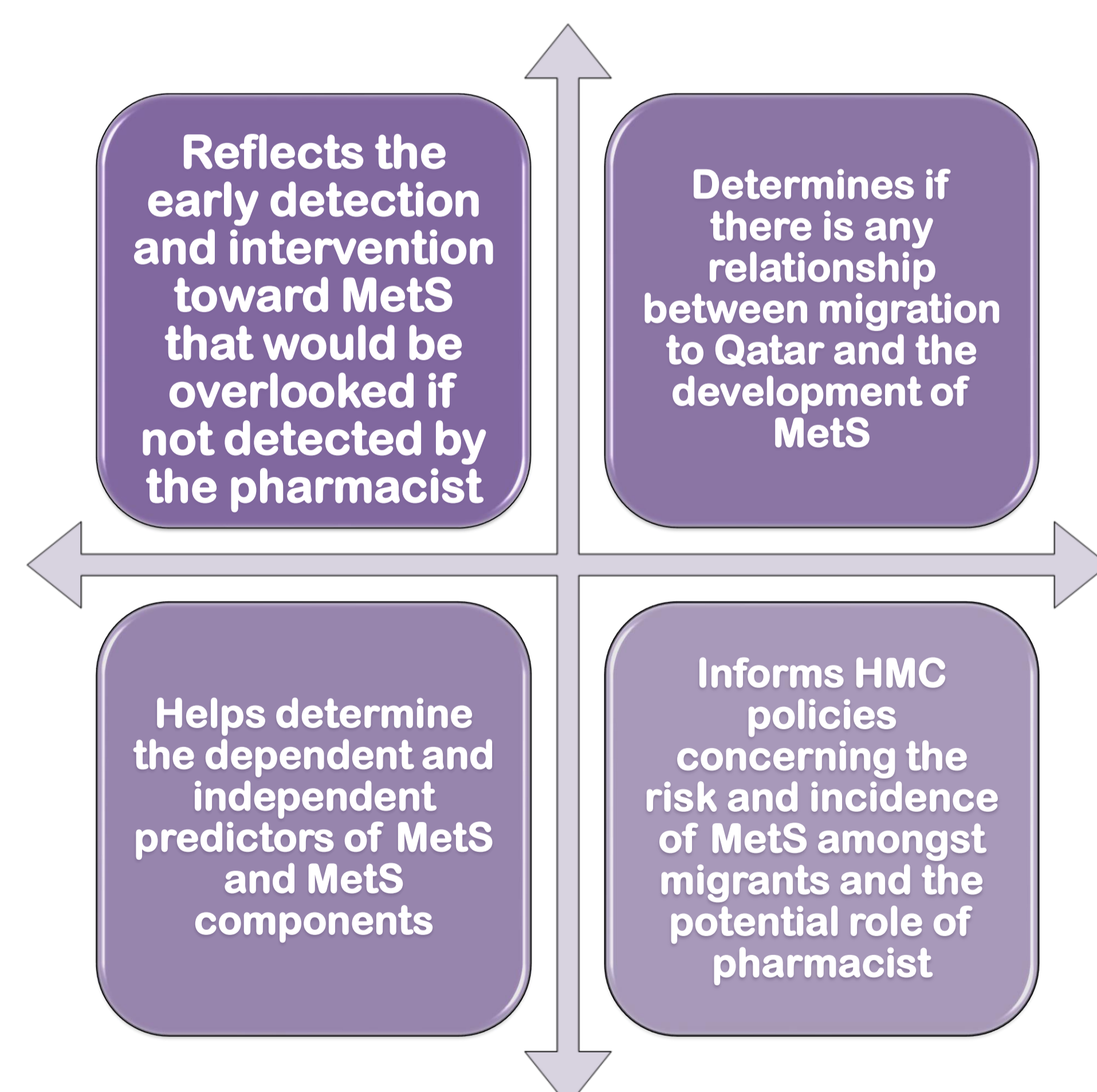


Figure 4 – The potential impact of the project

Conclusion

The study indicates that pharmacist screening is effective for early identification and potential early management of MetS in this migrant population.

The findings of this study will contribute to the evidence about the relation between migration to Qatar and MetS development. Findings will also inform HMC policies about the risk and incidence of MetS amongst migrants residing in Qatar.

Disclosure: None of the authors of this study have to disclose any possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this study. Correspondence to: Rahmed4@hamad.qa
Abstract number: 4CPS-103. ATC code: L02 - Endocrine therapy

References:

- 1- AlAdawi RM, Tonna AP, Stewart D, Rayan C, Eledrisi M, Abdelaziz H. The impact of pharmacists' input on the screening, management and prevention of metabolic syndrome. 2018; Available at: http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42018089862. Accessed Aug 2018, 2018 .
- 2- Alberti K, Eckel R, Grundy S, Zimmet P, Cleeman J, Donato K. Harmonizing the metabolic syndrome. A joint interim statement of the IDF Task Force on Epidemiology and Prevention; NHL and Blood Institute; AHA; WHF; IAS; and IA for the Study of Obesity. Circulation. 2009; 120(16):1640-1645.
- 3- World Health Organization. STEPS instruments for NCD risk factors (core and expanded version 1.4): the WHO STEPwise approach to Surveillance of non communicable diseases (STEPS). 2001.



<https://www.eahp.eu/25-4CPS-103>