

## **Counselling for Emergency Hormonal Contraception in Swiss Community Pharmacies - A Simulated Patient Study**

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**Introduction:** Since November 2002, the emergency hormonal contraception (EHC) has been dispensed as a pharmacist-only medicine in Switzerland. A counselling interview is required based on an official protocol containing 23 questions. The first 11 questions assess the need for EHC and are mandatory, the rest consists of counselling topics on contraception, sexually transmitted infections (STIs), and records pharmacists' actions.

**Aims:** We aimed to evaluate the pharmacists' counselling topics during an EHC consultation.

**Methods:** We conducted a simulated patient study with female 4<sup>th</sup>-grade pharmacy students who visited a pharmacy each in the German speaking part of Switzerland. In our scenario, the simulated patient requested the «morning-after pill» because the condom had allegedly torn during sexual intercourse the night before. The situation required the delivery of EHC. However, an imminent bus travel would impede the patient to swallow EHC on site because of a history of nausea with anterior intake of EHC. The mention of a new boyfriend since one week was designed as a trigger statement to elicit counselling on STIs. An assessment form was adapted from the Medication Related Consultation Framework (MRCF) and was developed as an online form (EvaSys). The form consisted of 38 items grouped into 6 sections with tick boxes to be completed immediately after the consultation with the pharmacist.

**Results:** A total of 69 pharmacies were visited between the 17<sup>th</sup> January 2018 and 17<sup>th</sup> February 2018. All but one practitioner used the official Swiss protocol. On average, 10.9 of the 11 clinical assessment items were asked. All practitioners identified the need for EHC and 65% supplied EHC for later ingestion. Counselling on EHC was given in 93% of cases, mostly on what to do if patients vomit shortly after use (79%). Pharmacists who did not supply EHC for later ingestion (35%) offered alternative solutions such as the use of an antiemetic drug or checking whether EHC is available at the final destination of the bus travel. STIs were addressed during the consultation in 56% of cases.

**Conclusions:** Community pharmacies highly complied with the official protocol when supplying EHC. Counselling is predominantly on EHC and concerns rarely STIs.

**Keywords:** Emergency hormonal contraception (EHC), simulated patient study