



# FOCUS ON RESEARCH

## **The Help for Hay Fever Study: Can a goal-focussed intervention delivered in Scottish community pharmacies improve outcomes for people with intermittent allergic rhinitis?**

### **Researchers**

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### **Aims**

- To adapt and pilot a community pharmacy-delivered, goal-focussed intervention for the self-management of intermittent allergic rhinitis (IAR) in Scotland, based on previous research in Australia
- To collect data to inform a definitive Scottish randomised controlled trial (RCT).

### **Project Outline/Methodology**

Community pharmacies from Grampian and Greater Glasgow & Clyde were randomly assigned to intervention or 'usual care' group (n=6 in each). Each pharmacy was asked to recruit 12 customers seeking advice or treatment for IAR. Using behaviour change techniques, staff in intervention pharmacies supported customers in developing strategies to achieve the twin goals of eliminating/minimising symptoms of, and avoiding/ minimising triggers for, IAR. Customers recruited in non-intervention pharmacies received usual care.

### **Key Results**

*Community pharmacy and customer recruitment and completion rates:* Twelve community pharmacies were recruited and retained. A total of 125 customers were recruited; retention at 6-weeks was 70% for the intervention group and 60% for the usual care group.

*Primary outcome:* A clinically meaningful improvement in quality of life, as measured using a standard questionnaire, occurred in both groups at 1-week; at 6-weeks the improvement was greater in the intervention group.

*Secondary outcomes:* symptom severity, medication adherence and self-efficacy. Self-efficacy is a belief about one's ability to perform a behaviour; in this instance, carrying out personally relevant strategies to achieve the twin goals of eliminating/minimising symptoms of, and avoiding/minimising triggers for, IAR. No real changes in symptom severity or medication adherence scores were observed. Self-efficacy scores did improve in the intervention group

1-week post intervention, but not in the usual care group.

*Economic outcomes:* This pilot work suggests the intervention will increase costs to the NHS, and may result in a small improvement in general health related quality of life at 6 weeks. Longer term follow-up in a definitive trial to ascertain whether any differences can be maintained is advised.

*Qualitative outcomes:* Customers reported an improvement in symptoms through applying personally relevant strategies. Pharmacists perceived the service as beneficial for the customer and the pharmacy.

### **Conclusions**

The 'Help for Hay Fever' service, delivered in UK community pharmacies, is feasible to deliver and acceptable to customers and pharmacy staff. A full scale trial is now needed to fully evaluate the effectiveness of this service.

### **What does this study add to the field?**

Our findings suggest that a goal-focussed intervention delivered by pharmacy staff may be beneficial for pharmacy customers in Scotland.

### **Implications for Practice or Policy**

A full RCT is needed to determine whether the clinical benefits suggested by this pilot can be replicated on a larger scale. If findings from the full trial indicate that the Help for Hay fever intervention is a cost effective way to help individuals better manage their IAR, this goal-focussed intervention could be rolled out to all community pharmacies in Scotland.

### **Where to next?**

A definitive Scotland-wide RCT funding application is in progress. A scaled-up version of the pilot design is proposed, modified to take account of the findings and experiences from this study.

### **Further details from:**

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