SelfCare
Advancing the study & understanding of self-care

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A NOTE FROM THE MANAGING EDITOR OF SelfCare

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This issue sees an interesting juxtaposition of subjects. Dr Julian Spinks, a General Practitioner with particular expert knowledge of urology, urges us in his 'Opinion' paper[1] to consider the potential for self-care to contribute to the management of some forms of urinary incontinence. The impact of this highly prevalent condition is largely hidden. Erroneous assumptions about what is 'normal' and inevitable with ageing are compounded by shame and embarrassment so that many sufferers do not seek help or are even unaware that help may exist. Dr. Spinks makes a compelling case for placing some treatment modalities, including bladder-retraining and selected pharmacological agents, in the self-care sphere. Thereby, he argues, we may help many that suffer in silence and, just as importantly, help to de-stigmatise a distressing condition.

This example of how the boundaries of self-care might be expanded shares many features with one of the more recent 'switches' in the UK. Tamsulosin hydrochloride 0.4mg (Flomax Relief) was reclassified from prescription only medicine (POM) status to 'P' medicine (for sale under the supervision of a pharmacist) in November 2009. In this issue Shazia Ahmed and Paul Rutter[2] report pharmacists' experiences with this relatively new self-care option for chronic lower urinary tract symptoms. The results of this small survey are not encouraging. Pharmacists reportedly felt well trained and supported to supply tamsulosin, but their responses display an ambivalence to the principles underlying the switch. Nonetheless, men that might not have sought help otherwise, did consult in pharmacies, although many of these ended up being referred to their doctor rather than having their management initiated in pharmacy. Ultimately, the outcome of poor sales in pharmacy will lead some to question the commercial viability of similar innovative switches in the future.

In April 2010, I wrote an opinion paper[3] on the tamsulosin reclassification. I noted that this POM to P switch envisaged a unique model of 'collaborative care': involvement of a physician to confirm the diagnosis after an initial period of self-medication, before the individual is returned to pharmacy to continue self-care. On the preliminary evidence presented by Ahmed and Rutter, this model may not be working as intended. As I wrote then '....the supply model for tamsulosin is complex and cannot be viewed as a template for switches that do not have the same need for a physician diagnosis step'. The example envisaged by Julian Spinks could rely on self-diagnosis by the sufferer, with help, when necessary, from a pharmacist trained in the disease area. More work by the pharmacy professional bodies is needed to encourage pharmacists to embrace such roles wholeheartedly.

This issue is the last in Volume 2 of *SelfCare*, and our last in 2011. The Editorial staff at *SelfCare* would like to thank all those who have supported our young journal with submissions and reviews, as well as our subscribers and other readers. We wish you all a happy and peaceful holiday. *SelfCare* has exciting plans for 2012 to build on the successful evolution of the journal during 2011 and we look forward to your continued support in the New Year.

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3. Mann S. Tamsulosin as a 'P' medicine for Benign Prostatic Hypeplasia. SelfCare 2010;1(1):44-49.

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