

MedicinesTalk

Information for consumers and consumer groups about using medicines wisely

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Managing someone else's medicines

Carers are family members or friends who provide regular unpaid support and care at home for an older person or a person with a disability, chronic condition or mental illness. Carers may care full time or for a few hours a week. Managing the person's medicines is often part of the role. There are several things that can make the role easier.

This article is most relevant if you are looking after a person who is unable to make decisions about their health or manage their medicines. If they can make decisions, you will need their consent to become involved in such decisions.

Get to know their GP and pharmacist well

Good two-way communication with the person's GP, pharmacist and community nurse (if relevant) is essential.

Let the GP and pharmacist know that you are the person's carer, and that you are responsible for managing their medicines.

The GP and pharmacist will need you to tell them about the health and well-being of the person you are caring for, any changes in their condition, and how they are responding to their medicines.



In turn, you will need the GP and pharmacist to give you clear information and instructions about the person's medicines, and how and when to administer them.

If you find it difficult to remember everything you need to ask or tell the GP or pharmacist, write down the information or questions, and give it to them at the start of the appointment.

Don't hesitate to ask the GP or pharmacist to write down any information or instructions you may forget. Also, feel free to ask them if they can give you any written information or refer you to other sources of information. [cont >](#)

If you feel uncomfortable saying some things in the presence of the person, consider asking if you can speak to the doctor without them being present. This may also be a good opportunity to raise any concerns you may have about their health and what may happen in the future.

Know their medicines

Understanding what medicines the person you are caring for needs and why they need them will help them get the best out of their medicines.

Don't hesitate to ask questions if you are uncertain about anything.

Ask the GP to make a list of all the person's medicines: prescription, over-the-counter, herbal and natural medicines. Take the list with you when the person sees a doctor or pharmacist, or goes into hospital.

The list should include

- the active ingredient and the brand name of the medicine
- what it is for
- how and when to take it
- side effects to look out for
- other medicines, including any over-the-counter, herbal and natural medicines, it may interact with.

Read the medicine labels, and don't hesitate to ask questions if you are uncertain about anything.

You can also ask the pharmacist for the Consumer Medicine Information (CMI) leaflet (see back page) for each medicine. CMI leaflets contain comprehensive information about how the medicine works, how to take it, side effects and

when to seek help. Keep the leaflets in a safe place, so you can refer to them later if necessary.

Consider asking the GP to organise a Home Medicines Review. This involves a specially trained pharmacist coming to your house to discuss the person's medicines with you and the person you are looking after. The pharmacist will explain what each of the medicines is for and anything else you need to know about them. They can also answer any questions you may have.

Keep track of their medicines

Keeping track of the medicines of the person you care for will help to ensure that they get the right medicine at the right time, and help to prevent medicine-related problems.

If the person takes several medicines, consider using a medication organiser. These are containers that store a day's or a week's supply of medicines in a series of small compartments.

Medication organisers make it easier for you to give the person each of their medicines at the right time. They also make it easy to see if a dose has been given already. This is particularly helpful if several people are involved in giving the person their medicines.

Your pharmacist can put a week's supply of medicines in a medication organiser (eg Webster-pak) that stores each dose in a separate sealed compartment. All you have to do is remove each dose from its compartment and give it to the person.

If more than one family member is involved in giving medicines that are not in a medication organiser, get each person to write down on a chart (eg in an exercise book) what medicine they gave, how much they gave, and when

they gave it. If each carer checks the chart before giving a medicine, you will minimise the risk of missing doses or giving doses twice.

In some situations, such as if you suspect that the person is experiencing a side effect, it may help to keep a diary of the person's symptoms to give to the GP. This will help the GP determine whether the symptom is a side effect or a part of their health problems.

Look after yourself

Caring for another person is stressful and tiring. It is vital that you look after yourself and your health, because you can't look after someone effectively if you are not in good health yourself.

Some suggestions that have helped other carers include

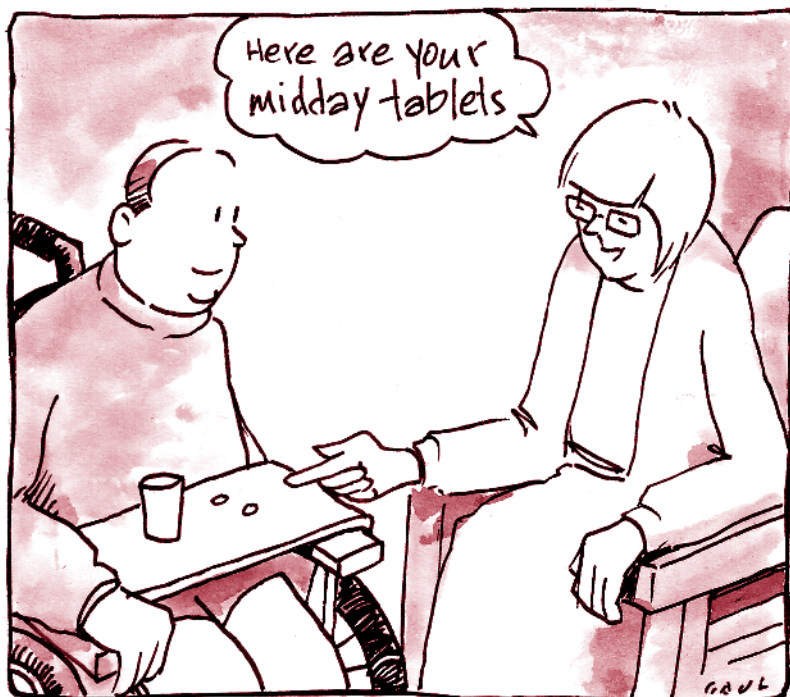
- try to continue doing at least some of the activities and outings you enjoy
- take respite breaks from caring from time to time
- try to get some regular exercise
- eat regular healthy meals
- get enough rest and sleep
- ask for help when you need it.

Other sources of help

Many services exist to help carers and the people they are caring for. Such services include help with showering and dressing the person, help with housework, support groups for carers, and respite care at home, at a day centre or in a nursing home.

To find out about the services in your area, talk to

- your GP, local council, local health or community workers
- Commonwealth Respite and Carelink Centre 1800 052 222



- Carer Advisory and Counselling Service 1800 242 636
- your state or territory Carers Association 1800 242 636. ■

Quick quiz

Test your knowledge of the quality use of medicines issues covered in this edition of *MedicinesTalk*. Are the following statements true or false? Answers on back page.

1. Carers can ask their GP to organise a Home Medicines Review in their home.
2. The Adverse Medicine Events Line (AME Line) is for doctors to report problems with medicines.
3. You can take unwanted medicines back to the pharmacy you bought them from for safe disposal.
4. You should stop taking all your medicines before going in for an operation. ■

Reporting when things go wrong

Your doctor or pharmacist is obviously your first port of call if you think you may have experienced a side effect from a medicine. They can tell you if it is a recognised side effect of that medicine, give you advice about what to do, and suggest other treatments if necessary.

But, what if the side effect is not a recognised side effect and you want to make sure the right people find out about it?

You have two choices: you can ask your doctor to report the side effect for you, or you can report it yourself to the Adverse Medicine Events Line, also known as the AME Line.

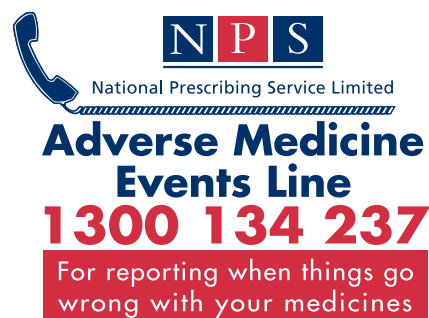
Adverse Medicine Events Line

The AME Line enables you to report suspected side effects of your medicines to a specially trained pharmacist. The pharmacist will collate the information and pass it on to the right authorities. The pharmacist can also give you up-to-date information about the medicine suspected of causing the problem.

To report suspected side effects, call the AME Line on 1300 134 237 from anywhere in Australia for the cost of a local call (mobile calls cost more). The service is open Monday to Friday 9 am–5 pm Eastern Standard Time.

You can report a suspected side effect of any medicine, be it a prescription medicine, over-the-counter medicine, or complementary medicine (vitamins, minerals, herbal and natural medicines).

Ideally, it is best to ring the AME Line when you are experiencing the side effect or immediately afterwards, so the details are fresh in your mind. You can also call the AME Line to report side effects that happened some time ago.



Monday to Friday, 9am to 5pm
Eastern Standard Time (EST)

For the cost of a local telephone call. Calls from mobile phones may cost more.

The AME Line pharmacist will ask you questions about the side effect, the medicine you suspect of causing the side effect, the other medicines you are taking, your medical history, and any recent changes to your medicines. These questions will help them to determine whether the side effect could be related to your medicine.

If the side effect could be related to your medicine, the pharmacist will record all the relevant details and pass them on to the Therapeutic Goods Administration (TGA), which is the Australian Government authority responsible for medicine safety.

The TGA will examine your report to determine if anything needs to be done to prevent other people experiencing the same side effect, or to warn doctors and consumers.

Your personal details will remain confidential and will not accompany the report.

More information

A free AME Line brochure with a fridge magnet is available from the National Prescribing Service. Visit them at www.nps.org.au/consumers or ring them on 02 8217 8700. ■

What to do with unwanted medicines

How many out-of-date or unwanted medicines are lying in the cupboards in your house? Where are the left over tablets you stopped taking last year?

Dangers

We all understand the dangers that unwanted medicines in the house pose to children because of the risk of accidental poisoning. However, few of us think about the dangers they can pose to the community as a whole. Medicines past their use-by date may slowly deteriorate and become less effective. Medicines used by someone other than the person for whom they were intended may be unsuitable for that person, or they may interact with their other medicines and cause a harmful reaction.

Return Unwanted Medicines Project

So, what should we do with our unwanted medicines?

Simply putting them down the toilet or sink or in the rubbish bin is not the answer. Medicines disposed of via the toilet or sink may go through the sewage treatment process unchanged, which can pollute our waterways. Medicines disposed of via the rubbish bin usually end up in landfills, which can pollute our soils and air.

The Return Unwanted Medicines (RUM) Project is an Australia-wide scheme, funded by the Australian Government, that enables each of us to dispose of our unused medicines safely by taking them to a local pharmacy.

To dispose of your unwanted medicines, simply take them to any pharmacy (it doesn't have to be the one you got them from). There is no charge for the service.



Do your bit

Gather all the medicines in your house.

Check the expiry dates on all the medicines.

Check which medicines you still need. If in doubt, check with your pharmacist or doctor.

Take all the expired and no longer needed medicines to any pharmacy for disposal.

The pharmacy will place the medicines in a special yellow container. When the container is full, the pharmacy will arrange for it to be transported to a disposal depot where it will be destroyed in a high temperature incinerator.

Further information

To obtain a brochure about the RUM project, ring Simon Appel, the Project Manager, on 03 9583 8699 or 1300 650 835, or visit the RUM Project website (www.returnmed.com.au). ■

Should I continue or stop my medicines?



Most people know it's important not to eat or drink for several hours before an operation. But, what do you do about your medicines? The answer to this question depends on several things: the medicines you are taking, your health conditions, and the type of operation you are having.

Continue as normal

Most medicines should be taken as normal before an operation, so you don't interrupt their beneficial effects. This will help ensure that your operation and recovery go as smoothly as possible. Unless told otherwise by the surgeon, anaesthetist or pre-admission clinic, take your regular morning medicines with a few sips of water up to two hours before the operation. Medicines for high blood pressure, angina, asthma, stomach ulcers and epilepsy are examples of medicines that are usually continued as normal.

Exceptions

However, there are exceptions. Some medicines may increase your chances of having problems during or after the surgery, or they may hinder your recovery, because they

- increase the chances of bleeding
- increase the chances of other problems occurring
- change the effect of the anaesthetic
- change the effect of drugs given after the operation.

Some of these medicines should be stopped completely before your operation. Aspirin, warfarin, anti-platelet medicines such as Plavix or Iscover, anti-inflammatory arthritis medicines (NSAIDs) such as ibuprofen, and herbal medicines such as ginkgo and ginseng are examples of medicines that you will usually be told to stop.

Some other medicines should be continued as normal, but the anaesthetist needs to know about them, so they can adjust the amount or type of anaesthetic they give you. Medicines for anxiety, sleeping, depression and some pain medications are examples of medicines in this category.

Tell your surgeon and anaesthetist

It is vital that your surgeon and anaesthetist know about all the medicines you are taking, so they can ensure that your operation goes as safely and as successfully as possible.

When you agree to have your operation, give the surgeon a list of all your medicines, or tell them about all the medicines you are taking. This includes any prescription, over-the-counter, herbal and natural medicines, as well as any you might not think are important, such as aspirin, supplements and vitamins.

Ask the surgeon if you should stop taking any of your medicines before the surgery. If advised to stop, ask **cont >**

when you should stop it—it could be anything from 1–2 days to 2–3 weeks beforehand. Also, ask when you can re-start it after the operation.

If you are concerned about stopping a medicine you feel you rely on, ask your doctor if there is another medicine you could take during this time. For example, people who normally take NSAIDs for arthritis may be advised change to paracetamol (eg Panadol) to minimise their joint pain and stiffness.

You also need to have details of your medicines on hand at the pre-admission clinic and when you go into hospital or day surgery for the operation. Therefore, it will pay to make a list of all your medicines. The list should include any you have temporarily stopped. ■

Key points

Tell your surgeon and anaesthetist about all the prescription, over-the-counter, herbal and natural medicines you are taking.

Continue taking your prescribed or recommended medicines, unless advised to stop.

If advised to stop a medicine, ask when you should stop and restart it.

At the pre-admission clinic and when you are admitted, tell the hospital about all the medicines you take.

Best of all take a list.

If you have any questions about continuing or stopping medicines, contact your surgeon or anaesthetist.

Medicines Line answers your questions

Each day, scores of people ring the pharmacists at Medicines Line (see back page) to ask questions about their medicines. Here's Roger's question.

Q I'm due to have a hip replacement operation next month. My doctor mentioned that I may need to stop some of my medicines beforehand, but I'm not sure which ones he wants me to stop.

I'm taking six medicines for high blood pressure, arthritis and diabetes.

A This is an important question. You need to check back with your surgeon at least two weeks before the surgery to get clearer instructions about which ones he wants you to continue and which ones he wants you to stop.

The surgeon will probably advise you to continue taking your medicines as normal, with the possible exception of the medicine for arthritis and the

medicine for diabetes. His advice will depend on the medicines you take.

Many commonly used arthritis medicines including meloxicam (eg Mobic), ibuprofen (eg Nurofen) and diclofenac (eg Voltaren) can increase the chances of excessive bleeding during surgery, so are usually stopped for a short period.

Some diabetes medicines such as metformin (eg Diabex) may need to be stopped for a couple of days before the surgery due to increased side-effect risks during surgery. However, other diabetes medicines such as insulin should be continued and not stopped.

Be sure to follow any instructions about when to stop your medicines. Stopping them too early could mean that you become unwell or suffer unnecessary pain. Stopping them too late could mean that your surgery has to be postponed or cancelled.

1. True. This can be a good opportunity to learn more about the medicines taken by the person you are caring for. Ask your GP or pharmacist for more information. 2. False. The AME Line is specially for the general public, so they can report problems with medicines to the government. There is another reporting system for doctors. 3. True. However, it doesn't have to be the pharmacy you bought them from. 4. False. It depends on the medicines, your health and the type of operation, but in most cases, no. Make sure you find out from your surgeon, well ahead of time, whether you need to stop any of the medicines you take.

Useful information

CMI leaflet

Consumer Medicine Information (CMI) leaflets have been written for most prescription and many non-prescription medicines. The leaflets explain how the medicine works, how and when to take it, common side effects and potential interactions. Obtain the CMI for your medicine from your pharmacist, Medicines Line or the NPS website (www.nps.org.au/consumers).

Home Medicines Review

A Home Medicines Review (HMR) involves a pharmacist visiting your home to check and discuss all your medicines. The visit is organised in consultation with your GP, who receives a report afterwards. Talk to your GP or pharmacist if you want to find out more about HMRs.

Medication organisers

Medication organisers are plastic boxes with compartments that hold a day's or a week's supply of medicines. Some, you fill yourself. Others, eg Webster-paks, are filled by the pharmacist. To find out more, ask your pharmacist.

Who writes MedicinesTalk

MedicinesTalk is written and edited by Ros Wood and Sarah Fogg, and overseen by an Editorial Committee comprising consumer representatives, health professionals and the National Prescribing Service (NPS).

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All due care is taken to provide accurate and reliable information. However, the information in MedicinesTalk is not medical advice, so seek professional help before mak-

NPS Medicines List

Use an NPS Medicines List to keep an up-to-date record of all your medicines. Keep it with you at all times for emergencies, and take it whenever you go to a doctor, pharmacist, health centre or hospital. The list is available in English, traditional and simplified Chinese, Greek, Italian and Vietnamese. Order a copy free of charge from the NPS website (www.nps.org.au/consumers).

Medicines Line

Ring Medicines Line on 1300 888 763 to talk to a pharmacist about your prescription, over-the-counter and complementary medicines for the cost of a local call (calls from mobiles may cost more). The service is open 9 am–6 pm Monday–Friday (EST).

Questions to ask about your medicines (new)

A reminder list of questions to ask your doctor or pharmacist is available in English (as a fact sheet) and in traditional and simplified Chinese and Italian (as a wallet-sized list). Order a copy free of charge from the NPS website (www.nps.org.au/consumers).

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