Editorial

Seven star pharmacists

Gauden Galea MD, FFPH

Coordinator, Health Promotion Department of Chronic Diseases and Health Promotion Noncommunicable Diseases and Mental Health, World Health Organization, Geneva **Email:** galeag@who.int

The seven star pharmacist is care-giver, decision-maker, communicator, manager, life-long-learner, teacher and leader.¹ Implicit in these roles is that of health promoter. The pharmacist's continuing relationship with the client, the community-based practice, and multiple entry points for counselling make the pharmacist a leader in health care.

These features also make the pharmacist a potential leader in prevention. None of this is new to the profession. Not many pharmacists may have reflected that, in prevention, the leadership role is two-fold, a formal function (leadership through giving high quality advice) and an informal one (leadership by example).

The issue of obesity in Malta puts this leadership role in the spotlight. The levels of obesity in children², adults³, and the elderly⁴ are making a name for the country as a leader in the prevalence stakes. High levels of obesity pose a huge threat to personal and national health; resulting in a large present and future preventable burden of disease. A profession that is at the forefront of prevention, needs to question its own behaviour and ask: can a seven star pharmacist afford to be overweight? The challenge I put forward here is thus threefold. First, the pharmacist needs to be informed about the causes of overweight and obesity and acquire the skills to be an effective counselor. Second, the pharmacist needs to critically evaluate the importance of comprehensive lifestyle change versus possibly more lucative weight-loss-in-abox diets. Third, pharmacists need to take a measuring tape to their waist and ask: am I truly walking the talk on the issue of overweight?

Are you unhappy with your girth? Interested in walking the talk? In a simplified Transtheoretical Behaviour Change⁵ model, I propose four stages of weight loss for pharmacists:

- a) Decide. In the first phase consider the evidence for your own health. Weight reduction, even if modest, is associated with major improvements in health. In the American and Finnish^{6,7} studies on the prevention of diabetes, approximately 4-5 kg of sustained weight loss was associated with a 58% reduction in the incidence of diabetes. Apart from the personal benefit, think of the satisfaction of a more svelte body image, as well as the responsibility of being a community leader who gives advice that is consistent with their own practice.
- b) Prepare. Avoid any temptation to "go on a diet" even if you can get the sachets for free. The sustained improvement will come from small but persistent changes in diet and physical activity. Plan these in advance. Consider making the changes in public, possibly getting family, friends or clients to join. It is easier to remain true to your own resolve if you stand to be embarrassed by your behaviour in front of others.
- c) Act. There are many simple actions to reduce the energy intake and increase consumption. Make sure you never miss breakfast. Spread the meals in smaller portions throughout the day. At buffets, use a saucer for your main course. Make sure all plates (at home or eating out) are filled with a variety of colours as this increases fruits and vegetables. Never have a second helping of anything. In the period of weight loss, make sure you add half an hour of vigorous exercise every day. The general advice of walking for half and hour daily is important for everyone in the population but it is only with vigorous exercise that you will lose weight.

d) Sustain the Weight Loss. It is remarkable how much weight can be lost with these simple lines of advice. True to my own advice, I lost 20 kg in 2003 following only this advice - you may want to do the same. The more difficult challenge is to keep it off beyond the triumphant feeling on the first months. Keep a visual record of the weight loss and go back to your album for moral support. Consider how quickly you stopped snoring (as the fat off the palate is the first to disappear). Keep giving public advice and refer to yourself as the example - it adds to your worth as a concerned professional and gives you the added impetus to keep it going.

In a country where overweight is taking over, health professionals must feel the need to walk the talk. In the same way as it is today unthinkable for a pharmacist to smoke in front of their clients, so may, one day, it be unthinkable that they appear overweight or obese. Let's look forward to a time when the Maltese pharmacy profession adds another attribute to the list, may all pharmacists be seven star, and slim.

References

- The role of the pharmacist in the health care system. Preparing the future pharmacist: curricular development. Report of the third WHO Consultative Group on the Role of the Pharmacist, Vancouver, Canada, 27–29 August 1997. Geneva: World Health Organization; 1997. Document no. WHO/ PHARM/97/599. Available at: http://www.who. int/medicines/.
- Janssen I, Katzmarzyk PT, Boyce WF, Vereecken C, Mulvihill C, Roberts C, Currie C, Pickett W, Comparison of overweight and obesity prevalence in school-aged youth from 34 countries and their relationships with physical activity and dietary patterns. The Health Behaviour in School-Aged Children Obesity Working Group. Obesity Reviews 2005; 6:2:123.
- James WPT, Ralph A. New understanding in obesity research. Proceedings of the Nutrition Society 1999:58, 385–93.

- Choon-Huat Koh Overnutrition G. Among Older Persons in a Maltese Nursing Home. Malta Medical Journal 2005 http://home.um.edu.mt/med-surg/ mmj/17_01_6.pdf (Accessed on December 6, 2006)
- 5. Prochaska JO, DiCelemente CC, Norcorss JC. In Search of How People Change: Applications to Addictive Behaviours. American Psychologist 1992; 47: 9; 1102-14.
- 6. The Diabetes Prevention Program Research Group: Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med 2002; 346:393-403, 2002.
- Tuomilehto J, Lindstrom J, Eriksson JG, Valle TT, Hamalainen H, Ilanne-Parikka P, Keinanen-Kiukaanniemi S, Laakso M, Louheranta A, Rastas M, Salminen V, Uusitupa M, the Finnish Diabetes Prevention Study Group: Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. N Engl J Med 2001; 344:1343–50.