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## **Short Communication**

# Teleconsultation and Medication Outcomes in Lifestyle Based Disorders

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## Abstract

Teleconsultation has emerged as a popular means of delivering healthcare services, particularly during the COVID-19 pandemic. Lifestyle-based disorders, such as obesity, diabetes, hypertension, and cardiovascular disease, are health conditions that are caused or exacerbated by an individual's lifestyle choices. Teleconsultation can be an effective tool in managing these disorders by providing patients with convenient and personalized care, allowing for more frequent medication monitoring and adjustments, and facilitating regular communication and collaboration between healthcare providers and patients. Studies have shown that teleconsultation can improve medication outcomes for patients with lifestyle-based disorders by enhancing medication adherence and glycemic control, reducing blood pressure, and improving lipid levels. However, access to technology and concerns about privacy and security must be addressed to ensure that teleconsultation is a viable and effective option for all patients.

Keywords: Medication outcomes, Teleconsultation, Lifestyle-based disorders

Teleconsultation - also known as telemedicine or telehealth is the use of telecommunication technologies to provide healthcare services remotely. With the increasing availability of technology and the ongoing COVID-19 pandemic, teleconsultation has gained popularity and acceptance as an alternative to in-person healthcare services. Lifestyle-based disorders, such as obesity, diabetes, and hypertension, are common chronic diseases that are often managed through lifestyle modifications and medications. Teleconsultation has shown promising results in managing these disorders, especially in terms of medication outcomes. One of the primary advantages of teleconsultation in medication adherence refers to the extent to which patients follow their medication regimen as prescribed by healthcare providers. Poor medication adherence can lead to treatment failure, disease progression, and increased healthcare costs [1-2].

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Teleconsultation can improve medication adherence in several ways. For example, teleconsultation can provide patients with regular reminders to take their medications, which can be customized to their specific needs and schedules. This can help patients stay on track with their medication regimen and reduce the risk of missed doses. Additionally, teleconsultation can provide patients with access to medication information, including instructions on how to take the medication, potential side effects, and other important information. This can help patients make informed decisions about their medication and reduce the risk of adverse drug events. Another advantage of teleconsultation in medication outcomes for lifestyle-based disorders is improved medication management. Medication management refers to the process of prescribing, dispensing, monitoring, and evaluating medications. Poor medication management can lead to medication errors, drug interactions, and other adverse outcomes [3-5].

Teleconsultation can improve medication management in several ways. For example, teleconsultation can provide healthcare providers with access to real-time patient data, including medication history, vital signs, and other relevant information. This can help healthcare providers make informed decisions about medication management and reduce the risk of medication errors. Additionally, teleconsultation can provide healthcare providers with access to medication-related decision support tools, such as electronic prescribing and drug interaction checking. This can help healthcare providers make informed decisions about medication management and reduce the risk of adverse drug events. Furthermore, teleconsultation can improve medication outcomes for lifestyle-based disorders by providing patients with access to healthcare services that they might not otherwise have. For example, teleconsultation can provide patients with access to healthcare services from the comfort of their own home, which can be especially beneficial for patients who live in remote or underserved areas.

The underuse of evidence-based therapies for chronic conditions such as cardiovascular disease imposes a significant burden on both patients and healthcare systems. Despite improvements in rates of underdiagnosed and underprescribing, the ongoing problem of underuse is largely attributed to patients not taking their medications as prescribed. Numerous interventions have been developed to address medication non-adherence, but many have only shown moderate success when rigorously tested. This limited efficacy may be due to interventions not adequately addressing individual barriers to adherence or only targeting them at a single point in time. Furthermore, successful interventions often require significant resources, making widespread implementation challenging.

To address this issue, Choudhry NK, et al. 2018 conducted a study to evaluate the impact of a behaviourally-tailored intervention on medication adherence among patients with hypertension, hyperlipidaemia, or diabetes who exhibited poor disease control. The intervention was designed to be cost-efficient and tailored to each individual's unique needs. This study aimed to demonstrate that a tailored, cost-efficient approach could effectively improve medication adherence and thereby improve disease control in patients with chronic condition [2].

Moreover, teleconsultation can improve medication outcomes for lifestyle-based disorders by reducing healthcare costs. Traditional healthcare services, such as in-person appointments and hospitalizations, can be expensive and time-consuming. Teleconsultation can reduce these

costs by eliminating the need for travel and reducing the amount of time that patients spend in healthcare settings [1,6]

## Conclusion

Teleconsultation has shown promising results in improving medication outcomes for lifestylebased disorders. Teleconsultation can improve medication adherence, medication management, and provide patients with access to healthcare services that they might not otherwise have. Furthermore, teleconsultation can reduce healthcare costs by eliminating the need for travel and reducing the amount of time that patients spend in healthcare settings. As teleconsultation continues to evolve and become more widely available, it has the potential to revolutionize the way that lifestyle-based disorders are managed and treated.

#### References

- **1.** Hommel KA, Herzer M, Ingerski LM, Hente E, Denson LA (2011) Individually tailored treatment of medication nonadherence. Journal of pediatric gastroenterology and nutrition 53: 435.
- 2. Choudhry NK, Isaac T, Lauffenburger JC, Gopalakrishnan C, Lee M, et al. (2018) Effect of a remotely delivered tailored multicomponent approach to enhance medication taking for patients with hyperlipidemia, hypertension, and diabetes: the STIC2IT cluster randomized clinical trial. JAMA internal medicine 178: 1182-9.
- **3.** Hugtenburg JG, Timmers L, Elders PJ, Vervloet M, van Dijk L (2013) Definitions, variants, and causes of nonadherence with medication: a challenge for tailored interventions. Patient preference and adherence: 675-82.
- **4.** Sussman J, Vijan S, Hayward R (2013) Using benefit-based tailored treatment to improve the use of antihypertensive medications. Circulation 128: 2309-17.
- **5.** Bertrand SE, Weinstock MA, Landow SM (2019) Teledermatology outcomes in the providence veterans health administration. Telemedicine and e-Health 25: 1183-8.
- **6.** Diedrich L, Dockweiler C (2021) Video-based teleconsultations in pharmaceutical care–A systematic review. Research in Social and Administrative Pharmacy 17: 1523-31.