BRIEF COMMUNICATION

The 6E Way of Medication Counseling

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ABSTRACT

Medication counseling is an integral part of clinical care. No prescription is complete unless accompanied by a comprehensive explanation of why, when, and how to take advised drugs. The 6E mnemonic provides a simple, yet sufficiency robust method of ensuring completeness of counseling. Expectations, effectiveness and efficiency, ease and endurance, economy, education, and engagement: these represent the six enduring pillars of medication counseling.

Keywords: Counseling, chronic disease, diabetes, motivational therapeutics, obesity, person-centered care

THE CHALLENGE

Medical prescription is incomplete unless accompanied by adequate medication counseling. Counseling serves as value-added therapy or VAT[1], bringing strength and stability to management strategies.

Counseling is a Cinderella of sorts, being viewed as everyone's responsibility. This leads to a paradoxical situation, where no health care professional views it as their sole obligation. Especially in situations where there are multiple health care providers, this may lead to inadequate education and explanation.

In fact, conflicting advice may be received regarding importance, timing, or method of administration of various drugs. With the increasing exaptation of endocrine drugs, such as dapagliflozin, empagliflozin, semaglutide, and tirzepatide, for both glycemic and pan-metabolic effects, this scenario is becoming more and more common.

THE SOLUTION

We have previously suggested the BLACK mnemonic (Benefits, Limitations, Adverse effects, Cost, Knowledge) to create a clinical aid for counseling[2]. This can be used for all therapeutic interventions, irrespective of the clinical situation.

Here, we suggest a novel method, the 6E way, of systematic medication counseling. We have used it in our diabetes and obesity practice, with good results. The 6E way (Table 1) is a simple, step-wise method of guiding a clinical conversation regarding use of various drugs. It adds value, specifically in chronic diseases where patients need to practice active self-management.

THE UTILITY

The 6E checklist can be used by all health care professionals, including physicians, pharmacist, nurse educators, and other paramedical staff. Though developed for use in diabetes and obesity, it is applicable to all other disease

Table 1. The 6E Way of Medication Counseling

Expectation: outcomes expected by person living with disease, by health care team; level of concordance between them
Efficacy and Efficiency: anticipated efficacy and efficacy of proposed intervention
Ease and Endurance: possible side effects and adverse effects of proposed intervention; their mitigation
Economy: cost of therapy; cost containment
Education: knowledge needed to administer therapy, mitigate side effects; sick day management
Engagement: continued engagement with health care team; mechanisms for trouble shooting, e.g., how to contact team in time of need

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states. Adding this as a checklist to printed prescriptions will help in ensuring adherence to counseling. This can also act as a foundation for good counseling practices (GCP), which must be made an integral part of good clinical practice[3]. GCP incorporates the ideas of "therapy by the ear"[4], good clinical sense[5], and motivational therapeutics[6], in an easy-to-follow manner. The alliterative character of the list makes it easy to remember, and easy to practice as well. Counseling is not a one-off affair, and must be incorporated in every clinical encounter. Hence, this framework will have relevance for each and every prescription.

We take this opportunity to call for enhanced focus on medication counseling, especially in chronic disease management. The 6E rubric should help achieve this, and accomplish better health outcomes for all.

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