

EFFECT OF PHARMACIST-LED COUNSELING ON PATIENTS' WILLINGNESS TO ACCEPT GENERIC SUBSTITUTION IN COMMUNITY PHARMACIES

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Background: Most generic medicines are therapeutically equivalent to branded medicines and provide substantial cost savings while improving access to treatment and medication adherence. Despite these advantages, misconceptions about their quality, safety and efficacy remain a major barrier to patient acceptance. Pharmacist-led counseling may improve knowledge and confidence in generic substitution.

Objectives: To evaluate the effect of structured pharmacist-led counseling on patients' willingness to accept generic substitution in community pharmacies.

Methods: A randomized controlled community-based intervention study was conducted in ten community pharmacies in Ughelli and Asaba, Delta State, over six months. Four hundred patients who received prescriptions with branded medicines were randomized into intervention group (n=200) and control group (n=200). The intervention group received structured face-to-face counseling with visual educational materials, while controls received routine dispensing services. Willingness to accept generic substitution was measured before and after the intervention using a validated five-point Likert-scale questionnaire. Data were analyzed using SPSS version 29.0. Descriptive statistics (frequencies, percentages, means and standard deviations) summarized participant characteristics and outcomes. Inferential analyses included Chi-square tests, paired and independent t-tests, and logistic regression to estimate odds ratios. Statistical significance was set at $p < 0.05$.

Results: Participants' characteristics were comparable between the intervention and control groups at baseline. Overall, 34% of all participants expressed willingness to accept generic substitution before the intervention. Following the intervention, willingness increased to 82% in the intervention group ($p < 0.001$), whereas the control group showed no significant change (36%; $p = 0.42$). The mean willingness Likert score increased from 2.6 ± 0.8 to 4.3 ± 0.6 in the intervention group, compared with marginal increase from 2.7 ± 0.7 to 2.8 ± 0.8 in the control group. Participants receiving pharmacist-led counseling were approximately 8.8 times more likely to accept generic substitution than controls ($OR \approx 8.8$). Improved understanding of bioequivalence and increased trust in pharmacists' recommendations were the principal reasons for improved acceptance.

Conclusion: Structured pharmacist-led counseling significantly improves patients' willingness to accept generic substitution. Integrating brief educational counseling into routine dispensing practice may increase generic medicine uptake,

Keywords: Generic substitution; Community pharmacy; Pharmacist-led counseling; Patient acceptance; Generic medicines.