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Role of Community Pharmacists in Obesity and Weight Management in Qatar

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Introduction

- Obesity is a major public health burden in Qatar. Pharmacists can play an important role in providing weight management services (WMSs). This study aimed to explore their attitudes, practice, perceived competence, and role in WMSs in Qatar.

Methods: Study Design

Phase 1: Quantitative Phase:

- **Participants** for this study were community pharmacists.
- **Survey Instrument** A self-administered questionnaire.
- **Survey Implementation** The Qatar's Ministry of Public Health database of community pharmacists was used as a sampling frame to randomly select the study participants.
- **Sample Size Calculation** approximately 1200 community pharmacists were practicing in Qatar.
- **Data Analysis** SPSS version 24.

Phase 2: Qualitative Phase:

- **Participants and Recruitment** from Phase 1 who indicated interest to participate in the focus group interviews were pooled into a database that served as the sampling frame for the qualitative phase.
- **Focus Group Guide Development** For standardized and systematic data collection, focus group sessions were conducted using a semi-structured interview guide.
- **Focus Group Sessions Structure** Focus group interviews were conducted with community pharmacists in Qatar at Qatar University.

Results: Phase 1 Quantitative Data

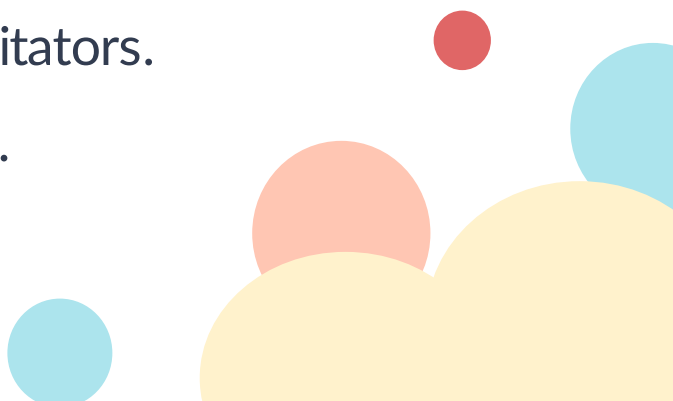
- Around half of the respondents indicated that one to three times weekly is the average time per week that weight loss medications, herbs or dietary supplements are dispensed (56.0%) and that weight management consultations are offered (58.6%).
- On the other hand, more than one-half of the pharmacists indicated that they often or always explain the risks associated with overweight and obesity (56.2%), recommend weight loss medications, herbs, or dietary supplements (52.4%), and counsel about their proper use and/or side effects (56.9%).

The sociodemographic and practice characteristics of the community pharmacists:

Characteristic	Frequency (Percent)
Age (N=247) Mean (SD)	34.38 (6.3)
Male Gender (N=270)	153 (56.7%)
Country of origin (N=270)	
Qatar	2 (0.7%)
Egypt	119 (44.1%)
India	94 (34.8%)
Jordan	12 (4.4%)
Palestine	9 (3.3%)
Philippines	17 (6.3%)
Sudan	4 (1.5%)
Syria	5 (1.9%)
Pakistan	5 (1.9%)
Other ^a	3 (1.1%)
Highest pharmacy degree (N=267)	
B.Pharm/BSc Pharm	223 (83.5%)
PharmD	16 (6.0%)
MPharm	22 (8.2%)
MSc/MPhil	4 (1.5%)
Ph.D.	2 (0.8%)

Country awarding highest pharmacy degree (N=268)	
Egypt	121 (45.1%)
India	96 (35.8%)
Jordan	16 (6.0%)
Palestine	1 (0.4%)
Philippines	15 (5.6%)
Sudan	2 (0.8%)
Syria	4 (1.5%)
Pakistan	6 (2.2%)
Other ^b	7 (2.6%)
Years of practice in Qatar (N=268)	
Less than 5 years	141 (52.6%)
5–10 years	94 (35.1%)
11–15 years	17 (6.3%)
16–20 years	13 (4.9%)
More than 20 years	3 (1.1%)
Position in the pharmacy (N=270)	
Pharmacist in training	6 (2.2%)
Staff pharmacist	172 (63.7%)
Pharmacy supervisor	26 (9.6%)
Pharmacy manager	65 (24.1%)
Pharmacy owner	1 (0.4%)

Results: Phase 2 Qualitative Data

- Three focus groups and two face-to-face individual interviews were conducted between June 2019 to October 2019.
 - Data saturation was achieved as no new information was elicited from participants.
 - Seven themes emerged in relation to pharmacists' experiences and perceptions about WMSs, barriers and facilitators.
 - Quotes are included to contextualize the results.
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Phase 2 Qualitative Data:

Please Rate Your Self-Perceived Competence in Relation to Provision of the Weight Management Services Below on a 3-Point Likert Scale

Statement	Frequency (Percent)		
	Not Competent/1	Partiality Competent/2	Fully Competent/3
Measure patient's weight (N=256)	24 (9.4%)	52 (20.3%)	180 (70.3%)
Measure patient's height (N=254)	34 (13.4%)	56 (22.0%)	164 (64.6%)
Measure patient's waist circumference (N=256)	47 (18.4%)	80 (31.2%)	129 (50.4%)
Calculate patient's body mass index (BMI) (N=255)	24 (9.4%)	73 (28.6%)	158 (62.0%)
Estimate patient's body fat percentage (N=254)	77 (30.3%)	97 (38.2%)	80 (31.5%)
Measure patient's blood cholesterol (N=255)	82 (32.2%)	82 (32.2%)	91 (35.6%)
Measure patient's blood glucose (N=254)	36 (14.2%)	58 (22.8%)	160 (63.0%)
Measure patient's blood pressure (N=255)	31 (12.2%)	61 (23.9%)	163 (63.9%)

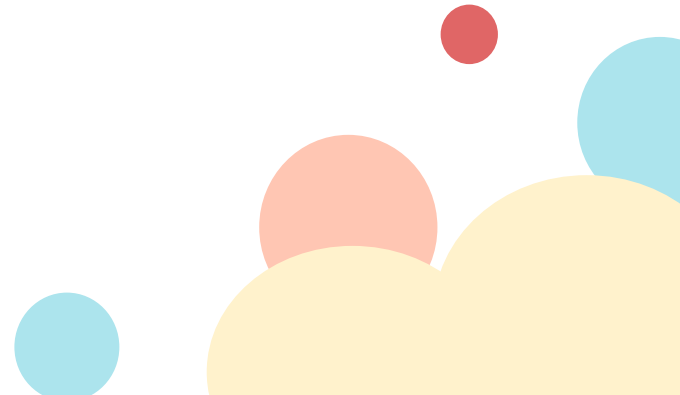
Discussion:

This study is the first to explore the role of community pharmacists in the provision of WMSs in Qatar

- The majority of the community pharmacies surveyed stocked weight loss medications,
- These findings are consistent with the high prevalence of obesity in Qatar with over 70% of the population .
- Qatar pharmacists recognize the burden that obesity is imposing on , healthcare system, and economy.

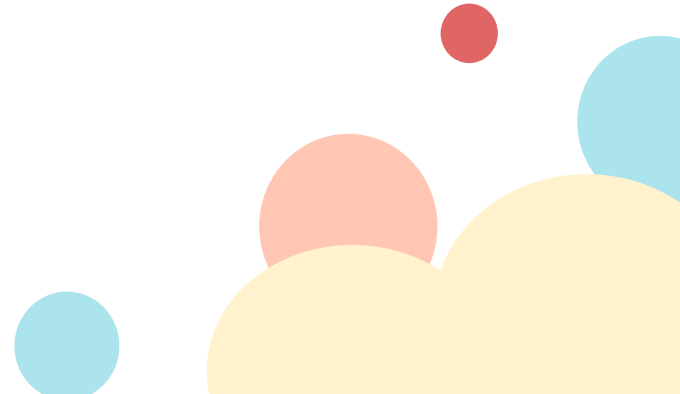
Discussion:

- They attributed the causes of obesity in the country to Qatar's sedentary lifestyle and unhealthy dietary, the use of social media for marketing of medications is becoming alarming phenomenon where non-expert influencers have started sharing their medication.
- mobile applications are increasingly utilized as tools for delivery of pharmacy services and improve patient knowledge.



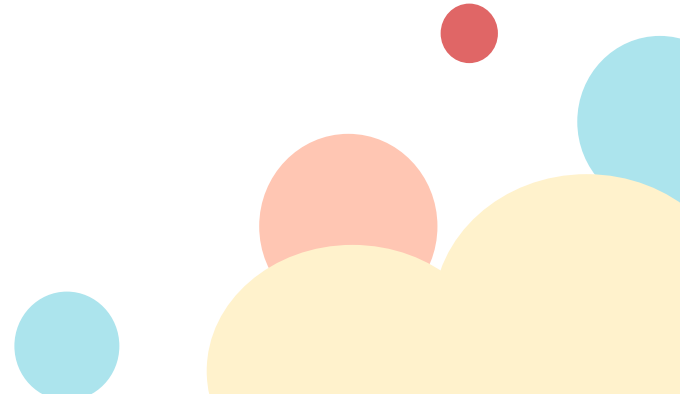
Conclusion:

- Qatar pharmacists suggested developing an ideal weight management best practice model that encompasses the components of a comprehensive medication therapy management service.



Ethics Statement:

- were fully assured that their personal information would remain confidential, and data would be used for research purposes only. Informed consent was obtained from all participants. The study was conducted in accordance with the 1964 Helsinki Declaration.



Acknowledgment:

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References :

- Al Mukdad, S. et al. (2021) “Exploring the role of community pharmacists in obesity and weight management in Qatar: A mixed-methods study,” *Risk Management and Healthcare Policy*, 14(4): 2771–2787.



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