**Rise to the challenge of lightening the load of disease: Options for hospital pharmacists**

*What’s on offer at this year’s World Congress of Pharmacy and Pharmaceutical Sciences? The International Pharmaceutical Federation (FIP) gave a hospital pharmacist a preview of the programme. Here’s what he thought.*

When the late August sun rises in Argentina this year, there won’t just be tango lessons to keep visitors entertained in Buenos Aires. The FIP conference hits town on 27 August and there is plenty on the agenda with which the average hospital pharmacist can whet their appetite.

We are seeing more people living for longer and with an increasing number of long-term conditions. We are also seeing more people requiring hospital admissions to get exacerbations of those conditions treated. However, hospital capacity is not without limits and whether you work in a hospital pharmacy, community pharmacy or the pharmaceutical industry, figuring out ways to keep people out of hospital — not just treat them once they are in — is something we should all be working towards. Entitled “Rising to the challenge: Reducing the global burden of disease”, this year’s FIP conference is sure to offer some inspiration.

**Medicinal marijuana, adherence and technology**

The opportunity to learn about medicinal marijuana is likely to catch the eye of many. Patients with severe chronic pain can appear at any time on any hospital ward, and they are notoriously difficult to manage; opioid analgesics, after all, are not without their problems. So learning about the latest developments in non-narcotic opioids and opioid-sparing agents will allow me to help some of my most challenging patients.

Poor adherence to medicinal treatment is a problem the world over and its causes are an issue that need addressing by pharmacists on all continents. A key theme running through several sessions at the conference is about using various technologies and techniques to engage patients and improve adherence. Increasing people’s readiness to look after their own health can make them more knowledgeable about the treatment choices available when ill health besets them. More knowledgeable patients can be easier to engage in making shared treatment decisions — and such shared decisions can lead to increased rates of adherence. I look forward to hearing about the methods for facilitating patient engagement with health and disease management in the session entitled “Technology to engage patients”.

As for those patients for whom an increased knowledge base is neither possible nor sufficient to promote adherence, I am interested to hear what help technology can offer to promote adherence. Wednesday’s session entitled “Essential tools to improve patient adherence” offers an insight into:

* A Zimbabwean HIV adherence programme
* A paper-based device used in the United States to monitor adherence to anticoagulation
* An electronic system used in Belgium to measure, analyse and improve patient adherence
* Wireless networked systems for monitoring adherence

Technology is helping to engage patients by making it easier for them to monitor their own disease control. If we can enable patients to monitor the parameters of their disease they become more active in trying to ensure the success of their treatment. Increasingly, the functionality of mobile and smart technology is being used to allow such monitoring to take place. Although this may not yet be proven in clinical trials, it potentially leads to disease progression being reduced or, at least, identified earlier. Perhaps then we can help to keep patients out of hospital by preventing disease exacerbations from getting out of control. I look forward to learning more about the potential applications of smart and mobile technology in “eHealth, mHealth, smart health: Our health?”.

**Social media, waste and more**

While on the subject of mobile technology and smart phones, social media is becoming an increasingly important professional tool in getting messages to patients and for self-marketing (or so our tech-savvy youngsters keep telling me). Given my advancing years, the youth of today’s pharmacy undergraduate courses seem a lot more in touch with using social media. Monday’s session ("The pharmacist is online: Social media for beginners”) might help me overcome the technological rut within which I have become stuck.

If, like me, you are constantly frustrated with the amount of medicinal waste that is produced, the session on “Combating drug waste in health care systems” seems as good a way as any to spend a Tuesday morning. I am intrigued to hear more about Colombia’s method of drug recycling and the British patient’s perspectives on reusing medicines that have been returned (unused) to a pharmacy. Perhaps this can change the way we all think about making the best use of such medicines?

And if, like me, you are a pharmacist who struggles to find the time to actually document your continuous professional development, then perhaps the session on the FIP Education Initiative and new education tools under development will prove beneficial. The opportunity to hear about IT-based learning opportunities and the FIP’s Global Pharmacy Education Development Network, and to engage with the future plans of FIP*Ed*, will be most welcome.

For something a little different, Wednesday’s session on emergency pharmacy practice offers insight into military pharmacy and the challenges it faces in terms of legislation and regulation. Might this offer inspiration for a change of career? In addition, the masterclass on immunisation training may prove beneficial when the next flu season arrives and my hospital’s occupational health team struggles — once again — to get local staff vaccinated. And while much of the conference focuses on the future development of the profession, “Stories of our pharmacy forefathers” offers a unique insight into the past for those with a keen interest in the historical development of the profession.

Finally, come Thursday morning, I look forward to putting my new knowledge into practice. The session called “Pharmaceutical care based on patient needs” offers four role play scenarios involving pharmacist-patient interaction. Sounds like it could be fun!

As for those still needing entertainment once the conference programme closes, the tango lessons at La Viruta come highly recommended by the locals. And if you fancy a few extra stamps in the passport, a trip on the fast boat to Colonia del Sacramento takes roughly an hour and means you can tick off Uruguay from your list of countries visited.