

MedicinesTalk

Information for Consumers and Consumer Groups

No. 14

About using medicines wisely

Winter 2005

Chinese migrants learn about medicines

The Federation of Chinese Associations (FCA) Victoria embarked on its ambitious 'Safe Use of Medicines Project' in early April 2005. The project involved 10 seminars for Chinese migrants in a variety of locations throughout Melbourne. It was funded with a small grant from the Multicultural Program, which is part of the Community Quality Use of Medicines (CQUM) Program run by the National Prescribing Service (NPS).

The FCA is an umbrella body of 28 Chinese organisations in Victoria. Its main goals are to help recently arrived Chinese migrants settle into Australian society as quickly as possible.

Much of the FCA's work is conducted through its Social Welfare Centre, which helps over 1000 clients each year. The centre runs English language courses, and helps clients with family relationship, housing, health, education, employment and legal issues.

In 2004, the Centre received an award for facilitating English language study and encouraging Chinese migrants to participate in community activities and avoid social isolation.

The seeds for the 'Safe Use of Medicines Project' began in May 2004. At that time, the Coordinator of the Social Welfare Centre, Ms Junxi Su, was

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中文 - CHINESE - ENGLISH

NPS

medimate

详细认识您的药物



get to know your medicines

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Chinese migrants learn about medicines

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involved in the research that informed the development of the Multicultural Program. She was also involved in developing the Chinese version of the 'Medimate' booklet, the NPS booklet about using medicines wisely and safely.

The Social Welfare Centre saw the project as a way of helping Chinese migrants learn about the importance of using medicines safely and effectively, so they could improve their well-being and lead a healthier life.

The project was aimed at newly arrived Chinese migrants aged 20–80. The first seven seminars attracted 20–100 people each, giving a total of nearly 300 people. It was anticipated that 450 people would attend the 10 seminars.

Big thank you

We would like to thank everyone who returned the readership survey sent out with the Autumn edition of *MedicinesTalk*. We greatly appreciate the time and effort you spent completing it. A brief summary of the survey results will appear later this year.

The surveys are still being returned. We have decided to give readers more time to return their surveys before we choose the winner of the \$250 bookstore voucher. The prize winner will be announced in the Spring edition of *MedicinesTalk*.

Each seminar lasted about 45 minutes, and was followed by light refreshments. Ms Junxi Su and Ms Betty Bai, another worker from the Social Welfare Centre, conducted the seminars in Mandarin and Cantonese. They used resources provided by the NPS to help community groups run medicines events for consumers. These included the bilingual Chinese 'Medimate' booklet and the 'Get to Know Your Medicines Kit'. The 'Medimate' booklet, in particular, proved very helpful, because it gave Chinese people culturally appropriate information in their own language.

The seminars covered aspects of the quality use of medicines as they relate to the Australian–Chinese community. In particular, they focused on sharing medicines with family and friends, and doctor–patient communication.

The presenters told participants about the possible ill-effects of sharing western medicines with family and friends, and tried to persuade them not to do so.

They also advised participants to be frank with their doctors about their health and illness, any relevant social and family matters, and their use of medicines. In particular, they strongly encouraged participants to tell their doctors and pharmacists about *all* the medicines they were taking: both their traditional Chinese medicines *and* their western medicines.

The feedback from participants was very positive, and they were glad to have been able to attend. Many participants indicated they would like more such seminars, so they could learn more about the safe use of medicines and the Australian health system. One of the most common quotes was, 'You should hold more seminars like this one, because we really want to know more about the rules of medicine use in Australia'.

Free copies of the 'Medimate' booklet in English, Chinese, Greek, Italian and Vietnamese, the 'Get to Know Your Medicines Kit' and other consumer resources are available from the consumer section of the NPS website at www.nps.org.au.

What to do with left-over medicines

One in three poisonings of Australian children are caused by medicines, and every week nearly 50 children are admitted to hospital as a result of taking medicines not intended for them.

You can help prevent children being poisoned by storing your medicines properly, and getting rid of unwanted and out-of-date medicines.

Getting rid of old medicines helps adults too, as adults can get into all sorts of trouble if they use left-over and out-of-date prescription medicines.

So, what's the best way to get rid of your old medicines? Putting medicines in the bin or flushing them down the sink or toilet is not a good idea. The chemicals in them can end up in rivers, creeks and landfill where they can harm the environment.

The best way to get rid of old medicines is to return them to a pharmacy, so they can be disposed of safely. Every pharmacy in Australia participates in a scheme called the Return Unwanted Medicines (RUM) scheme, which collects and disposes of unwanted medicines free of charge.

You don't have to take the medicines back to the pharmacy where you bought them: any pharmacy will take them. All types of medicines



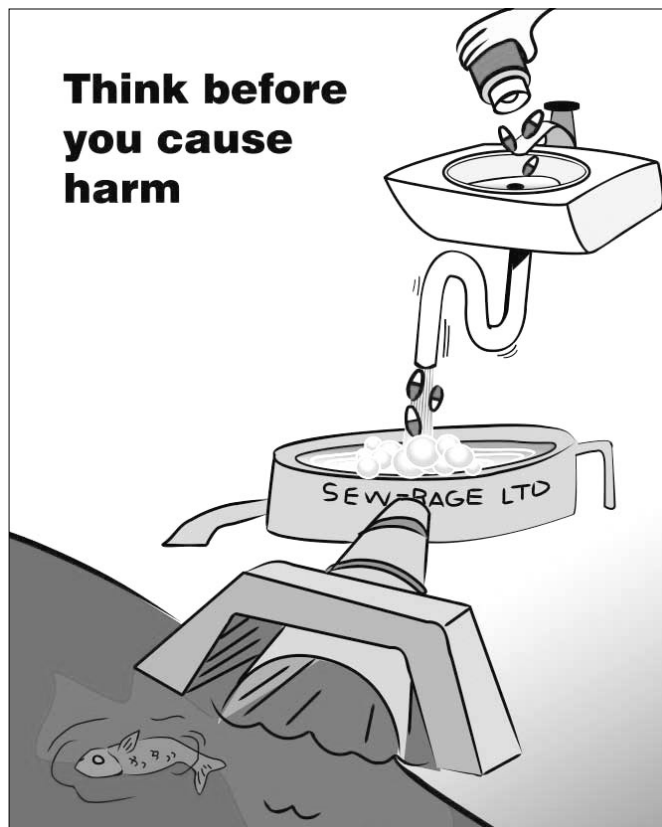
**Return
Unwanted
Medicines**

—prescription, over-the-counter and alternative medicines—will be accepted.

The returned medicines are placed in a special container. The containers are then collected and taken to a depot where the contents are destroyed in a high temperature incinerator.

Many people don't know about the RUM scheme. Even so, the scheme disposes of 30,000 kilograms of unwanted medicines nationally each month.

So, don't be tempted to hang on to medicines you no longer need 'just in case they might be useful'. And, next time you find those tablets that were prescribed for someone back in 1998, or you find the eye drops that have been lurking at the back of the medicine cupboard for the last three years, take them to a pharmacy for safe disposal. If you're not sure whether it's all right to keep a particular medicine, ask your pharmacist.



**Think before
you cause
harm**

Donating medicines overseas

Some people ask why returned medicines can't be donated to poor overseas countries. Experience has shown that, despite the best of intentions, donated unwanted medicines usually cause far more problems than they solve. Often, the countries end up with a huge pile of medicines, many of which are not needed, out of date, or labelled in a language they can't read. Consequently, the countries' scarce doctors and pharmacists have to spend many hours sorting through them just to find the few that are useful — time that would be better spent caring for their communities.

Understanding preventative medicines

Preventative medicines are medicines that are taken to prevent an illness rather than to treat it. Typical examples are vaccines, cholesterol-lowering medicines and blood pressure medicines.

How they work

Preventative medicines work in several ways. Some are designed to stop you developing a particular illness in the first place. For example, the influenza vaccine is designed to stop you getting the 'flu'.

Some are designed to prevent you getting a recurrence of your condition, or prevent your condition getting worse. For example, certain asthma medicines ('preventers') are designed to reduce the number and severity of your asthma attacks.

Preventative medicines don't guarantee that you won't develop the condition. Rather, they reduce your likelihood of developing it.

Others are designed to prevent you developing the potential complications of your condition. For example, if you have high blood pressure, blood pressure tablets may be used to reduce your likelihood of having a heart attack or stroke, because having high blood pressure predisposes you to these conditions.

Preventative medicines don't guarantee that you won't develop the condition. Rather, they reduce your likelihood of developing it.

Deciding to use

Obviously, maintaining a healthy and active lifestyle is the best way to stay well and prevent illness. However, there are situations when a healthy and active lifestyle is not enough. In these situations, some medicines may play an important role in preventing illness.

Preventative medicines are prescribed only after weighing up the likelihood and consequences of developing the condition against the risks

of taking the medicine. If the medicine is being used to prevent a recurrence or worsening of the condition, this decision is often more clear-cut than if the medicine is being used to prevent a condition developing in the first place.

For example, aspirin is often used to prevent heart attacks, because it makes the blood less sticky. However, making the blood less sticky also makes us more likely to develop bleeding.

People who've already had a heart attack have a greater likelihood of having another attack than people who haven't had one. Using aspirin to prevent further heart attacks in these people is often easily justified, because the likelihood and consequences of having another heart attack clearly outweigh the possibility of developing bleeding due to aspirin.

However, the equation may be very different for people who've never had a heart attack, because the medicine will probably need to be taken long term for a condition they may never even develop. Therefore, the risks of using aspirin take on a greater significance.

In determining the likelihood of developing a heart attack, the doctor looks at the person's risk factors. Risk factors are characteristics that make you more likely to have a heart attack. The box below lists some of the risk factors for heart attacks. If you have only one or two risk factors, a preventative medicine may not be justified. However, if you have several or many risk factors, a preventative medicine is more likely to be justified.

Risk factors for heart attacks

Male gender	Overweight or obese
Age over 50	High blood pressure
Family history	High cholesterol
Smoker	Diabetes
Lack of exercise	Kidney disease
Poor diet	Cardiovascular disease
Excessive alcohol	



Maintaining a healthy and active lifestyle is the best way to stay well and prevent illness.

In deciding whether to use a preventative medicine, you and your doctor need to consider the following questions.

- What is my likelihood of developing the condition?
- What sort of people does the condition usually affect, ie what gender, age group, etc?
- Do I have a family history of the condition?
- Do I have other conditions that predispose me to the condition?

The answers to these questions will indicate how many risk factors you have.

You also need to consider...

- What is likely to happen if I develop the condition?
- How serious or disabling is the condition?
- What else could I do to help prevent the condition?
- What are the likely benefits and risks of using the medication?

- How long will I need to take the medication?

The answers to these questions will help you and your doctor decide whether the likelihood and consequences of developing the condition outweigh the risks of taking the medicine.

Take regularly

Taking any medicine requires persistence. When you take a treatment medicine, you usually notice its effects quite quickly, so you're motivated to continue taking it as long as you feel it's doing you good.

If you're having doubts about continuing to take a preventative medicine, talk to your doctor, rather than just stopping it.

In contrast, some preventative medicines, such as medicines to prevent asthma (preventers), don't make you feel any different. In addition, their effects may only be felt months or years down the track. Their lack of obvious effects can make it difficult for you to find the motivation to continue taking them regularly.

It's important to overcome these thoughts when taking preventative medicines, because most of them must be taken regularly if they are to be effective. This may necessitate taking the medicine for many months or years, or even for the rest of your life.

If you're having doubts about whether it's worthwhile continuing to take your preventative medicine, talk to your doctor about your doubts, rather than just stopping it. They will understand that it's not easy to keep taking a medicine for long periods, especially if it has unpleasant side effects, or seems like an unnecessary cost. They will be able to reconsider your need for the medicine, and go over the pros and cons with you again.

And, last but not least, don't forget that preventative medicines are on top of rather than a replacement for an active and healthy lifestyle. Find out as much as possible about what you can do to reduce your likelihood of developing the condition or minimise its progression — and *do* it!

Did I or didn't I?

Ever had trouble remembering to take your medicines? Ever spent half the day trying to remember whether you had your medicines this morning? If so, read on, because this article gives you some hints about overcoming these problems.

Make a medicines timetable

Make a list of all your medicines and the times they should be taken, and post it in a prominent place. If you prefer, ask your GP to compile the timetable on their computer. Use it to remember which medicines should be taken when.

Link with daily activities

Make taking your medicines part of your daily routine by linking them with daily activities, such as eating breakfast, brushing your teeth, or going to bed. However, don't link medicines that should be taken on an empty stomach with meals. Also, don't link medicines that should be taken with food with times when you'll have an empty stomach, unless you make sure you have a snack at the same time.

Make medicines visible

Keep your medicines where you'll see them when you need to take them. If you've linked them to brushing your teeth, put them near your toothbrush. If you've linked them to eating meals, put them in a cupboard with the tea and coffee or above the kitchen bench. However, don't forget to keep them out of the sight and reach of children.

Use reminders

Use reminders to jolt your memory. Reminders can be as simple as a note on the bathroom mirror, fridge or television. Change their wording, colour and location frequently, so you don't become 'blind' to them. If you use your computer regularly, you might like to set it up so a reminder note appears every time you start up.

If your watch, clock or mobile phone has an alarm, try setting it up so it sounds when it's time to take your medicines. If you can't hear those alarms, consider buying an electronic alarm that flashes or buzzes loudly.



A reminder note next to the toothbrushes.

Streamline your medicines timetable

It's much easier to remember to take your medicines if you take them once or twice a day rather than several times a day. If your medicines are scheduled for several different times of the day, talk to your doctor about the possibility of streamlining your timetable so you take your medicines less often. This may involve changing one or more of them to a form that can be taken less often. For example, you might be able to change a three-times-a-day medicine to a twice-a-day one.

Use labelled blister-packs

Some tablets come in blister packaging with the days of the week marked alongside each tablet, so you can check whether you've taken the tablet that day. If your tablets don't come in this sort of packaging, consider asking your pharmacist if there's another suitable medicine that does. If there is, ask your doctor if it would be possible for you to use that medicine.

Mark off a chart

Use a chart to tick off each medicine as you take it, so you can check later whether you've remembered it. Have all your medicines listed on the left and a series of columns on the right. You might like to use different colours for the different times, or organise the list so the medicines you take at the same time are together. The latter may necessitate listing some medicines more than once.

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Harvey says no to antibiotics

Common colds might be common in adults, but they're even more common in children. They get an average of 5–10 colds a year.

Common colds are the bane of many parents' lives. However, treating children's colds with antibiotics is not a solution. A course of antibiotics won't help them get over their colds faster, won't stop their colds getting worse, and won't stop them passing on their colds to other people. Antibiotics have no effect on infections caused by viruses, and the common cold is caused by a virus.

Common colds usually get better in 5–7 days, though the cough may take 1–2 weeks longer than the other symptoms to disappear. The best treatment for common colds is common sense.

The National Prescribing Service (NPS) has enlisted the help of Harvey the wombat to spread their message about common colds to young children and their parents and carers. They have produced a delightful children's picture book, *Harvey catches a cold*, that tells how Harvey the wombat beats his common cold without antibiotics by spending the week resting, drinking enough fluids, and relieving his aches and pains, runny nose and chafed nostrils.

The book is being distributed to doctors' waiting rooms and childcare centres, so children, parents



and carers can read it at those locations. An interactive computer version that can be read to children at home is available from the NPS www.gottacold.com website. If you've got young children or grandchildren, give them a treat by logging on to your computer, and reading *Harvey catches a cold* to them soon.

Further information for parents about managing common colds in children can be found at the back of the book, and on the NPS common colds campaign website at www.gottacold.com.



Did I or didn't I?

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The chart could be on a sheet of paper. Alternatively, it could be in a small spiral notebook with the medicines listed on a left hand page, and the columns on the right hand pages that you tear out as you fill them.

Use a medication organiser

Storing your medicines in a pill box with labelled compartments for each day of the week will help ensure that you take the right medicine at the right time. Pharmacists sell a variety of medication organisers, so check out your pharmacy for the

one that best meets your needs. Some have one compartment for each day, while others have up to four compartments (morning, lunch, dinner and evening) for each day.

There are several weekly medication organisers designed to be filled by pharmacists, including Webster packs and dosette boxes. If you have difficulty filling medication organisers or don't feel comfortable filling them yourself, ask your pharmacist if they could prepare one for you each week. Most pharmacists charge a small fee for the service, but it may be money well spent.



Medication organisers: 1, 2 and 5 are designed to be filled by consumers, while 3 and 4 are designed to be filled by pharmacists.

MedicinesTalk aims to inform consumer groups about activities and policies related to the Quality Use of Medicines (QUM), and to encourage groups to become involved in QUM activities. We particularly want to publish stories about QUM activities conducted by or in collaboration with consumer groups. Please contact the Editorial Team if your group has a story, news or feedback.

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

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