Managing multi symptom influenza-like illness using non-prescription medicines

Report from an FIP insight board

2024

FIP Development Goals

International Pharmaceutical Federation

Colophon

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The full list of experts can be seen in the roundtable participants section.

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Introduction

It is known that acute upper respiratory tract viral infections (URTIs), commonly referred to as influenza-like illnesses (ILIs), are the most prevalent infections in humans. ILIs can be caused by a variety of viruses, including COVID-19 (and its variants), Respiratory Syncytial Virus (RSV), mild influenza, Middle East Respiratory Syndrome (MERS), and other coronaviruses, causing a wide spectrum of illness from mild colds to severe, potentially fatal, pneumonia. While these conditions can be identified by the specific virus responsible, they are more often categorised based on their clinical symptoms, such as the common cold or flu-like symptoms.[1]

The presenting symptoms of these infections are generally not sufficiently distinct to allow for the identification of the specific causative virus when patients present at a community pharmacy. Furthermore, free COVID-19 testing has significantly decreased in many countries since the pandemic, leading to low testing frequencies within communities.[2] Consequently, patients who self-test and identify as COVID-19 positive are unlikely to visit a community pharmacy in person. This means that both community pharmacists and patients often remain unaware of the specific viral cause of their symptoms.

Community pharmacists play a vital role as frontline healthcare providers, offering essential guidance to patients on the appropriate use of medications, including non-prescription medicines (NPM).[3] A recent review by Eccles et al. (2023) highlighted that NPM treatments for common cold and flu-like illnesses are safe and effective in managing these conditions, regardless of the causative virus.[1]

Aligned with FIP's mission to support global health, it is important to understand the perspectives and experiences of community pharmacists in managing ILIs symptoms with NPM. Therefore, in September 2024, FIP hosted an insight board to discuss these issues in detail.

The aims of the insight board were to:

1. Explore community pharmacists' perspectives and experiences with NPM for multi symptom ILIs.
   This objective focused on exploring how community pharmacists recommend NPM for treating multi symptom ILIs when the virus is unknown, the challenges they face with the lack of empirical evidence, and their experiences with patient outcomes and feedback on these medicines.
2. Explore pharmacists' experiences with recommending topical treatments for nasal congestion.
   This objective focused on pharmacists' experiences with recommending topical treatments for nasal congestion and the influence of environmental factors on managing allergic rhinitis and congestion in ILIs.
3. Establish an approach for providing accurate, accessible information to patients or consumers about non-prescription products for treating ILIs and symptoms.
   This objective focused on identifying approaches to ensure consumers receive accurate, accessible information about non-prescription products for treating ILIs and symptoms, and how to ensure patients are properly informed about their appropriate use.
4. Establish the appropriate approach for generating evidence to support the use of NPM for multi symptom ILIs.
   This objective focused on identifying strategies for generating evidence to support the use of NPM for multi symptom ILIs, including how pharmacists can contribute through their practice and observations.

This report provides a summary of the insight board as well as the key insights that were shared. It should also be noted that the views shared during the insight board are those of the individuals who expressed them based on their expertise and experience. They do not represent FIP's policy or positions, although they may build on existing positions and statements.

Roundtable participants

Chair and moderator	
Dr Catherine Duggan	FIP Chief Executive Officer

Facilitators and rapporteurs	
Dr Genuine Desireh	FIP Educational Partnerships and Projects Manager
Dr Diala Koudmani	FIP Development Goals Project Coordinator
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Ms Nisa Masyitah	FIP Project and Data Support Coordinator

Insight board participants	Affiliation and organisation	Country
Dr Jeff Goad	American Pharmacists Association	United States
Ms Agnieszka Madej	President of the Swedish Pharmacists Association	Sweden
Ms Cristina Pavel	President of the Ethica Independent Pharmacies Association	Romania
Dr Wael Ali	President of the Egyptian organisation of pharmacy, development and training	Egypt
Mr Johannes Ravele	President of South African Association of Community Pharmacists (SAACP)	South Africa
Mr Jameel Kariem	Independent Community Pharmacy Association	South Africa
Dr Piotr Merks	Polish Trade Union of Pharmacy Workers (ZZPF)	Poland

1 Pharmacists' experience with NPM for managing multi symptom ILIs

1.1 How pharmacists determine recommendations for NPM

Pharmacists from different countries highlighted varying approaches to recommending non-prescription medicines for treating multi symptom ILIs when the causative virus is unknown, based on local healthcare practices, patient expectations, and available resources.

Egypt

Patients often visit pharmacists rather than doctors to avoid paying consultation fees. Pharmacists play a critical role in providing accessible care, especially in underserved areas where patients may rely on them for both diagnosis and treatment. In some cases, pharmacists offer timely interventions, including antibiotics or corticosteroids, when appropriate. However, there is an ongoing focus on improving public health practices to ensure the safe and effective use of all treatments.

Poland

Patients in Poland generally come to the pharmacy requesting specific products, and it can be difficult to convince them to change their preferred choice. If the pharmacy does not stock the requested product, patients may resort to sourcing it from the informal market.

Romania

Pharmacists typically recommend multi-symptom medicines that address fever, inflammation, and nasal congestion despite not knowing the specific virus causing the illness. Testing for viruses like COVID-19 and flu viruses A and B is available and relatively affordable, which helps in providing better-targeted recommendations. Without testing, the challenge is making recommendations based on symptoms alone.

South Africa

Pharmacists assess the patient's situation (home or work environment), need for quick results, and convenient dosing options. For instance, patients in high-ranking jobs often require fast relief and minimal inconvenience. Pharmacists also balance the risk of drug interactions and side effects with patient expectations. Moreover, pharmacists in South Africa use their training, experience, and at least two guidance documents such as the Good Pharmacy Practice (GPP), the Primary Health Care Standard Treatment Guidelines (PHC STG) or the Essential Medicines List (EML). They take a detailed patient history, including symptoms, illness duration, and medicines already used. They follow the Pharmacist-Initiated Therapy (PIT) Protocol for minor ailments, targeting symptoms with specific ingredients, and are cautious to avoid poly-prescribing and drug interactions. They also ensure differentiation between influenza, allergic rhinitis, the common cold, and COVID-19, using diagnostic criteria such as cough, fever, rhinorrhoea, and nasal congestion.

"Firstly, differentiate between influenza, allergic rhinitis and common cold and Covid-19, using Dx criteria of cough, fever, rhinorrhoea, sore throat, nasal congestion, aches, fatigue, headache. We have several combination or single ingredient products and target the symptom to ingredient in selecting."

Sweden

There are no non-prescription multisymptomatic medicine treatments. Pharmacists recommend products with single active ingredients, such as paracetamol or nasal sprays. Community pharmacies have technicians and receptionist pharmacists who also provide advice. The long allergy season makes it necessary to ask patients whether their symptoms are due to allergies or an illness.

United States

Pharmacists have access to a variety of single and multi-ingredient non-prescription products. When recommending multi-symptom treatments, they focus on the patient's specific symptoms and needs but are often constrained by the limited time available for interactions in the aisles.

"In the US, pharmacists have a wide variety of single and multiple-ingredient non-prescription preparations. Pharmacists are only limited by the time they have available to engage patients in the NPM aisles."

Pharmacists across countries identify a range of conditions for which recommendations are sought for ILIs. For example, in **Poland**, patients most commonly seek pseudoephedrine, while in the **United States**, cough, sore throat, fever, and nasal congestion are frequent symptoms. In **South Africa**, pharmacists deal with a wider scope of conditions linked to respiratory, ophthalmic, and ear, nose, and throat (ENT) diseases, such as influenza, allergic and seasonal rhinitis, common cold, and rhinoconjunctivitis. The most prevalent symptoms reported are cough and cold, rhinitis (whether allergic or not), nasal congestion, sore throat, and fever.

Pharmacists frequently recommend a range of molecules and combinations for symptomatic relief of ILIs, including COVID-19. In **Poland**, patients often request food supplements or other products despite limited evidence supporting their efficacy, driven partly by pressure from pharmacy owners. In the **United States**, NSAIDs and dextromethorphan are common recommendations. In **South Africa**, pharmacists report recommending a broader range of products, including paracetamol, codeine, ephedrine, chlorphenamine, phenylephrine, pseudoephedrine, loratadine, fluticasone, and oxymetazoline. However, there is scepticism about the efficacy of supplements such as selenium, zinc, vitamin D, and echinacea, with pharmacists acknowledging the lack of empirical evidence supporting their use.

If a COVID-19 diagnosis is confirmed, the non-prescription treatments recommended by pharmacists may vary. In **Poland**, vitamin C and calcium tablets remain popular, while in the **United States**, NSAIDs and dextromethorphan are the main options. In **South Africa**, cough, fever, and dyspnoea treatments are common, with patients often requesting “immune boosters” based on social media trends. Bronchodilators, expectorants, mucolytic agents, and essential oils for steaming were among the products that were most recommended during the pandemic.

1.2 Challenges faced by pharmacists in recommending treatments without empirical evidence

Pharmacists across various countries encounter significant challenges when recommending non-prescription medicines for treating multi symptom ILIs, especially in the absence of empirical evidence. These challenges are compounded by patient expectations, regulatory constraints, and the complexity of drug interactions.

Egypt

The lack of regulatory enforcement means that pharmacists often have to prescribe medications such as antibiotics and corticosteroids without sufficient medical oversight.

Poland

Pharmacists often face pressure from both patients and employers. Patients frequently demand specific products, and it can be difficult to convince them otherwise. Additionally, employers may push to promote certain products that were purchased at a low cost, putting pressure on pharmacists to sell these items.

"Mainly from the employer (the owner bought something cheap and wants to get rid of it), pressure from the patients, who very often give them what they want."

Romania

Pharmacists are particularly concerned with managing potential drug interactions, especially with patients who have multiple pathologies. Recent legislation restricting certain substances, such as those affecting drivers, adds another layer of complexity to decision-making. Pharmacists must carefully weigh the safety and appropriateness of recommended treatments.

South Africa

Pharmacists face pressure to meet patients' demands for immediate symptom relief, often balancing this with the need for safety and efficacy. One challenge is relying on package inserts for combination products, which typically only provide information on individual ingredients without sufficient evidence of any synergistic or anti-synergistic effects. Furthermore, there is no established system to track patient outcomes or access databases that record the results of using combination products. Patients frequently expect rapid results, minimal side effects, and, at times, a sick note for work absence, which pharmacists are not legally allowed to provide.

“The major challenge that we encounter is the expectations of the patients. They want immediate results, minimal side effects and a sick note that will exempt them from going to work for a few days, which we are not permitted to give by law.”

United States

Pharmacists face the additional challenge of educating patients about non-prescription and herbal remedies, as physicians often lack knowledge in this area. This requires pharmacists to ensure that non-prescription medicine treatments do not interact with a patient's other medications. In addition, pharmacists often triage patients to determine whether symptoms might require a physician's diagnosis. If NPM treatments are appropriate, they explain potential adverse drug reactions and drug-drug interactions while emphasising that product efficacy can vary among individuals.

These challenges highlight the complexity of recommending NPM without solid empirical evidence. Pharmacists must navigate patient expectations, safety concerns, regulatory frameworks, and, in some cases, employer pressures. They play a critical role in ensuring the best possible outcomes despite the constraints they face.

1.3 Experiences in terms of patient outcomes and feedback on NPM

Pharmacists in various countries report mixed experiences regarding patient outcomes and feedback on NPM for multi symptom ILIs.

Poland

Patient loyalty is often driven by price, with many opting for the cheapest option available rather than sticking to a specific brand or product. Additionally, due to a lack of workforce and high rates of pharmacist and patient migration, collecting meaningful feedback is difficult.

Romania and Sweden

One common issue is the development of dependency on nasal decongestants, particularly during allergy seasons. Patients often misuse these products, leading to a cycle of overuse. Pharmacists have had to place greater emphasis on educating patients about the proper and limited use of these treatments to prevent long-term dependency.

South Africa

Patient feedback often reflects their understanding of remission, which, if inaccurate, may lead to misdiagnoses and perceptions of product ineffectiveness. Positive feedback encourages pharmacists to recommend the same treatment, while they avoid high-dependency products, especially amid efforts to curb codeine abuse. Patients favor quick-relief combinations that reduce productivity loss. Social media also shapes expectations, sometimes conflicting with pharmacists' recommendations when requested products aren't appropriate.

"Feedback is often based on the patients' interpretation of remission, which, if incorrect, can lead to misdiagnosing by the pharmacist on the patient's next visit and assumptions of product inefficiency. If sufficient outcomes are recorded or noted by the pharmacists, then they are more likely to recommend the same Tx."

United States

Patients often try multiple products to manage their symptoms, and many make decisions about what "works" for them based on personal experiences or coincidental timing with the resolution of their illness. This leads to a highly individualised approach, as large-scale studies of non-prescription cough and cold products often show limited efficacy. As a result, patient feedback is based more on perceived effects than on clinical evidence.

"It's a very individualised approach as large patient studies rarely show significant effects of non-prescription cough/cold products."

These experiences demonstrate that patient education and managing expectations are critical factors in ensuring positive outcomes with NPM. Pharmacists must focus not only on the efficacy of the products but also on guiding patients towards informed and safe usage of NPM.

2 Topical treatment for nasal congestion

2.1 Pharmacists' experiences with recommending topical treatments for nasal congestion

Pharmacists across different countries report diverse experiences when recommending topical treatments for nasal congestion, highlighting both the benefits and challenges of these treatments.

Poland

Xylometazoline and oxymetazoline are commonly used for nasal congestion, and there is no control over selling them.

Romania

Pharmacists have observed frequent overuse of topical nasal decongestants, particularly during allergy seasons. This leads to dependency, and pharmacists must emphasise the risks of prolonged use while educating patients about the importance of limiting treatment duration.

South Africa

Pharmacists recommend using topical nasal decongestants like oxymetazoline for no more than 3-5 days to prevent rebound congestion. Fluticasone, often combined with antihistamines like loratadine or azelastine, is also commonly used. Saline sprays are popular non-medicated alternatives that minimise risks, and pharmacists favour these options. While they prefer treatments without side effects, pharmacists will provide topical treatments with proper counselling if patients insist.

"Due to undesirable side effects accompanying topical treatments for nasal congestion, most pharmacists would steer clear of such and recommend medicines that do not possess such side effects."

Sweden

There is a strong recommendation not to exceed 7-10 days of using nasal sprays. These products can be purchased outside pharmacies, but those selling them are not allowed to give medical advice, limiting patient education.

United States

When recommending treatments for nasal congestion, pharmacists consider the patient's age, offering different advice for paediatric, adolescent, and adult groups. The general consensus is that both topical and oral decongestants have limited effectiveness, particularly in long-term use. Rebound congestion becomes a concern when topical decongestants are used for more than five days, leading pharmacists to favour non-medicated approaches such as nasal saline sprays or suction for children. These alternatives help clear nasal membranes without the risks associated with decongestants.

In cases where nasal congestion is linked to allergies or infectious diseases, pharmacists recommend addressing the underlying cause. While products like albuterol may be requested, particularly for severe cough, the evidence does not strongly support their efficacy for nasal congestion. Additionally, pseudoephedrine, once a commonly recommended decongestant, is now heavily regulated due to its use in methamphetamine production, significantly reducing its availability.

Pharmacists also reported varied practices when recommending topical and oral nasal decongestants. In **Poland**, xylometazoline and its derivatives are common, but pharmacists suggest focusing more on mometasone. In the **United States**, pseudoephedrine is commonly recommended orally, while oxymetazoline and phenylephrine are used topically. In **South Africa**, pharmacists recommend oxymetazoline, xylometazoline, fluticasone, mometasone, olopatadine, and azelastine, along with saline-based options like synthetic and sea salt sprays.

Identifying suspected rhinitis medicamentosa, also known as “rebound congestion”, presents challenges for pharmacists across different countries. In **Poland**, clinical knowledge among pharmacists is reported to be limited, compounded by business pressures. In the **United States**, pharmacists often struggle to obtain accurate patient histories, especially when untreated allergies lead to persistent symptoms. In **South Africa**, pharmacists face similar challenges due to inadequate training and a lack of diagnostic algorithms, highlighting the need for more training and educational resources, such as flowcharts. However, the role of Primary Care Drug Therapists (PCDTs) in South Africa offers a potential model for improved diagnosis and management through advanced training.

“In South Africa, we have a new group of pharmacists called Primary Care Drug Therapists (PCDT), a further training that pharmacists undergo to diagnose and treat with medication up to schedule. This group stands higher than all the other pharmacists as they can take it further and diagnose and treat it.”

2.2 Influence of environmental factors on the management of allergic rhinitis and nasal congestion in the context of ILIs

Environmental factors play a key role in the management of allergic rhinitis and nasal congestion, especially in the context of ILIs. Pharmacists in various countries face challenges influenced by local environmental conditions, patient exposure to allergens, and socioeconomic factors.

Egypt

Patients frequently encounter dust-heavy environments. Local treatments such as nasal sprays are commonly used to alleviate nasal congestion and allergic rhinitis caused by dust. Pharmacists must ensure that patients are informed about the proper use of these treatments and are supported in managing long-term exposure to environmental allergens.

Poland

A promising awareness campaign focused on the safe management of allergic rhinitis and nasal congestion was initiated but eventually discontinued. In Poland, the market is largely driven by product demand, with a strong focus on sales. While mindful of patient safety, pharmacists often navigate this commercially driven environment, which can limit opportunities for in-depth patient education. However, there is growing recognition of the need to integrate safety considerations into future strategies, offering the potential for more balanced approaches that prioritise both sales and patient well-being.

Romania and Sweden

Seasonal allergies are a major factor influencing the management of nasal congestion, complicating treatment recommendations. Patients frequently confuse allergic rhinitis with cold or flu symptoms, leading to overuse of nasal decongestants.

South Africa

Environmental factors such as unpaved roads, high dust exposure, and pollution from mining areas exacerbate allergic rhinitis and nasal congestion, particularly in low-income areas. Additionally, seasonal changes, including fluctuating pollen counts, dry air, and wind, significantly affect the prevalence of allergic rhinitis. Pharmacists are often required to tailor long-term treatment plans to accommodate continuous exposure to these allergens. In more wealthy areas with better infrastructure, these symptoms are less common, highlighting the socio-environmental disparities in symptom management.

> *"Low LSM areas are more prone to allergic rhinitis and nasal congestion due to a lack of first-world infrastructure like paving, gas emissions, etc. Mining areas also contribute immensely to these factors. Poor areas experience more of these symptoms than affluent areas."*

These experiences show the critical role environmental factors play in managing allergic rhinitis and nasal congestion in the context of ILIs. Pharmacists must consider these influences when developing long-term treatment plans to address persistent exposure to allergens such as dust and pollen. Tailored approaches are essential to improving treatment effectiveness and overall patient health.

3 Consumer information and education

3.1 Approaches to providing consumers with accurate and accessible information on multi symptom ILI treatments

Pharmacists across various countries employ diverse strategies to ensure consumers receive accurate and accessible information on NPM treatments for ILIs, emphasising the need for better education, clearer communication, and technology integration.

Egypt

Consumer education is handled primarily by pharmacists, especially younger pharmacists who need proper training. In Egypt, patients cannot purchase medicines outside pharmacies, which makes pharmacists key in counselling patients on proper medication use, side effects, and interactions, highlighting the need for solid knowledge and communication skills to improve treatment outcomes.

Poland

Recommendations should be based on clinical knowledge rather than media advertisements. However, advertising often influences consumer choices. Greater education is needed to shift consumers towards more informed, evidence-based decisions.

"Companies should base their recommendations on clinical knowledge, not television advertisements.."

Romania

Media misinformation often leads consumers to request unsuitable treatments. Better training and clear, evidence-based communication are essential for pharmacists to effectively guide patients towards safer, more appropriate options.

South Africa

Visual aids such as diagnostic charts have proven effective in helping pharmacists educate patients and clarify the differences between conditions like colds and influenza. These tools allow pharmacists to guide patients towards the most appropriate treatments. More focus is needed on counselling patients about the risks of codeine-containing products, and pharmacy associations should lead public education efforts.

"Codeine misuse should prompt more focus on related literature, and pharmacists should spend more time counselling patients when dispensing these products."

Sweden

While some products are sold without pharmacist intervention, pharmacists are available to offer advice. However, patients sometimes refuse assistance, thinking they already know what they need based on advertising. Campaigns and structured questioning help educate patients. Pharmacy staff receive annual training on non-prescription products and self-care, either through the pharmacies' internal e-training programmes or via external educational organisations.

United States

Digital tools like QR codes and shelf talkers educate consumers at the point of sale, while AI-based systems enable real-time pharmacist consultations online. However, large tech companies like Amazon offering non-prescription products without pharmacist input are reshaping the pharmacy landscape, reducing physical pharmacies. The challenge lies in integrating pharmacist expertise into these online platforms to ensure proper patient guidance.

"Collaborate with companies like Amazon to enable pharmacists to provide AI-based information on non-prescription medicines purchased online by patients."

These approaches underline the importance of pharmacist involvement, effective communication, and leveraging technology to ensure consumers make informed, safe choices when using treatments for ILIs.

3.2 Ensuring proper patient guidance on non-prescription product use

Pharmacists play a crucial role in educating patients on the safe and appropriate use of non-prescription products for treating ILIs. Different countries adopt various strategies to ensure consumers receive accurate guidance.

Egypt

Patient counselling is considered the best way to ensure consumers are well-informed. Given that many pharmacists in Egypt are young, continuous training and development are essential to maintaining high standards of patient education.

"Pharmacists should be trained with the correct information and provided with guidelines, including accurate and accessible information."

Poland

Comprehensive access to patient medical records, including NPM sales, is needed to monitor purchases of products like nasal decongestants. However, sales targets set by pharmacy owners can sometimes overshadow patient care. Limited awareness of medication misuse risks highlights the need for better monitoring and education.

South Africa

Media campaigns, the enforcement of legislation that mandates patient education, and the training of pharmacy support staff are critical to ensuring patients are properly informed. Educational tools, such as patient charts, help differentiate between flu, cold, and allergy symptoms, guiding patients toward appropriate treatments.

"Media campaigns, enforcing legislation to ensure patients are informed, and training pharmacy support staff are all essential."

United States

There is a growing emphasis on increasing pharmacists' visibility within the store. Pharmacists are trained to engage directly with customers, moving beyond the counter to provide real-time advice and guidance in the aisles. This face-to-face interaction helps ensure patients understand the proper usage of non-prescription products, reducing the risk of misuse.

These approaches highlight the importance of pharmacist involvement, effective communication, and continuous training to ensure patients use NPM safely and effectively.

4 Evidence generation

4.1 Strategies for generating evidence to support the use of non-prescription relief products for multisymptomatic ILIs

Different countries adopt varied approaches to generating evidence for the effective use of non-prescription relief products for ILIs, shaped by local resources and healthcare systems.

In **South Africa**, pharmacists suggest a combination of informal and structured strategies for evidence generation. Gathering patient feedback on NPM treatment outcomes provides anecdotal data that can contribute to a broader understanding of product effectiveness. Additionally, assigning dedicated staff members to follow up with patients using these products could formalise the process, leading to a more systematic collection of evidence.

"We should have dedicated staff to follow up with patients prescribed these products, which would help in gathering valuable evidence."

In the **United States**, a more structured approach is employed, leveraging large health databases and electronic medical records to conduct retrospective cohort studies. This enables researchers to analyse the safety and effectiveness of non-prescription products on a broad scale, using real-world data to fill gaps where randomised controlled trials may be lacking.

While South Africa focuses more on patient-reported outcomes and real-time feedback from consumers, the United States utilises a data-driven, research-based method. Both approaches reflect the importance of gathering real-world data to support the safe and effective use of non-prescription multisymptomatic relief products, with strategies adapted to fit local healthcare frameworks.

4.2 Pharmacists' contribution to evidence generation through daily practice and observations

Pharmacists across different countries contribute to evidence generation through daily practice, gathering practical insights that inform the broader understanding of NPM treatments for ILIs. These contributions, while varying by country, all highlight the importance of pharmacist involvement in building real-world evidence.

Poland

The establishment of the Polish Pharmacy Practice Research Network is a step towards greater involvement in evidence-based medicine (EBM). However, awareness of EBM remains low, and further work is needed to encourage pharmacists to document their observations and contribute to evidence generation.

Romania

AI tools can be utilised to connect pharmacists with patients in real-time. These tools would allow pharmacists to collect data on patient outcomes remotely, streamlining the evidence-collection process. By gathering feedback on NPM treatments post-use, pharmacists can quickly generate pharmacovigilance reports and assess product effectiveness.

South Africa

Pharmacists play a key role in gathering patient feedback and extrapolating the data to forecast trends and adapt treatments. They can also adjust treatment protocols based on patient preferences and the dynamics of changing ILI strains. There is also potential for pharmacists to develop algorithms or guidelines based on their observations of symptoms and product effectiveness, contributing to a structured approach for evidence generation. One example shared by a participant was a dose modification from multi-dosing products taken every 6 or 8 hours to more convenient 12-hour dosing options, particularly for students and working professionals, which has proven effective in improving productivity and reducing side effects.

> *"In my practice setup, I would move patients from multi-dosing products that need to be taken every 6 or 8 hours to products that need to be taken every 12 hours. This was requested by patients in view of convenience and this proved to be a success amongst students and working class patients. Less side effects and more time to be productive."*

United States

Pharmacists are encouraged to publish case reports, blogs, and grey literature based on their daily practice and consumer interactions. By documenting trends in consumer behaviour and the outcomes of NPM treatments, they contribute to a growing body of real-world evidence. Students working in community pharmacies also contribute by conducting small research projects and surveys, which was also reported in **Sweden**.

> *"Write more in blogs and online posts that can be mined as grey literature for future publications."*

Across these countries, pharmacists are using their daily practice to gather practical evidence on NPM treatments, document trends, and adapt treatment protocols based on real-world patient needs. Whether through direct patient feedback, the use of AI tools, or grey literature, their contributions are essential in generating the evidence needed to assess the effectiveness and safety of non-prescription products for ILIs.

Conclusions and next steps

The insight board highlighted pharmacists' pivotal role in managing multi symptom ILIs through NPM. These medicines are often the first line of treatment for patients seeking relief from common cold and flu-like symptoms, especially in community settings where formal diagnostic tests are less accessible. However, pharmacists face significant challenges in this area due to the lack of empirical evidence to support specific treatment recommendations, varied patient expectations, and differences in healthcare practices across countries.

Pharmacists are often required to make treatment recommendations without knowing the precise viral cause of the symptoms, as testing for conditions like COVID-19, influenza, or other respiratory viruses has diminished in many regions. Despite this, pharmacists have continued to provide essential guidance to patients, drawing from their practical experience and the available scientific literature. The discussion revealed that pharmacists across different countries—whether in the United States, Romania, South Africa, Sweden, Poland or Egypt—are faced with unique challenges. These range from balancing patient demands for quick symptom relief to managing drug interactions and preventing the misuse of certain medications, such as nasal decongestants.

Moving forward, the focus should be on enhancing evidence generation. Further investigation is needed to comprehensively understand the impact of NPM in treating multi symptom ILIs. Gathering data from pharmacist feedback and pharmacist-patient interactions, such as case studies and patient feedback, would clarify challenges and best practices. Additionally, there is a clear need to strengthen consumer education about the safe use of these products. This can be achieved through a combination of both digital tools and direct pharmacist-patient interaction to reduce misuse and promote informed choices.

As the public health roles of pharmacists continue to evolve, pharmacists acting directly as healthcare consultants will become increasingly important, especially in contexts where access to formal testing and diagnosis is limited. By adapting their recommendations to individual patient needs, pharmacists will further enhance the efficacy of NPM for multi symptom ILIs, improve patient outcomes, and continue to play a pivotal role in frontline healthcare.

Through its global leadership, FIP can advocate for stronger regulatory policies, promote the generation of robust clinical evidence, and enhance consumer education efforts, ultimately ensuring that pharmacists continue to provide safe and effective care for managing influenza-like illnesses in diverse healthcare settings.

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