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Topics covered include: medicines utilisation, medicine management, medicines distribution, supply and administration, pharmaceutical services, professional and patient/lay perspectives, pharmaceutical public health (including, e.g. health promotion, needs assessment, health protection) evidence based practice, pharmacy education.

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## General public expectations of a community pharmacy led weight management service offered during smoking cessation

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The World Health Organization estimates obesity prevalence will double to 41% of the Scottish population by 2030.<sup>1</sup> The government has placed a strong emphasis on community pharmacies to provide a wide range of easy-to-access weight management services to the general public.<sup>2</sup> A programme of studies by this research team, establishing views, attitudes and awareness of pharmacists, counter assistants and the general public towards weight management services currently delivered by UK community pharmacies, has identified a desire for a person-centred nutrition programme, based on the structure of, and used in conjunction with, the successfully implemented nicotine replacement therapy (NRT) scheme. The aim of this research was to explore the expectations of the general public towards such a tailored service.

A cross-sectional survey with a sampling frame of 1500 randomly selected members of the Scottish general public aged 18 years and over (obtained from the electoral register) was conducted during June–August 2013. Questionnaires, with a covering letter describing the study's aim and assurance of confidentiality, were mailed to all participants. Non-responders were mailed up to two reminder questionnaires at 4 weekly intervals. The questionnaire comprised information on: awareness of services available from community pharmacies, respondents' attitudes towards and expectations of weight management services provided in the context of NRT, demographic data and a final open question inviting further comment. Five-point Likert scales, semantic differentials and open/closed questions were used as response options. Data was analysed using descriptive statistics and cross-tabulations in SPSS (vs 21). Content analysis was performed the open question responses. The study was approved by the Ethical Review

Panel of the School of Pharmacy and Life Sciences at Robert Gordon University, Aberdeen.

A total of 255 questionnaires were returned (response rate of 17%). *Demographics*: The majority of respondents were male (48.2%; n = 123), aged 18–29 years (47.1%; n = 115) and in full-time employment (60.8%; n = 155). The majority of respondents were ex-smokers (34.9%; n = 89) or smokers (18%; n = 46). 67.1% (n = 171) classed themselves as having a normal body weight with 24.4% (n = 59) being overweight or obese. The majority of respondents (87.5%; n = 223) were not currently actively participating in a weight loss programme. *Awareness of services available from community pharmacies*: Only 2% (n = 5) and 5.9% (n = 15) had previously made use of a pharmacy or GP led NRT service. The majority agreed or strongly agreed (51.7%; n = 132) that they were unaware of any weight management services offered by community pharmacies. *Attitudes towards and expectations of weight management services provided in the context of NRT*: 73.9% (n = 34) of smokers and 78.6% (n = 70) of ex-smokers consider there to be a need for a pharmacy-based weight loss service specifically tailored to people who would like to stop smoking. 72.2% (n = 164) of respondents would consider using such a service.

Findings of this study illustrate a somewhat mixed picture of the general public's expectations regarding weight management support services and specifically for patients wishing to stop smoking. These warrant further investigation. We acknowledge potential study limitations of bias, size and transferability to other areas in the UK.

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## Ebola virus disease: understanding how relevant health information is disseminated in Nigeria

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The high mortality rate and rapid spread associated with the Ebola virus disease (Ebola) justify its classification as an international health emergency<sup>(1)</sup>. This is in addition to the fact that currently, no cure exists for the disease. As prevention remains a key factor in controlling the spread of the disease, providing accurate and reliable health information in a timely manner is of utmost importance. This study aimed at understanding how health information relating to the Ebola was disseminated in Nigeria.

A cross-sectional survey was designed to collect the relevant data from a convenient sample in a government establishment

that interfaces with international visitors and the Nigerian public. Face and content validation was undertaken by an expert panel. Piloting did not result in any changes. The data were collected between July and August 2014 and analysed using SPSS (version 17). Research ethics and governance approval were obtained from the National Assembly management.

An 80% response rate was achieved (561/700). Majority knew of Ebola (93%; 520/561) and other important information regarding the disease, for example, that it is viral (91%; 473/520). Knowledge in other areas was, however, inaccurate or inadequate. For instance only 57% (296/520) knew that it did not have a cure and close to half (46%; 239/520) felt that everyone infected with the virus would certainly die within 21 days. Respondents accessed information about Ebola from various sources with television and radio emerging as the most relevant, and posters, the least.

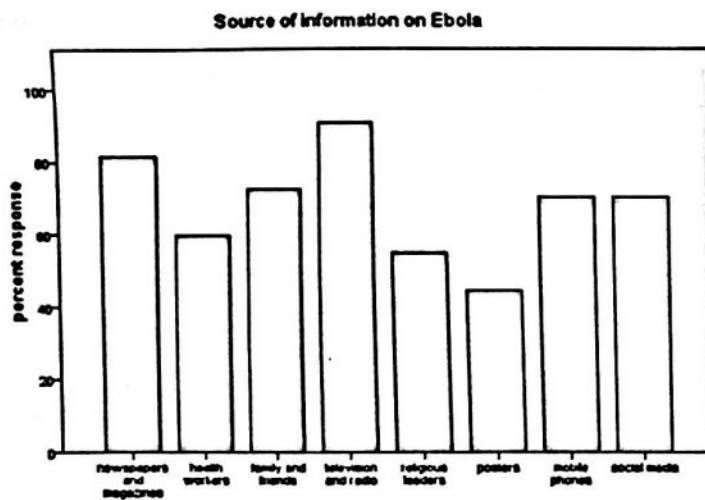


Figure 1 Sources on information on Ebola

Healthcare decisions made in emergencies such as Ebola are underpinned by information that individuals have access to. It is therefore important that health information provision is safe and efficient<sup>[2]</sup>. Our study identified electronic and print media as the most efficient means of disseminating relevant information. This is particularly important in resource scarce settings. Reliance on social media and religious leaders for information on Ebola is worrisome as the quality of information provided is unknown. Evidence emerging from this study can therefore help relevant bodies improve the provision of health information, as well as ensure that the information is valid and reliable.

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## Outcomes from the Irish national hepatitis C prospective treatment registry

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The Irish Hepatitis C Outcomes and Research network (ICORN) Treatment Registry is a prospective outcomes study that collects real-world clinical and economic outcomes for patients treated with direct acting antiviral agents (DAA) (telaprevir and boceprevir), when added to a dual regimen of pegylated interferon/ribavirin for patients with Genotype 1 hepatitis C (HCV).

The aim of the study is to determine sustained virological response (SVR) rates, eligibility for response-guided therapy (RGT), discontinuation rates, tolerability and total costs of treatment.

The national ICORN HCV treatment registry is a web-based tool hosted on an electronic platform developed by the Dublin Centre for Clinical Research in conjunction with ICORN. Ethical approval for the study was obtained from the St. James's Hospital/Tallaght Research Ethics Committee. Patients selected for treatment are consented for participation in the study and clinical data are captured at each hospital site using ICORN data collection sheets for the duration of treatment, and during post-treatment follow-up to outcome assessment at SVR 12 weeks and SVR 24 weeks. Patient variables collected are determined by study outcomes and include both categorical and continuous variables, stratified according to baseline demographics, HCV characteristics, and on-treatment medication requirements, tolerability, patient admissions, laboratory and diagnostic data. Data are subsequently entered into the registry prior to report generation, systematic quality control procedures and data analysis. Analysis is undertaken using SPSS Version 21®.

A total of n = 279 patients are registered (June 2012–August 2014) across 7 hospitals. The cohort is predominantly male (72%) with a median age of 45 (range 18–72) and the majority are Irish born (71%). 70% are treatment naive and 29% are cirrhotic. Genotype 1, 1a and 1b account for 27%, 45% and 28% of the cohort respectively. Telaprevir is the DAA of choice (68%). At baseline, 56% of patients satisfy the criteria for RGT. Outcome data are complete for n = 136 patients. The SVR rate was 51%. Discontinuation of therapy due to treatment futility rules, adverse events and intolerance occurred in n = 62 (46%) patients. Safety data has been analysed for a cohort of n = 110. 41% of the cohort required an intervention for the management of anaemia, 30% (n = 32) of patients had neutrophil levels consistent with grade 3/4 neutropenia (neutrophils < 0.75 x 10<sup>9</sup>/L) and grade 3/4 thrombocytopenia, as evidenced by platelets below 50 x 10<sup>9</sup>/L, was reported in 18.7% (n = 20) of the cohort. For n = 74 who completed treatment, 81% (n = 68) achieved an SVR24, indicating a relapse rate of 19%.