

MedicinesTalk

Information for Consumers and Consumer Groups

No. 16

About using medicines wisely

Summer 2005

Yolngu stories make sense of medicines

The Yolngu people of North East Arnhem Land have high rates of chronic conditions, such as diabetes and kidney disease, that require increasingly complex medicines and medicine regimens. However, they have few opportunities to obtain and share information about medicines. Also, English is not their first language, and their understanding of healing is based on traditional Aboriginal culture rather than western culture.

A team comprising a pharmacist, an Aboriginal interpreter, and a nurse who speaks the local language are endeavouring to overcome these problems through the 'Sharing True Stories about Medicines' project. They are working with a remote community and an outstation in North East Arnhem Land to develop culturally appropriate stories that can be used to help Yolngu people learn about their medicines.

'On our initial visits, we found that the people had a real interest in learning about medicines. One of their main questions was "Where do these medicines come from?" So, we developed a "medicine story" to answer the question.' The story has been recorded in the local language, and broadcast on a radio station set up recently in East Arnhem Land.

'The story has also been used to train Aboriginal Health Workers and interpreters in the region. Developing stories that can be told by Aboriginal Health Workers is very important, because they dispense or help to dispense many medicines prescribed by local and visiting doctors. Teaching interpreters the stories is good preparation for them working with doctors and pharmacists who may need their help to talk about medicines.



Helen Guyala interpreting for the pharmacist and patient in a remote community in Arnhem Land, NT.

'On subsequent visits, we found that the people were keen to learn more about the medicines in

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Yolngu stories

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their dosette boxes*. Using the interpreter, we answered their questions, and discussed with them how to recognise their medicines by their shape, colour and markings.

'Pharmacists at the Royal Darwin Hospital are now working on plain English stories for some of the more commonly prescribed medicines. It is difficult to write or speak in plain English without simplifying the story, but this is what the people want. They want the "true story". Hopefully, the exercise of putting the stories into plain English will help the pharmacists improve their skills in relation to talking to Aboriginal people about medicines.

'We also used photographs of ramipril, one of the more common medicines, to explain and talk about 'dose', because many people do not understand the concept. Ramipril tablets come in different colours depending on the dose. We showed them the different coloured tablets, and explained that each colour is a different strength or dose of the medicine. We found that having real tablets on hand when showing the photographs made it easier for people to understand this concept.

'Many people were taking different doses of ramipril, but did not realise that it was the same medicine as others were taking, or as they had been taking previously. We explained that the doctor may change their dose, which means they will have a different coloured tablet in their dosette box, even though it's still the same medicine.

'We hope to continue researching and working on quality use of medicines issues in remote communities, because we have found that the people are very interested in learning about their medicines. We also hope that interpreters working with other Indigenous groups in the geographic, cultural and language area will also be able to use the stories we have developed.'

The 'Sharing True Stories about Medicines' project was funded by the NPS Rural Community Quality Use of Medicines Program. For more information about the project, contact Alice Mitchell, patient educator, at alicem@ards.com.au, or Bhavini Patel, Director of Pharmacy, Royal Darwin Hospital, at bhavini.patel@nt.gov.au.

* Dosette boxes are a type of medication organiser with labelled compartments for each day of the week. See Winter 2005 edition of *MedicinesTalk* for more information.



Exploring new ways of conducting home medicines reviews.

Aboriginal Health Workers build skills

The National Aboriginal Community Controlled Health Organisation (NACCHO) and the National Prescribing Service (NPS) have recently embarked on a project designed to help Aboriginal Health Workers improve their knowledge and skills about medicines.

Many Aboriginal and Torres Strait Islanders live with chronic conditions, such as asthma, diabetes and high blood pressure. However, on average, they use fewer medicines than other Australians, because they face many difficulties obtaining and using medicines, including

- cost of medicines
- poor access to medicines and information about medicines
- lack of support when taking medicines
- inappropriate labels.

Tackling quality use of medicines issues in Aboriginal and Torres Strait Islander communities should lead to significant improvements in their health. However, such issues must be considered in the context of the many other problems facing the communities, including

- impact of colonisation and resulting poverty and loss of culture
- place of western medicines relative to traditional medicines
- lack of culturally relevant health care services
- poor cultural awareness by some mainstream health care professionals and services.

Aboriginal Health Workers

One of the ways Aboriginal and Torres Strait Islander communities have dealt with the chronic shortages of medical and nursing staff is by training local people to provide health services in their communities.

The roles of these Aboriginal Health Workers vary but may include assessing, treating and following up people with common conditions, prescribing and dispensing medicines, giving injections and immunisations, stitching up wounds, and providing health and lifestyle advice.



The project team

These roles make Aboriginal Health Workers ideally placed to educate their communities about medicines.

NACCHO Project

In September 2005, NACCHO hosted a two-day training workshop in Broome for Aboriginal Health Workers from the Kimberley, Melbourne and Port Lincoln. The trainers identified the quality use of medicines issues in their communities, reviewed the available educational resources, and discussed the best ways to help their communities learn about and use medicines safely and wisely.

The trainers will use the decisions of the Broome workshop and the results of discussions in their local communities about the key issues to develop training modules that can be used to train other Aboriginal Health Workers.

The modules will cover four main topics: quality use of medicines, asthma, diabetes and hypertension. Ten draft modules have been prepared: one general quality use of medicines module, and three specific modules for each disease condition.

The training of the trainers will begin in the first half of 2006 after the modules have been finalised. Soon afterwards, the trainers will begin passing on their quality use of medicines knowledge and skills to fellow Aboriginal Health Workers.

For more information about the project, contact Mary Jo McHenry, NACCHO project Officer, at mary-jo@naccho.org.au.

Keep out of reach of children

In Australia, about 18,000 young children are treated for poisonings each year. Medicines are the culprit in more than 70% of cases. In the 1970s and 80s, following the introduction of child-resistant packaging, the rate of childhood poisonings decreased considerably. However, it's still one of the common reasons for under five-year-olds being hospitalised.

Typical situations

Young children, especially those aged 1 to 3, are at greatest risk of being poisoned by medicines, because they explore the world around them, put things in their mouths, and copy adults.

Most poisonings happen at home, often when medicines are not in their normal place—for example, when the medicines are about to be used or have just been used, and the adults are distracted, have other things on their mind, are ill, or leave the room for a moment.

Most poisonings happen at home when the medicines are about to be used or have just been used.

Some poisonings happen when the family's routine has been changed for some reason, such as while holidaying, moving house or visiting friends and relatives, including grandparents.

Handbags belonging to parents, grandparents and visitors can be a treasure trove for young children. However, all too often, they are the source of medicines that have poisoned young children.

Which medicines?

All medicines, including over-the-counter and alternative medicines, can cause problems if taken unintentionally by children. Paracetamol (including liquid paracetamol), cold and flu preparations, tranquillisers and antihistamines are the most frequent causes of children under five being taken to hospital. However, some medicines, such as some heart tablets, iron supplements, tranquillisers, and



medicines for mental illness and depression, migraine and epilepsy, tend to cause more serious problems than others. The child is more likely to need a stay in hospital if they unintentionally take one of these medicines.

Precautions

Whether you have toddlers in the house or visit toddlers, it's impossible to keep an eye on them all the time. However, it is possible to stop them getting hold of your medicines.

Keep all medicines out of sight, and at least 1.5 metres (4'6") above floor level. Simply putting them in a high place where they can still be seen is not enough, because young children, especially three- and four-year-olds, are very resourceful when it comes to finding ways of climbing up to get something.

Remind yourself to take your medicines by putting up a reminder note rather than by putting them in a prominent place.

Avoid taking medicines in front of young children, because they like to copy 'big people'.

When giving medicines to children, put the medicine in a safe place immediately afterwards.

Replace child-resistant lids on medicines properly—otherwise they're useless. Also, remember that *child-resistant* doesn't mean *child-proof*. Child-resistant packaging only makes it harder for most children to open it. You still need to keep the container out of reach and out of sight.

Keep handbags in a safe place, especially when visiting homes where there are young children.

Don't store medicines in the fridge door. Keep medicines that have to be refrigerated in a plastic container with a tightly fitting lid, and place them at the back of the fridge, but not next to the cooling element, which could freeze them.

Don't keep unneeded medicines in the house. Take them to a pharmacy (any pharmacy) for free and safe disposal.

If you suspect that a child has taken a medicine not intended for them, immediately ring the Poisons Information Centre on 13 11 26, or take them to the nearest hospital emergency department.

Thankfully, most young children recover from poisonings with no lasting ill-effects, and deaths are very rare. However, having to rush a young child to hospital with possible poisoning from medicines is not something that any of us want to experience.

Measuring children's medicines

Young children's bodies are small, so even small errors in the amount of medicine given can have serious consequences. Therefore, you need to measure each dose of medicine accurately.

The required dose of medicine for young children usually depends on their weight rather than their age. Keep a record of your child's weight each time they have a health check, so you can work out the right dose when you need to give them a medicine.

If you don't know how much your child weighs, calculate their weight by weighing yourself on a set of bathroom scales while holding the child, and then again not holding the child. The difference between the two measurements will be the child's weight.

Do

- Do use a proper medicine measuring device—be it a medicine spoon, cup, dropper or oral syringe—when measuring liquid medicines.
- Do ask your pharmacist to help you choose a suitable measuring device for the age and weight of your child. For example, the medicine for a tiny baby might need a dropper that measures less than 1 mL, whereas a toddler might be better with a measuring spoon that measures up to 5 mL.
- Do follow the instructions given if the medicine comes with its own cup or dropper.



- Do fill measuring devices only to the required line or mark.
- Do check that you've measured the dose correctly by placing the device on a flat surface, and checking the level of the medicine with your eye at the same level.

Don't

- Don't use the measuring device provided with a medicine for any other medicines, because the dose markings will be relevant only for that medicine.
- Don't be tempted to use an ordinary kitchen teaspoon to measure a child's medicine. A kitchen teaspoon can hold anything from 2 to 8 mL, so you could be underdosing or overdosing the child if you use it for measuring their medicine.

Medicines and young children

Babies and young children are not miniature adults when it comes to medicines. Not only are they smaller, but also the way their bodies handle medicines is different, particularly in the first few months of life. The differences mean that babies and young children are more sensitive to the effects of medicines than adults, so great care needs to be taken when giving them medicines.

Is there an alternative?

It's very tempting to reach for a medicine every time your child is unwell. After all, you want the child to get better as soon as possible. However, a medicine may not be the best option.

It may be more appropriate to treat them with a simple remedy. For example, if the child is constipated, it may be better to give them a small cup of prune juice or add more water or fruit to their diet.

Some medicines are not suitable for babies and young children.

Is the medicine suitable?

Some medicines are not suitable for babies and young children. Don't give any over-the-counter or alternative medicines to young children unless you've checked their suitability with a pharmacist.

When a doctor or pharmacist is selecting a medicine for your child, remind them about any other medicine—prescription, over-the-counter or alternative—the child has been given. This will ensure that they don't give the child a medicine that interacts with the existing one, or contains the same ingredients.

Don'ts

- Don't give more than the recommended amount of paracetamol (eg Panadol, Dymadon) to a child (see box on page 7).
- Don't give aspirin (eg Aspro, Disprin) to a child under 12, because it can make them susceptible to a rare and potentially fatal condition known as Reye's syndrome.



- Don't give ibuprofen (eg Actiprofen, Brufen, Nurofen) to a child under 6 months.

Follow instructions

Take note of all instructions about giving the medicine. Write down any instructions given by your health professional, and carefully read all the instructions on the medicine's label and packaging.

Double check the dose, and measure it carefully (see page 5). Never be tempted to think that 'a little is good, so more must be better'.

Give the child the whole course of any medicines prescribed by your doctor, particularly antibiotics, unless otherwise advised by the doctor.

Check the expiry date if giving a child an already opened medicine. Some liquid medicines for children expire after as little as one week.

Getting it down

To prevent a baby spitting out their medicine, place the dose on the inside of their cheek, and keep their mouth closed until they've swallowed it. Then give them a drink of water to distract them, and make sure the medicine has gone down.

Don't put a baby's medicine in their milk or juice bottle. If they don't drink the whole bottle, they won't get the full dose.

Don't mix medicines with juice unless the pharmacist says it's acceptable. The acid in the juice may make the medicine less effective.

Never refer to medicines as lollies or sweets. It may make it easier to get them down at the time, but it may also make the child more likely to 'have some lollies' when you're not looking.

Unless otherwise stated on the label, store the medicine out of reach from children in a cool, dry place away from light. For information about storing medicines safely, see page 4.

Keeping track

When more than one person is caring for a sick child, especially if they're working in 'shifts', it's very easy for the child to be given too many or

not enough doses of their medicine. Keeping a written record of the time and size of every dose that has been given to the child will help prevent such mistakes.

Also, make sure that every carer (be they a family member, child care centre or family day carer) is given clear written instructions about when and how much medicine to give the child.

If in doubt, ask

If you're unsure about your child's medicines, the dosages to use, and so on, talk to your doctor, pharmacist or child health nurse. Alternatively, ring Medicines Line on 1300 888 763. The service is open Monday to Friday 9 am–6 pm EST. As the saying goes, 'It's better to be safe than sorry'.

Giving paracetamol to young children

Paracetamol (eg Panadol, Dymadon, Tylenol) is one of the most common medicines given to children. However, it comes in many different forms and strengths, so it's quite easy to unintentionally give your child the wrong dose.

The different forms and strengths of paracetamol are intended for children of different ages. The main forms for babies and young children are drops and suspensions or elixirs, though soluble tablets and suppositories are also available.

The strength of paracetamol products varies. Baby drops may be 100 mg per mL, whereas suspensions for young children may be only 24 mg per mL, which is about a quarter the strength of baby drops. Also, the way the strength is expressed varies. Some companies express the strength as mg per mL, whereas others express it as mg per 5 mL or mg per 10 mL.

Ask your pharmacist to help you choose the most appropriate form and strength for your child's weight and age.

If you're using a different product from the one you've used previously, take particular note of its dosage instructions. Don't just give the child the same amount as you've given them previously. If the strength is less than the previous one, you could be unintentionally underdosing them.

The required dose of paracetamol depends on the

child's weight rather than their age. Most products have a table on the label and packaging that shows the right dose of paracetamol for each weight range. Follow the instructions carefully, so you don't overdose the child.

Overdosing on paracetamol can lead to serious liver damage and even death. Most cases of overdosing are due to the cumulative effects of giving the child more than the recommended dose over several days.

When giving a child paracetamol

- don't give more than the recommended dose each time (15 mg per kg of the child's weight)
- don't give more than 4 doses a day
- don't give it for more than 48 hours at a time.

Some over-the-counter medicines, including many cold, cough and sinus products, contain paracetamol. Ask your pharmacist to check the ingredients of any medicines you may want to give your child to make sure you don't give them more than one product containing paracetamol.

If you suspect that a child may have had an overdose of paracetamol, immediately ring the Poisons Information Centre on 13 11 26, or go to the nearest hospital emergency department.

For more information about the safe use of paracetamol (children and adults), see the fact sheet at <http://www.tga.gov.au/docs/html/paracetco.htm>.

MedicinesTalk hits the mark

One of the most difficult aspects of being the editors of a publication like *MedicinesTalk* is not being able to ask you—our readers—the myriad of questions that run through our minds as we plan and write each issue. For example, 'Is the topic relevant?', 'Is the article interesting and easy to understand?', and so on.

Feedback surveys are valuable, because they give editors like us the opportunity to ask these sorts of questions and find out what we're getting right and what we need to improve.

Earlier this year, a feedback survey was distributed with the autumn issue of *MedicinesTalk*. Over 430 organisations and individuals completed and returned their questionnaires.

Overall, the feedback was very favourable.

Four-fifths (82%) of readers said they read or looked at every issue, and two-thirds (67%) said they spent more than 10 minutes reading each issue.

Between 80 and 90% of readers agreed that

- *MedicinesTalk* is easy to read
- I can understand the information
- articles are up to date
- *MedicinesTalk* is a good source of information about medicines issues
- articles are interesting
- articles are generally at the right level for me.

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 Limited (NPS). It 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 activities conducted by or in collaboration with consumer groups.

If your group has a story, news or feedback, please contact the Editorial Team at *MedicinesTalk*, GPO Box 1995, Hobart TAS 7001 or medicinesstalk@inet.net.au.

MedicinesTalk is published quarterly on paper and online. Visit www.nps.org.au/consumers to obtain an online copy or subscribe to the paper version. Please send any change of address details to *MedicinesTalk*, NPS, PO Box 1147, Strawberry Hills, NSW 2012.

Organisations said they use *MedicinesTalk* in several ways, including

- read by staff (42%)
- use the information in their group's discussions, seminars and meetings (32%)
- include articles in their newsletters (32%).

Readers said their preferred topics were

- interactions between medicines, side effects and adverse reactions (81%)
- information about particular types of medicines (73%)
- practical tips about using medicines (69%).

Nearly 40% of readers suggested topics they would like to see included in future editions. Most requests were for articles about a specific condition and its treatment. We will endeavour to meet some of these requests by producing occasional articles on the medicines used for some of the more common conditions, such as diabetes and chronic pain.

Your feedback has been extremely helpful in telling us that you read and value *MedicinesTalk*. At our recent planning meeting, we took account of your suggestions when we chose the topics for next year, and considered how we might improve the appearance of the newsletter.

Our sincere thanks go to everyone who took the time to complete the feedback survey.

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