

## **G-1452 Evolution of Pharmaceutical Care definitions: The PCNE definition 2013**

**Background:** The board of the Pharmaceutical Care Network Europe felt the need to redefine Pharmaceutical Care (PhC) and to answer the question: "What is Pharmaceutical Care in 2013". This is especially important, when developing guidelines for PhC. During a moderated one-day meeting prior to the PCNE working conference 2013, 14 members of PCNE and 10 additional experts developed a PCNE definition of Pharmaceutical Care (PhC): «Pharmaceutical Care is the pharmacist's contribution to the care of individuals in order to optimize medicines use and improve health outcomes.»

**Purpose:** All participants of the pre-conference meeting received a summary of an extensive literature review two weeks in advance. The aims of this work were to review existing definitions of PhC and to show their evolution until the contemporary PCNE definition.

**Methods:** We conducted a literature search in the MEDLINE database (1964 - January 2013). Keywords included "Pharmaceutical Care", "Medication (Therapy) Management", "Medicine Management", and "Pharmacist Care" in the title or abstract together with the term "defin\*". To ease comparison between definitions, we developed a standardised syntax to paraphrase the definitions.

**Findings:** The initial literature search produced 186 hits, with 8 unique PhC definitions. Hand searching identified a further 11 unique definitions. We paraphrased these 19 definitions using the standardised syntax (provider, recipient, subject, outcome, activities). Analysing the paraphrased definitions revealed the following attributes and corresponding frequency for each domain: Provider: Practitioner (4; 21%), the pharmacist (5; 26%), the pharmacist and his team (1; 5%), not specified (9; 49%). Recipient: (individual) patient (15; 79%), (collective of) patients (3; 16%), not specified (1; 5%). Subject: Pharmacotherapy (9; 49%), drug-related needs (8; 41%), drug use (1; 5%), not specified (1; 5%). Outcomes: optimal outcomes of therapy (5; 26%), optimal quality of life (5; 26%), optimal pharmacotherapy (2; 11%), not specified (5; 26%), others (2; 11%). Activities: not specified (14; 74%), others (5; 26%).

**Conclusion:** It was possible to paraphrase definitions of PhC using a standardised syntax focusing on the provider, recipient, subject, outcomes, and activities included in PhC practice. The attributes for each domain differ greatly between definitions, making it difficult to differentiate PhC from other terms and to decide what it includes. The contemporary PCNE definition of PhC may be used as a guideline for European researchers and, ultimately, practitioners to describe their research, activities in patient care, or teaching activities.

**Location of Primary Work:** Switzerland

