EFFECT OF A COMMUNITY PHARMACIST-LED WALKING CLUB BASED INTERVENTION ON WEIGHT MANAGEMENT, OBESITY AND VARIOUS HEALTH CONDITIONS

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Background

- Increased prevalence of overweight and obesity is a worldwide health concern. An analysis of epidemiological studies from 199 countries showed that 1.46 billion adults worldwide were overweight in 2005, and of those 532 million were obese.1
- Since the 1970s, the USA has had an alarming increase in populations with a body mass index (BMI) in overweight (BMI 24-29.9 kg/m²) and obese (BMI ≥ 30 kg/m²) ranges. The obesity prevalence in adults and children was approximately 45% in the 1970s and increased to approximately 68% in 2012.1
- If this trend continues it has been estimated that by 2030 about three of four Americans will be overweight.1
- In Texas, adult obesity rates have increased from 14.1-19.9% in 1994 to 22.6% in 2008.2
- Obesity is the leading risk factor for type 2 diabetes and the Texas obesity rates increased, there was a parallel increase in rates of diabetes melitess.2
- Obesity is also a major risk factor for cardiovascular disease, several forms of cancer, and non-fatal but costly and disabling disorders such as osteoarthritis, asthma, sleep apnea, and more.3
- From the most recent US data, it was reported that compared to normal weight individuals, obese patients have 46% increased inpatient costs, 2.7% more physician visits and outpatient costs, and 80% increased spending on prescription drugs.4
- In 2003, the annual estimated extra medical costs of obesity in the USA were $37.5 billion and accounted for 4.7% of the total health care expenditure.5
- In a retail grocery pharmacy setting, pharmacists are not only easily accessible to their pharmacy customers, but also to their grocery customers.
- This puts community pharmacists in the unique position to get involved with the community and be a part of their support group to achieve a healthy lifestyle.
- This program introduces an innovative and easily replicable way that a community pharmacist can get involved and raise awareness of the health and economic burdens of obesity.

Objective

- To assess whether or not pharmacist intervention in the community retail setting can have a positive impact on weight management, obesity, hypertension, diabetes, and hypercholesterolemia.

Method

- Volunteers will participate in a walking club at a retail grocery pharmacy setting
- Organized group walks around the inside perimeter of the grocery store led by a community pharmacist once a week
- Additional walking time will be self-driven by participants at their convenience
- A chart for each participant will be kept at the pharmacy to track weight, BMI, and waist circumference
- Measured weekly at group walks for three consecutive months
- Blood Pressure: total cholesterol and fasting blood glucose will be measured at baseline
- Total cholesterol > 200mg/dl will receive a complete lipid panel giving additional measurements of HDL, LDL, triglycerides
- Fasting blood glucose > 100mg/dl will receive a hemoglobin A1c test
- Blood pressure, total cholesterol, blood glucose, complete lipid panels and A1c tests will then be repeated at the end of the three month period
- Weekly measurements of blood pressure optional
- All of the health screenings are available at the pharmacy
- Monthly walking logs will be provided to participants to document each time they walk, including group walks, and will be collected at the end of each month
- Monthly educational sessions to discuss, exercise, blood pressure, cholesterol and glucose numbers, and nutrition
- Led by a community pharmacist
- Patient satisfaction surveys will be given at the end of each educational session and at the end of the three month program
- Inclusion criteria: any volunteer 18 years of age that consents to participate in the walking club.

Results

- Research in Progress

Statistical Analysis

- Patients are included if they have at least two sets of data, baseline and progress data
- Primary outcome measures: weight, BMI, waist circumference, total cholesterol, HDL, LDL, triglycerides, blood pressure, and hemoglobin A1c
- Secondary outcome measures: data from patient satisfaction surveys and demographics
- Descriptive statistics will be used for demographic information and paired T test for before and after measures

References