By 2014, the worldwide annual spend on medicines is expected to exceed one trillion dollars, representing an increase of nearly 90% since 2005. Thanks to modern medicine and the expanding number of pharmaceutical agents used to treat a wide range of diseases, average life expectancy is also set to increase, with, for example, average life expectancy in the UK increasing to 80 years of age, which is eight years higher than in the 1970s. However, despite this success, people around the world fail to use their medicines as they should, with a recent report by the World Health Organization estimating that, in developed countries, around 50% of patients are noncompliant with their long-term medication. In developing countries, this percentage is even higher, which is of particular concern because infectious diseases, such as human immunodeficiency virus and tuberculosis, are spreading rapidly. In view of this, the concept of “pharmaceutical care” has been introduced, and is defined as “the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve (or maintain) a patient’s quality of life.”

The famous observation by C Everett Koop, the former US Surgeon General, that “Drugs don’t work in patients who don’t take them” has never been as important and, considering the vast sums of money spent on medicines, research into using them more effectively is a key priority, especially given the current world financial climate. Pharmacy practice, that is, helping people use their medicines more effectively and safely, is seen by many as a key means of achieving this. Indeed, studies have shown that pharmacy interventions can help patients use their medicines more effectively, or even prevent patients from coming to harm, by identifying inappropriate, or in some cases dangerous, prescribing practices. Indeed, one recent study has shown that hospital pharmacists carry out an average of 0.019 medicine interventions per patient day, some of which identified errors that were potentially fatal, and could be considered a significant number given the large amount of patients admitted to hospital worldwide.

While studies have shown pharmacy practice can have a major impact on the pharmaceutical care of patients, the current evidence base still needs strengthening. Therefore, we are interested in receiving articles that build upon and consolidate understanding of the effectiveness and role of pharmacy practice, both in terms of quality, safety, patient experience, outcome, and cost.

To disseminate information quickly and facilitate the exchange of ideas related to pharmacy practice research, Dove Medical Press has launched a new journal entitled "Integrated Pharmacy Research and Practice."
Integrated Pharmacy Research and Practice. In the first issue of the journal, we invite authors to submit articles on all aspects of pharmacy practice research, whether in community, hospital, or industry. We would particularly welcome submissions that integrate areas of pharmacy practice. As an international and open access journal, your article will be available to a broad audience all over the world.

The journal serves as a practical and compelling platform to disseminate and share your research findings or clinical observations quickly, and we are certain that you will find Integrated Pharmacy Research and Practice a valuable resource. The journal welcomes submission of original research, commentary, reviews, editorials, and expert opinion. We will also consider case reports or case series that provide new insight into pharmacy practice research. Our editorial board includes experts from all aspects of pharmacy, and we are confident that you will find our turnaround time rapid and our peer reviewers’ comments useful and constructive. Integrated Pharmacy Research and Practice will be submitted to PubMed Central as soon as it has met the necessary criteria. All of our older journals are indexed on PubMed Central, so we expect Integrated Pharmacy Research and Practice to be accepted once the application has been submitted.

Disclosure
The authors report no conflicts of interest in this work.

References