

A Brief Note on Pharmaceutical Care and its Outcome

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Commentary

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ABSTRACT

Pharmaceutical care is a patient-centered, results-oriented drug store procedure that requires the pharmacist to collaborate with the patient and the patient's other social insurance providers to improve health, prevent illness, and survey, screen, start, and change medication usage to ensure that medication treatment is effective. Pharmaceutical care aims to improve a patient's health-related quality of life while also achieving favorable clinical outcomes at a reasonable cost.

ABOUT THE STUDY

Pharmaceutical care is the administration of direct, responsible medication-related care with the goal of achieving specific outcomes that improve a patient's quality of life. Pharmaceutical care is a quality attitude and way of

working for those who work in the pharmaceutical industry. It is essential for assisting in the improvement of appropriate and safe pharmaceutical usage, therefore realizing the full potential of medicines available on the market to obtain the best possible patient outcome. It promotes (medication-related) health literacy, patient involvement and participation in their medication, more equity in healthcare, and a balanced sharing of responsibilities, all of which contribute to the avoidance or decrease of improper medicine usage. These aspects help to enhance the quality of life for patients and their families, as well as the efficient use of resources and the reduction of healthcare inequities.

The outcomes of pharmaceutical care are demonstrable improvements in health, function, or quality of life as a result of our treatment. Pharmaceutical care is outcome driven since the primary purpose of pharmaceutical treatment is to enhance patient outcomes. Activity data, like as hospital readmission rates, or approved scales and other types of assessment can be used to assess pharmaceutical care results. Pharmacists, as well as clinical personnel such as medical physicians, nurses, psychiatrists, and allied health professionals, can keep track of them (e.g. physiotherapists, dieticians).

Patients and their family can also report outcome metrics. Patient-Reported Outcome Measures are assessments of treatment results from the patient's perspective (PROMS). Because PROMS give a patient-centered evaluation of health, function, and quality of life, they are an important aspect of outcomes measurement. Multiple factors, many of which are unrelated to the treatment process, might impact outcome measurements. Genetic make-up, money, education level, and family/friend support can all have an impact on results.

The outcomes of pharmaceutical care might be either ultimate/final or intermediate. The Economic, Clinical, and Humanistic Outcomes (ECHO) model illustrates the value of a pharmaceutical product or service as a blend of conventional clinical-based results and more current measurements of economic efficiency and quality.

Economic outcome

The economic value of a pharmaceutical care result is used to quantify its worth. Both the input and the output are used to calculate the value. Direct expenses, such as the cost of pharmaceuticals, the cost of services performed, the cost of laboratory tests, and so on, are included in the input. Indirect expenses include lost man hours owing to pharmaceutical treatment, hospitalizations, and intangible expenditures such as therapy-related pain and suffering.

Clinical outcome

Clinical results can be either final or intermediate. Long-term impacts that are difficult to assess due to intervening variables are termed ultimate outcomes. Intermediate outcomes, on the other hand, are short-term goals that may be measured throughout therapy. The ultimate goals of diabetes care, for example, are to minimize neuropathy and retinopathy. The intermediate results include lowering and maintaining blood glucose levels below 100 mg/dl, which is the goal. Laboratory measures, such as blood pressure, glucose level, and cholesterol level, are used to determine basic clinical outcomes.

Humanistic outcome

It is used to evaluate the influence of pharmacological treatment on a patient's well-being, expectations and satisfaction, patient knowledge, and patient quality of life. Disease-specific and general self-reported instruments are standardized questionnaires used to track a patient's quality of life.