Pharmacist-Patient Communication: Cultural Differences



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Case Study



- ♀ Somali patient is prescribed Effexor XR® (venlafaxine) 37.5mg QAM
- You provide the patient and her Englishspeaking family member:
 - Spoken directions for use
 - Printed directions/information in Somali from the internet
- She thanks you with a nod and a smile

Case Study

 She returns a month later for refills on her other meds

 States she doesn't need a refill on her Effexor® yet because she still has a lot left



 You wonder if there was some miscommunication as she doesn't appear to be taking it as you instructed

What Happened?

3 elements to Medication Adherence

The patient must KNOW HOW to take the medication

The patient must BE ABLE to take the medication

The patient must WANT to take the medication

all require proper communication



The Importance of Pharmacist-Patient Communication

The code of ethics for pharmacists states:

"a pharmacist communicates with patients in terms that are understandable"

"In all cases, a pharmacist respects personal and cultural differences among patients"

American Pharmacists Association. Code of ethics for pharmacists. www.pharmacist.com



What is Culture?

The Institute of Medicine (IOM) defines culture as:

"the accumulated store of shared values, ideas, understandings, symbols, material products, and practices of a group of people."

Note: This definition does NOT include language!

Cuellar LM et al. ASHP statement on racial and ethnic disparities in health care. Am J Health-Syst Pharm. 2008;65:728-33.

Case Study Key Issues

There is a communication break down in at least one of three areas

- The KNOW HOW
- The BE ABLE TO
- The WANT TO

Note: proper translation and/or interpretation of language usually only deals with the KNOW HOW.

- 1. Perhaps she did not KNOW HOW to take it correctly due to poor communication:
 - Translation or interpretation may have been inaccurate
 - Translation may not include both English and target language
 - Patient may be illiterate
 - -High rates of illiteracy in those from the developing world

- 2. Perhaps she did not KNOW HOW to take it correctly due to information overload
 - Perhaps the information was confusing or overwhelming to the patient

Drug Uses

Soma is a muscle relaxant used to relieve the pain and stiffness of muscle spasms and discomfort due to strain and sprain.

How Take

Soma is taken orally. The usual adult dosage of soma is one 350 mg tablet, three times daily and at bedtime. Usage in patients under age 12 is not recommended. It is recommended that you take Soma with food, or with milk, to minimize the likelihood that you will suffer an upset stomach as a result of taking the medication.

Warnings/Precautions

Do not take Soma if you have acute intermittent porphyria. Before taking Soma, tell your doctor if you have kidney or liver disease. You may need a lower dose or special monitoring during your therapy. It is not known whether Soma will harm an unborn baby. Do not take Soma without first talking to your doctor if you are pregnant. It is also not known whether Soma passes into breast milk. Do not take Soma without first talking to your doctor if you are breast-feeding a baby. Soma is not approved for use in children younger than 12 years of age.

Missed Dose

If you miss a Soma dose, take it as soon as remembered if it is within an hour or so. If you do not remember until later, skip the missed dose and resume your usual dosing schedule. Do not 'double-un' the Soma dose to catch un.

Possible Side Effects

Soma may cause dizziness, vertigo, ataxia, tremor, agitation, irritability, headache, depressive reactions, syncope, and insomnia. Allergic or idiosyncratic reactions occasionally develop. They are usually seen within the period of the first to fourth dose in patients having had no previous contact with the drug. Skin rash, eythems multiforme, pruntus, eosinophilia, and fixed drug eruption with cross reaction to meprobamate have been reported with Soma. Severe reactions have been manifested by asthmatic episodes, fever, weakness, dizziness, angioneurotic edema, smarting eyes, hypotension, and anaphylactioid shock.

Storage

Store at controlled room temperature 15?-30?C (59?-86?F). Dispense in a tight container.

Overdose

Seek emergency medical attention. Symptoms of a Soma overdose include low blood pressure (weakness, fainting, confusion), decreased breathing, and unconsciousness.

More Information

Use caution when driving, operating machinery, or performing other hazardous activities. Soma may cause dizziness or drowsiness. If you experience dizziness or drowsiness, avoid these activities. Use alcohol cautiously. Alcohol may increase drowsiness and dizziness while you are taking Soma.

Disclaime

This drug information is for your information purposes only, it is not intended that this information covers all uses, directions, drug interactions, precautions, or adverse effects of your medication. This is only general information, and should not be relied on for any purpose. It should not be construed as containing specific instructions for any particular patient. We disclaim all responsibility for the accuracy and relability of this information, and/or any consequences arising from the use of this information, including damage or adverse consequences to persons or property, however such damages or consequences arise. No warranty, either expressed or implied, is made in regards to this information.

- 3. Perhaps the patient did not KNOW HOW the medication works
 - She "took a few days' worth of the medication and did not feel better, so she didn't believe it was working"

4. Perhaps she is **NOT ABLE** to take the medication because it is forbidden:



- Capsules may contain gelatin
- Muslims are prohibited from consuming pork



....However, "the gelatin formed as the result of the transformation of an impure animal is pure, and it is judicially permissible to eat." (From a letter to health care providers by Hussein A Gezairy, Regional Director of the Regional Office for the Eastern Mediterranean of World Health Organization)

- 5. Perhaps she is **NOT ABLE** to take it due to fasting practices
 - Muslims participate in Ramadan
 - Ramadan fasting entails nothing by mouth from sunrise to sunset (food, water, medications, etc)
 - Other cultures may participate in other types of fasting















HAPPY RAMADAN

- 6. Perhaps the patient does **NOT WANT** to take the medication. Maybe she...
 - ...doesn't want to be stigmatized by having a mental illness...
 - ...doesn't understand the efficacy of Western medicine...
 - ...wants to try traditional remedies first...
 - ...thinks her future is predetermined and medication should not change her fate...

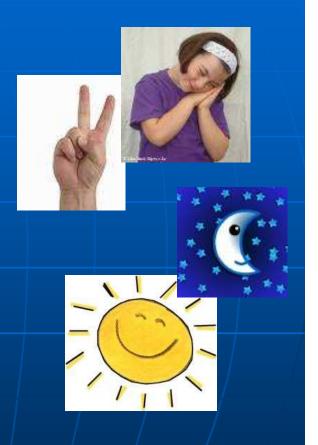
- 7. Any number of other issues could be at play. She may be....
 - Sharing it with a family member with similar symptoms
 - Sending it back home to Somalia
 - Rationing for an emergency
 - ??

Make sure patient KNOWS HOW to take the medication

- Provide translation/interpretation where possible
- Provide English translation as well as target language
- Assess patient's ability to read the information given
- Simplify information given to the most relevant, common, or crucial parts

If translation/interpretation not readily available, use:

- Nonverbals (signs)
- Symbols (sun/moon, red/blue, hashmarks)
- Images from internet that have universally understood meaning (sun, sleep, eat)
- Ad hoc interpretation*



*Note: does not substitute for using a medically certified/trained interpreter.

Use only when no other options are available.

Make sure the patient is ABLE to and WANTS to take the medication.

- Be familiar with cultural aspects of medication use
- Involve the patient in the communication regarding the medication
- Provide relevant education on Western medicine and our medical systems

Confirm understanding and intent

Have patient report back how they will take the medication

Ask open-ended questions to assess patient's understanding and to learn more about cultural issues:

- What concerns you about this medicine?
- What do you think about your medicine?
- What do you think is causing your problem?
- What kind of treatment do you think would work?
- What worries you about your condition?

Helpful References

- www.ethnomed.org
 - Article focusing on medication nonadherence in different cultures @ http://ethnomed.org/clinical/pharmacy/medication-non-adherence-issues-with-refugee-and-immigrant-patients
- Culture clues:
 http://depts.washington.edu/pfes/CultureClues.h
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Additional Cultural Resources



- Bilingual staff
- Discuss issues with cross-cultural colleagues and/or pharmacy students
- Ask a cross-culture patient who understands English and is well-known to you to provide cultural updates
- Clarify with interpreters if cultural information is necessary
- Ask your patient!