Keywords: *Aged, Physician-Patient Relations, Geriatrics, Empathy, Aging, Communication.*

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Pharmacy professionals as providers of rapid testing for HIV infection screening

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BACKGROUND: Portugal continues to have one of the highest HIV rates in the European Union[1]. More than 20% of the infected population is unaware of the state of their infection and may unknowingly contribute to the spread of the disease. In addition, those who are not aware that they are infected, loose the opportunity to receive treatment that prolongs life at the onset of infection, and helps to reduce HIV / AIDS-related racial / ethnic health disparities[2-5]. The inclusion of rapid HIV screening tests in community pharmacies may improve the detection of undiagnosed infections[3]. Pharmacies are valuable partners in health promotion efforts. They can be an accessible health resource for the inclusion of HIV testing, increasing the availability, convenience, and accessibility of these testing services[4]. However, concerns have been raised, by the public and health professionals, regarding the readiness of community pharmacies to provide such tests and the willingness and preparation of pharmacy professionals to act as providers of rapid testing for HIV infection screening. **OBJECTIVE:** This paper aims to assess the benefits and barriers associated with the introduction of HIV testing in pharmacies and ascertain the readiness and availability of pharmacy professionals to provide this service. **METHODS:** A questionnaire was applied to pharmacists and registered pharmacy technicians who worked in community pharmacies of the county of Braga, selected by a convenience sample. Data form 64 pharmacy professionals was retrieved. **RESULTS:** Ninety five per cent of the pharmacies were physically ready to provide this type of service, but only about 50% would be available at this point to start providing the screenings. Pharmacy professionals were well aware of the different types of tests available and were willing to act (58%) as providers of the HIV- screening. Most of the respondents consider that these screenings provide "greater control of the disease" (27.3%), "quick results" (25.6%), and accessibility" (25%). Nevertheless, 95% of respondents considered that mandatory previous training should be required, namely on “how to deal with positive results”, but also on the fundamentals of HIV infection, transmission and treatment options. **CONCLUSIONS:** This exploratory study shows that pharmacies are physically ready to provide these screenings and that most professionals are willing to participate. Nevertheless, a focus on mandatory training and general rule of conduct must be set, in order to provide a quality service.

Keywords: *Pharmacies/organization & administration; Mass Screening/methods; HIV Infections/diagnosis*

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Tablet Splitting: Counselling the Patients Regarding Techniques and Tablet Format

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BACKGROUND: Tablet splitting consists in subdividing a tablet in order to facilitate its intake or to provide smaller doses, although its efficacy depends on many factors, such as tablet shape, size, splitting technique/device and patient ability[1,2]. This technique is commonly used in households. Problems associated with this technique are mainly due to the lack of ability to obtain equal parts after breaking the tablet, either due to physical characteristics or the patient´s ability to do so[3], and the loss of mass due to crumbles[4]. **OBJECTIVE:** The objectives of this study are to assess if there are any significant differences when untrained volunteers split previously selected scored tablets, by analysing the results regarding tablet format, splitting method, loss of mass and the probability of obtaining accurate halves. **METHODS:** Formulations identified by a team of pharmacy technicians as being often split in hospital practice were gathered. A total of sixty tablets were randomly chosen from each formulation and were weighted using a Kern Abs 220-4 analytical scale. The records for each formulation were then inserted in a Microsoft® Excel 2010 spreadsheet, totalling 90 results per formulation/method combination. The software was then used to verify which tablets complied with the specifications from the European Pharmacopeia for splitting tablets and which did not have a loss of mass greater than 3%. As for splitting accuracy, the European Pharmacopeia calls for only one half of each tablet to be weighted. For the loss of mass test, a sum of the weights of both halves was used. **RESULTS:** Regarding splitting accuracy only 40% passed the European Pharmacopeia criteria. Regarding loss of mass, 60% presented at least one tablet with a loss of mass greater than 3%. Only 30% of the oral drug formulations complied with all the criteria established. No difference was found regarding the splitting method. **CONCLUSIONS:** Having a scoring line does not assure that it is advisable to split the tablet, since it may lead to unequal halves and/or significant loss of mass. The Pharmacy Professional should take these informations into account when counselling the patient so that he or she will obtain accurate halves and the loss of mass is not significant.