# INTERVIEW

# FATMA KARAPINAR

*Southern adventure*

Fatma Karapinar had never thought about moving from the urbanised west of the Netherlands to Maastricht, until she was approached for a job there. Working as a hospital pharmacist and doing academic work, both within the same organisation, sounded very appealing. That, and of course the lovely countryside and the housing opportunities, and no more traffic-jams. In the end, “academic progress” was the main reason for her to embrace the adventure, as her partner called it. By now, she has secured two substantial research grants, and Fatma is well-settled in the south.

Fatma does not like to think in terms of 'islands'. To her, the question why she particularly joined CARIM and not another research institute, for instance one which focuses more on the organisation of health care, is not a very interesting one. "As a pharmacist, my brain doesn't look upon people as 'hearts and blood vessels', but most of my research projects do involve a cardiovascular component. Patients with cardiovascular disorders use a lot of medicines and there is room for improvement there. An example is that of prescribing cascades."

Such cascades arise when a patient starts treatment with medication A, is then prescribed medication B to counteract an adverse effect of A, and then, if they are unlucky, medication C to combat the adverse effects of B. "A classic example is amlodipine, a medication to reduce high blood pressure. Its use can lead to swollen ankles due to fluid retention, so the patient is prescribed diuretics, and we've seen cases where people were then prescribed medication against urinary incontinence." With older people in particular, who have the highest medication use, the full list of medicines is often a puzzle, and correct medication transfer to their GP, the community pharmacy, home care, and the thrombosis clinic is a challenge. No wonder then that medication is a major cause of rehospitalisation within thirty days after a patient is discharged. That is another challenge, which has to be addressed particularly by cooperation across care settings. One of the aspects that attracted Fatma at Maastricht UMC+ was that they acknowledge the importance of integrated care and are actively involved in shaping it.

## MISCOMMUNICATION

"At the hospital, we often assume that the patient's GP, or their pharmacy, will understand what we mean, but that's not always the case. This can lead to patient harm that could potentially have been avoided. In addition, we may start a particular medication at the hospital, but we don't always know how it's going to be used after the patient is discharged. This is something that the community pharmacy or the home care nurse do know, so they're in a much better position to monitor adherence over time, and can identify when action needs to be taken. In order to bridge these two worlds, I intend to create an academic network of pharmacies in the region, the aim being to promote collaboration in the care process for people with cardiovascular disorders." Communication with patients themselves is another focal point. "Rehospitalisations also occur because care providers use difficult words or medication schemes, making things hard to understand for patients. If you were to show me a document on mortgage conditions, that would puzzle me too, as it's not a subject I've studied."

## ONE WORK SITE

Her interest in integrated care, especially for older adults, arose during her PhD project. She investigated medication transfer in the chain of care after hospital discharge, and found a lot of room for improvement. For 16 years, she worked as a hospital pharmacist and epidemiologist at the OLVG hospital in Amsterdam, and also taught at Utrecht University. "Because you have to divide your attention over many different things, you're not always in the loop. Where I am now, it's great to be able to have the hospital and university next to each other and visit CARIM at any time. Now, after a year in Maastricht, she notices that she still does not know all the ins and outs of the organisation, and sometimes fails to fully understand why matters have been organised in a particular way between the university and the hospital. "But when I hear that even some people who've

been working here for ten years don't always understand it, it puts my mind at rest", she smiles. "And I also found it a friendly gesture how colleagues immediately gave me their phone number, in case I encountered any problems, even about personal matters. I really find Limburg people superfriendly."

## RESEARCH

Maastricht also turned out to be a great place for her research work. Last year, she and her team won the 25,000-euro Marja van Dieijen Award. It is an award to support innovative ideas and projects of Maastricht UMC+ staff and students, and her research into identifying adverse effects fitted right in. The aim is to train hospital pharmacists in training and trainee doctors to recognise adverse effects of medication. "As we want to avoid unnecessary accumulation of medicines in the chain of care."

In the future, she intends to investigate how to help patients recognise adverse effects themselves. A pilot study found that people endure adverse effects for an average of four months, before consulting someone about it. "That's rather a long time, during which the medication can cause damage. I would like to shorten that period. For one thing, does it help if patients are contacted automatically by digital means after a month, to detect adverse effects? That might prevent them having to visit a doctor or even being admitted to hospital. This idea recently gained us the Hacking Health innovation award." Fatma also participates in a national consortium that was awarded a 1.44 million euro grant from the Dutch pharmacists' association KNMP to improve pharmaceutical care for heart failure. This project also concerns cooperation between primary and secondary care, the goal being to reduce the risk of rehospitalisation and to improve such aspects as adherence. Finally, she leads a research project of the Dutch Ministry of Health, Welfare and Sports into the current state of the national programme on medication transfer.

**THE AIM IS TO TRAIN HOSPITAL PHARMACISTS IN TRAINING AND TRAINEE DOCTORS TO RECOGNISE ADVERSE EFFECTS OF MEDICATION**

## DISCOVERING LIMBURG

"I'm really enjoying my work, so that's a major motivation for me. But I also enjoy Limburg; together with my husband and our nine-year-old daughter we regularly walk the hills. One thing I've noticed is that children's farms around here are sort of small zoos compared to those in the west of the country. And there are so many nice places for kids to roam about. Before, all I knew about Maastricht was that it was a good place to shop and eat *'vlaai'*, a local speciality. Now I'm learning lots of new things about Maastricht and Maastricht UMC+, so I'm happy that this opportunity has come my way and that CARIM enables me to develop further academically."