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Guidelines on Assistive Products Useful in Pharmacy Practice to Optimize and Ensure Medication Use by Individuals With Visual Impairment: An Interdisciplinary Delphi Consensus

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ABSTRACT

Rationale: Visual impairment represents a significant public health challenge that can affect patients ability to accurately identify medications and access essential information about them. A potential solution to address these difficulties is the utilization of assistive products. Consequently, guidelines have been developed in French for Belgian community pharmacists to enhance the safety of individuals with a visual impairment when utilizing medications.

Aims and Objectives: To build an interdisciplinary consensus on guidelines for the utilization of assistive products in pharmacy practice, with the aim of ensuring the safe administration of medications by individuals with a visual impairment.

Methods: A Delphi survey for consensus building was conducted by a national panel of experts. The interdisciplinary panel was constituted of ophthalmologists with a specialization in low vision, orthoptists, ergotherapists, psychologists, and community pharmacists. The recommendations were encoded in the form of an online questionnaire and the experts were invited to indicate their degree of agreement on a 9-point Likert scale. Descriptive statistics were produced using IBM SPSS 27 software. This process was repeated until a consensus was reached between all the experts.

Results: Four rounds of the Delphi method were necessary to the panel of 10 experts to evaluate the 47 recommendations initially submitted. Ultimately, an introduction to the guidelines and 39 recommendations, grouped into six main categories, were validated.

Conclusion: The consensus process has enabled us to obtain consolidated recommendations and to ensure their relevance, thus facilitating the dissemination of high-quality content to community pharmacists practising their profession in Belgian pharmacies.

1 | Introduction

The World Health Organization estimates that 2.2 billion of individuals lived with a visual impairment (VI) in 2022 [1]. VI represents a significant public health concern [2], which can lead to difficulties in managing and administering medications. Indeed, a survey conducted by Zhi-Han et al. [3] on individuals with a VI demonstrated that 89% of respondents were unable to read the prescription labels, 75% did not know the expiration date of their medications, and 58% did not know the name of their medications. In general, if VI occurred over several years, the individual would benefit from an adaptation period and would therefore be better able to recognize visual cues to facilitate the identification of medications [4]. However, VI is

often age-related, which predominantly occurs among adults over 50 years old [3]. Consequently, older people with VI often encounter additional practical difficulties in the management of their medications [5]. The polypharmacy, the gradual vision loss, and forgetfulness can increase the risk of medication errors, which can result in hospitalizations or even mortality [6]. Furthermore, individuals with a VI have restricted access to health information [7] whereas the provision of patients with more information has been linked to enhanced patient satisfaction, improved treatment adherence, and a deeper comprehension of medical conditions [8].

To enhance accessibility to information, individuals living with a VI may utilize assistive products [3, 9]. The range of assistive products encompasses a spectrum of solutions, varying from those that are relatively simple and low-tech to those that are highly sophisticated and high-tech [10]. For example, one such device is an optical magnifier, which enlarges characters, while another is a label reader, which enables previously recorded information to be read aloud. The utility of assistive products in pharmacy practice for the optimization of care for individuals with a VI was demonstrated by focus groups carried out with French-speaking community pharmacists [11]. The data collected in this study enabled the identification of easy-to-use assistive products according to community pharmacists, their usefulness in pharmacy practice, barriers, and solutions [11]. Based on the data collected in the focus groups [11], 47 recommendations were developed in French for Belgian community pharmacists. The aim of these guidelines is to facilitate the transfer of assistive products to pharmacy practice for individuals with a VI, thereby enhancing their access to health information and ensure the safe use of medications.

The objective of the present study was to build an interdisciplinary consensus on guidelines to provide Belgian community pharmacists with consolidated content and thus promote the inclusion of all persons with a VI in healthcare.

2 | Methods

The recommendations were evaluated by a national interdisciplinary panel of experts using the Delphi method, which is a technique frequently employed to obtain an in-depth assessment of a given subject without direct communication [12, 13]. Furthermore, the utilization of this methodology is justified as a means of developing guidelines within the pharmaceutical field, particularly in the context of community pharmacies [14]. The reporting of this paper follows the guidelines for the Conducting and REporting of DElphi Studies (CREDES) [15].

2.1 | Questionnaire

A questionnaire comprising 47 recommendations drafted in French was encoded online on the LimeSurvey platform. The questionnaire was divided in eight categories (Table 1). Each question corresponded to a recommendation and included only one idea to facilitate the Delphi process.

All the initial recommendations ($n = 47$) are available in the (Supporting Information S1: Appendix 1).

2.2 | Experts Selection Criteria and Recruitment

The experts selected were required to demonstrate competence in the field under study, to contribute optimally to the validation process [16, 17]. The experts included in the study were therefore required to possess comprehensive knowledge of low vision and experience working with individuals living with a VI, familiarity with and routine utilization of assistive products, or a comprehensive understanding of pharmaceutical care. All experts who were not specialists in these fields, who did not speak French, and who had one or more conflicts of interest, were excluded from the study.

Experts were recruited on a voluntary basis and using a snowball method in Wallonia and Brussel-Capital region. Contact was made with community pharmacists and low vision professionals working in a functional rehabilitation center by telephone to present the study.

2.3 | Data Collection

The link to the questionnaire, as well as the original version of the recommendations, and documentation regarding assistive products were sent separately to each expert via email [18, 19]. An explanatory note was provided, reminding experts of the

TABLE 1 | Categories of recommendations before the Delphi process.

Categories and names ($n = 8$)		Number of R ($n = 47$)
Category 1	General recommendations	4
Category 2	Patients on acute and/or chronic treatment	7
Category 3	Informations to be recorded on readers	2
Category 4	Patients taking multiple medications or with polypharmacy	8
Category 5	Dosage forms that do not fit into a pill organizer	3
Category 6	Patients who need to use a medication plan	14
Category 7	Patients who need to mesure medical parameters	3
Category 8	Patients who have associated disorders	6

Abbreviation: R, recommendation.

purpose of the validation and the time limit set for the completion, to ensure that experts could provide the most optimal answers [20]. Weekly reminders were sent to the experts to complete the questionnaire. The experts were requested to indicate their level of agreement with each recommendation on a 9-point Likert scale (1 = *total disagreement*, 9 = *total agreement*) [21], and to provide a justification for a score of less than 7 so that the recommendations could be modified in the most appropriate way [22]. A single attempt was permitted. Following the conclusion of each Delphi round, the results were analyzed, any requisite modifications were implemented, and a new questionnaire was encoded and transmitted to the experts. The results of the preceding rounds were also communicated to the experts [18]. This iterative process was continued until a consensus was reached between the experts on all the recommendations [19, 23, 24].

2.4 | Data Analysis

The data were subjected to descriptive statistical analysis. Indeed, the 25th percentile (Q1), median (Q2), and 75th percentile (Q3) were calculated for each recommendation using the IBM SPSS 27 software [25]. Furthermore, the percentage of scores falling within the intervals [Q1; Q3] and [median −1; median +1] was calculated for each recommendation. The criterion for considering a recommendation validated was a number of scores in the intervals [Q1; Q3] and [median −1; median +1] exceeding 70% [23]. Recommendations that were not validated, modified, or commented on were resubmitted for evaluation in subsequent rounds.

2.5 | Ethical Considerations

Once the experts had completed the questionnaire, the data was not anonymized for the researchers. This was done so that they could contact the experts by telephone if a misunderstanding persisted despite the comments that had been written [23]. However, emails were sent to each expert separately so that they could remain anonymous to one another. When the results were analyzed, a code comprising a letter and a number was assigned to each expert, for example E1 meaning “Expert 1.” This enabled the results of preceding rounds to be communicated in a pseudonymous manner.

3 | Results

The Delphi process was conducted over a 5-month period, from February to June 2023. A panel of 10 experts, comprising 20% men and 80% woman with an average experience of (16 ± 10) years, was initially constituted for this study. Table 2 presents the sociodemographic characteristics of the sample.

A total of four rounds of the Delphi method were required to achieve consensus and thus validate the recommendations. Figure 1 provides a description of the Delphi validation process.

Round 1: The 10 experts who were contacted completed the questionnaire in its entirety. A total of 47 recommendations were submitted for evaluation. Three recommendations were directly considered as validated, 40 recommendations underwent modification based on the experts' comments, and three recommendations were commented on by researchers. Some recommendations were commented on for explanatory purposes only, to assist the experts in their assessment. One recommendation was also deleted because it was deemed irrelevant by the majority of experts.

Round 2: The questionnaire was distributed to the 10 experts, and nine full responses were received. Indeed, one expert withdrew from the study in the second round for personal reasons. A total of 43 recommendations were submitted for evaluation. Fifteen were considered as validated, one was commented on, and one was added. Of the 22 modified recommendations, four were merged into a single recommendation to avoid repetition during validation, resulting in 19 modified recommendations based on the experts' comments. Additionally, five recommendations were deleted, and two of these were modified and merged to provide an introduction to the recommendations.

Round 3: The nine experts contacted completed the questionnaire in its entirety. A total of 21 recommendations and an

TABLE 2 | Sociodemographic characteristics of the sample.

Experts	Gender	Profession	Province	Experience (years)
E1	M	Ophthalmologist	Liege	31
E2	W	Ergotherapist/Orthoptist	Brabant-Wallon	29
E3	W	Psychologist	Brabant-Wallon	27
E4	W	Ergotherapist	Brabant-Wallon	2
E5	M	Community pharmacist	Hainaut	7
E6	W	Community pharmacist	Namur	17
E7	W	Ergotherapist	Hainaut	8
E8	W	Orthoptist	Hainaut	10
E9	W	Ophthalmologist	Hainaut	14
E10	W	Psychologist	Hainaut	13

Abbreviations: M, man; W, woman.

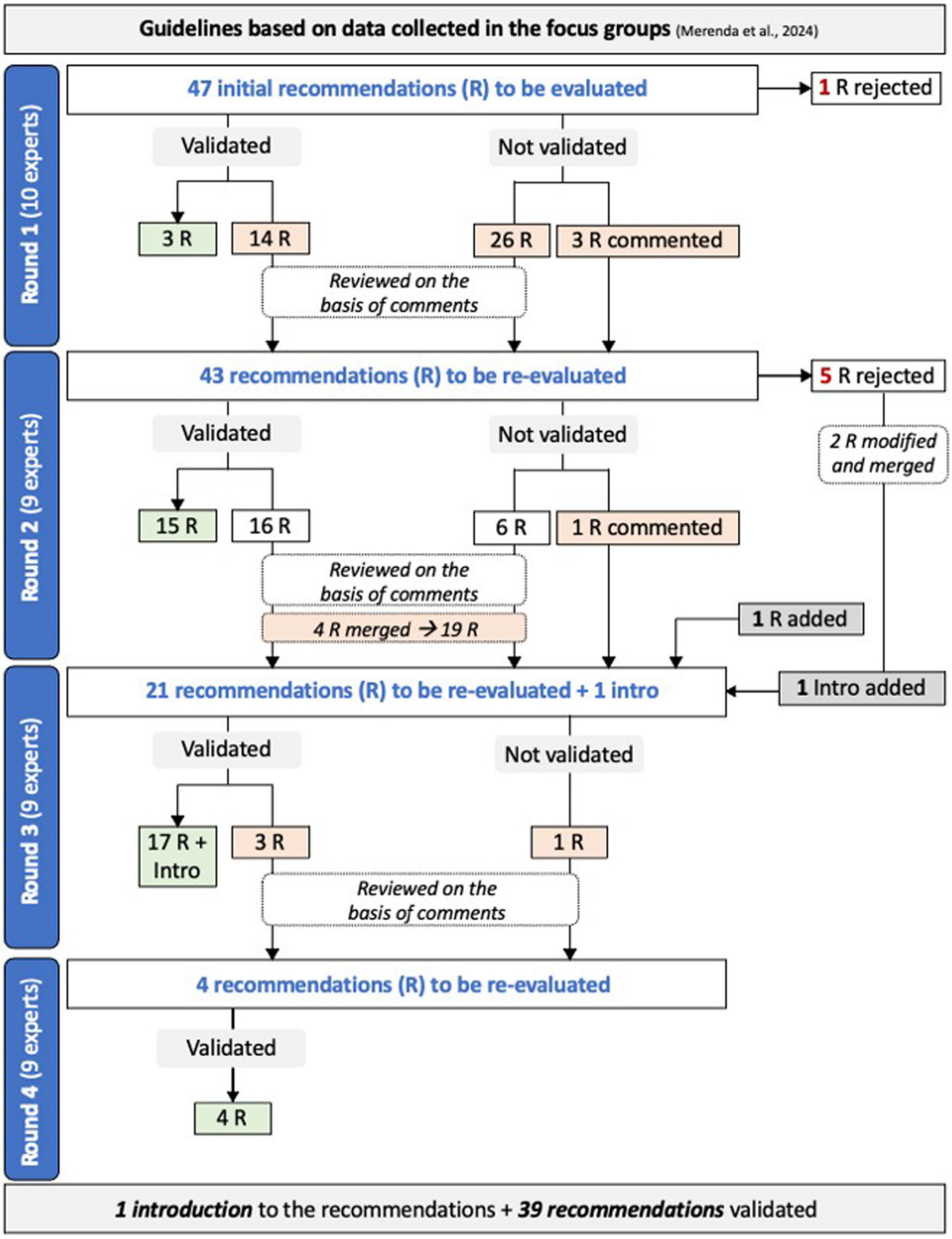

FIGURE 1 | Process for validating recommendations using the Delphi method. Recommendations designated as 'to be re-evaluated' corresponded to recommendations that had been modified, commented on, or not validated. R, recommendation.

introduction to the recommendations were submitted for evaluation. The introduction and 17 additional recommendations were considered as validated. The remaining four recommendations were modified based on the experts' comments.

Round 4: The nine experts contacted completed the questionnaire in its entirety, and the four recommendations submitted for evaluation were considered as validated.

Upon completion of the four validation rounds, the interdisciplinary panel of experts validated an introduction to the recommendations and 39 recommendations, which were grouped into six categories according to the type of treatment or pathology of the patient (Table 3).

All the validated recommendations ($n = 39$) are available in the (Supporting Information S2: Appendix 2).

TABLE 3 | Categories of recommendations after the Delphi process.

Categories and names ($n = 6$)		Number of R ($n = 39$)	Explanation
Introduction to recommendations		—	This introduction highlights the importance of adapted assistive products for individuals living with a VI and the key role of pharmacists in their management. It emphasizes the necessity of referring patients to ergotherapists or specialist centers, while advocating for the establishment of a multidisciplinary care network around patients.
Category 1	Patients on acute and/or chronic treatment	8	The following recommendations pertain to the utilization of labels and QR codes readers for the purpose of informing individuals with a VI undergoing acute or chronic treatment regarding the appropriate use of medications. These recommendations underscore the necessity of adapting these tools to align with person profiles and of engaging community pharmacists in the creation and management of labels or QR codes. Furthermore, the recommendations delineate the specific information to be documented on labels and QR codes.
Category 2	Patients taking multiple medications or with polypharmacy	8	This category examines practical solutions designed to assist individuals with a VI and with polypharmacy in managing their medications, with a focus on the unique requirements and profiles of each person. The utilization of pill organizers is emphasized. To address issues of contrast, the incorporation of tactile or visual markers is recommended. Furthermore, the utilization of sachets marked with QR codes or markers is proposed, in accordance with legal standards, to facilitate the management of treatments. The recommendation of accessible medication charts is also made to provide a clear overview of treatment.
Category 3	Dosage forms that do not fit into a pill organizer	3	These recommendations highlights the importance of identifying any medication that is not incorporated within a pill organizer, with the utilization of an assistive product or other marker to ensure the safe and accurate management of treatments.
Category 4	Patients who need to use a medication plan	11	This category offers recommendations for adapting medication plan for people with a VI. Two types of plan are proposed: One adapted for people with mild or moderate VI and the other adapted for people with severe VI or more, who use an assistive product for vocal reading. The importance of referring people to an orthoptist for optimal reading parameters is also emphasized.
Category 5	Patients who need to mesure medical parameters	3	This category comprises recommendations for the utilization of audible glucometer, blood pressure monitors, and thermometers.
Category 6	Patients who have associated disorders	6	This category is concerned with the evaluation of assistive products in terms of their suitability for people with associated disorders. It is asserted that accurate assessment, safe medication management, and the possibility of support from a carer or multidisciplinary care team are of paramount importance.

Abbreviations: QR, quick response; R, recommendation; VI, visual impairment.

4 | Discussion

4.1 | Contribution of the Validation Process

It is imperative that recommendations are disseminated to community pharmacists to facilitate the implementation of new practices. The guidelines regarding assistive products that facilitate the secure administration of medications by individuals living with a VI are the culmination of a systematic process of reflection and drafting, exclusively based on data gathered from community pharmacists in focus groups [11]. The recommendations have been presented in two formats, text and table, to accommodate the preferences of as many pharmacists as possible. Furthermore, the recommendations are presented by patient category to facilitate the retrieval of pertinent information. However, it is possible that some elements may be erroneous or incomplete. Consequently, a rigorous validation process is essential before the broader dissemination of these guidelines.

The Delphi method is designed to identify consensual proposals around a given concept [22]. In the course of this study, 39 recommendations received such approval. The experts placed particular emphasis on the necessity of multidisciplinary collaboration between healthcare professionals. Indeed, although these recommendations are aimed at community pharmacists, it is imperative that they refer persons with a VI to the appropriate professionals when necessary. For instance, the selection of an appropriate assistive product should be made by an ergotherapist, in accordance with the specific needs and requirements of the patient. Furthermore, it is the ergotherapist who is responsible for conducting the learning sessions regarding the assistive product. Similarly, the optimal reading parameters for the patient (e.g., when writing out dosage labels) should be determined by an orthoptist. Additionally, the experts assisted in expanding the scope of assistive products beneficial in pharmacy practice beyond those initially identified by community pharmacists in the focus groups [11]. Finally, the experts underscored that not all recommendations are universally applicable and highlighted the necessity of eliciting persons' preferences. Indeed, VI is a heterogeneous condition, with a multitude of potential causes, varying levels of severity, and differing rates of progression [26].

4.2 | Clinical Approach

The recommendations aim to guide community pharmacists in adapting medication management for individuals living with a VI. The pharmacist should first identify the patients' needs to ensure the safe administration of their medications. Patients should ideally be referred to ergotherapists to obtain and be trained in the use of assistive products. A multidisciplinary care network should be established around these patients. To apply the recommendations in clinical practice, the pharmacist must identify (1) the characteristics of the patient: the level of autonomy, the visual residue, and the reading abilities (refer the patient to an orthoptist), and (2) the characteristics of the treatment: the chronic or acute nature of the treatment, the presence of polypharmacy, the need to use a medication plan, the presence of dosage forms not suitable for pill organizers (e.g., a syrup), and the need to use medical parameters measurement devices (blood pressure monitor, glucometer, thermometer). Then, the pharmacist can cross-reference the different recommendations to select the most appropriate assistive product(s) for the patient's situation. As illustrated in Figure 2, a decision tree is provided to assist community pharmacists in implementing these recommendations.

4.3 | Strengths and Weaknesses

This study comprises several strengths. The combined expertise of the interdisciplinary experts enabled a comprehensive review of aspects related to pharmaceutical care, VI, and assistive products. Over half of the experts had over a decade of experience, demonstrating a profound understanding of the subject matter. The recruitment procedures also provided for the solicitation of low vision experts from the four Functional Rehabilitation Centre in Wallonia and Brussels-Capital region. Consequently, the panel of experts was geographically well represented, and the multicentric approach helped to improve the statistical robustness of the results by eliminating recruitment bias. Additionally, each profession was fairly represented on the panel (two experts per profession) to avoid overrepresentation of any one profession, and thus avoid bias during the validation process.

The Delphi method offers the advantage of anonymising the results for the experts, thereby enabling each expert to express their opinion freely without the influence of a dominant opinion on the group [27]. The online completion of questionnaires obviated the necessity for the experts to convene in person, a particularly advantageous feature given the geographical dispersion of the experts. Moreover, the questions on which consensus had been reached in previous rounds were modified on the basis of the comments provided and continued to be evaluated in the next round. This resulted in an improvement in the relevance and clarity of the recommendations, with a notable shift from a low to a moderate overall consensus.

However, this study is no without limitations. Although the panel of experts comprised the number of members recommended in the literature (10–15 experts) [21, 23], one expert withdrew from the study during its course. This can be attributed to the considerable number of rounds and the extensive time commitment, which may have resulted in a certain degree of weariness. Indeed, the Delphi method requires a significant investment of time and effort from both researchers and participants, which renders it susceptible to attrition [28]. It is also important to acknowledge that the duration of the process may have introduced a degree of bias in the responses when the questionnaires were completed. Additionally, the data analysis process inherent to the Delphi method is subjective. The process of condensing, refining, and developing recommendations is subject to the knowledge, experience, and perceptions of the researchers [29]. During the course of the study, the researchers endeavored to incorporate the comments of the experts in a manner that was both appropriate and reflective their input during the reformulation of subsequent recommendations.

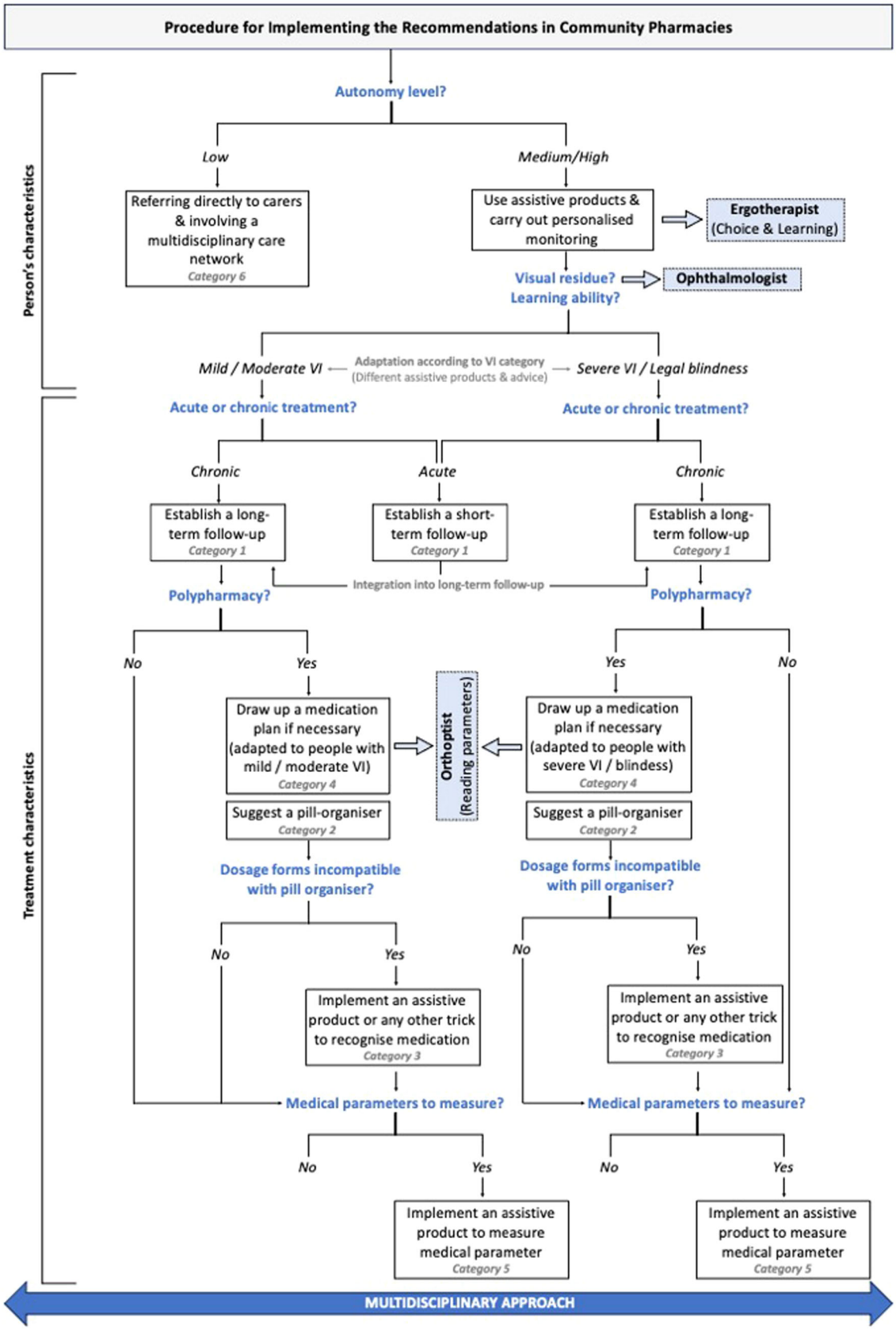

FIGURE 2 | Decision tree for the process of implementing recommendations in community pharmacy practice. VI, visual impairment.

5 | Conclusion

The Delphi method was employed to elicit crucial information from experts regarding the qualitative content of the recommendations developed in French. This consensus process facilitated the consolidation of recommendations and ensured their relevance and consistency with the issues addressed. The dissemination of high-quality content on assistive products to community pharmacists in Belgian pharmacies can facilitate the safe use of medications by individuals living with a visual impairment. However, individuals with a visual impairment constitutes a heterogeneous group. This diversity can be attributed to the type of visual impairment, the time of onset, and the presence of other disabilities or pathologies. Consequently, while assistive products can provide effective solutions, additional tools, or recommendations will be necessary to adapt pharmaceutical care according to the specific visual impairment and treatment of each patient.

Author Contributions

Théodora Merenda: conceptualization, methodology, formal analysis, investigation, writing – original draft. **Stéphanie Patris:** conceptualization, validation, writing – review and editing.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that supports the findings of this study are available in the supporting information of this article.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.