

# MedicinesTalk

Information for Consumers and Consumer Groups

No. 18

About using medicines wisely

Winter 2006

## Older Italians hungry for information



Pharmacist Gianfranco Mangano talking to older Italians in Footscray, Melbourne about the quality use of medicines.

The 92,000 older Italian-born people living in Australia make up the country's largest aged (over 65) culturally and linguistically diverse community. This story tells what happened when Co.As.It Victoria gave its community the opportunity to learn about the quality use of medicines. Co.As.It (Italian Assistance Association) is a not-for-profit organisation that provides information, education and welfare services for Victoria's Italian community.

### Initial project

The story began in early 2005 when Co.As.It received a small grant from the National Prescribing Service and Federation of Ethnic Communities' Councils of Australia. The grant was one of many intended to help community groups promote the quality use of medicines in culturally and linguistically diverse communities.

Co.As.It used its grant to run two half-day information sessions for Italians living in Melbourne.

Most of the participants were older Italians, but some adult children also attended.

Each session began with introductory information about Italians in Australia and the health status of the Italian community.

An Italian-speaking GP or pharmacist then spoke about using medicines. Their talk focused on giving participants the confidence to talk to their doctors and pharmacists, so they could learn more about their medicines and be more involved in managing them. The speaker strongly urged participants to

*Continued on page 2*

### Inside

|  |   |
|--|---|
| Diabetes explained .....                   | 3 |
| National QUM awards .....                  | 3 |
| Managing diabetes .....                    | 4 |
| Don't let your medicines trip you up ..... | 6 |
| Kids and colds .....                       | 8 |

## Older Italians hungry for information

*Continued from page 1*

ask questions, and reassured them that doing so would not be seen as disrespectful. They also told them about the services they could request of doctors and pharmacists, such as printed lists of their medicines, and having their medicines put in weekly medication organisers.

Most of the session was devoted to a lively interactive discussion between the speaker and participants. This was the most enjoyable part of the morning for most participants, because it provided a relaxed and non-intimidating environment in which they could ask questions of the speaker in their own language. Afterwards, participants had the opportunity to talk personally with the speaker to ask private questions.

At the end of each session, participants were given a light lunch of pasta and salad, and a showbag of medicines information in Italian, including the Italian 'Medimate' booklet\*.

### Additional sessions

Like all community groups, Co.As.It has limited funds, so they only ever envisaged running the two sessions funded by the grant. However, word soon spread through the organisation's network of 90 Italian senior citizens groups, and the presidents of many groups began lobbying Co.As.It to run more sessions.

'We heard that such and such a club had a GP [or pharmacist] talk to them about medicines. We would like one too because it is important that our members don't miss out on this type of information. Can you organise one for us?'

Co.As.It responded by funding additional sessions from its own resources. To date, it has run another seven sessions, which means that over 700 older Italians have learnt about the quality use of medicines in a culturally appropriate manner in their own language. Another five sessions are planned for the next few months.

### Benefits

The Italian community now has a greater awareness of quality use of medicines issues, and the sessions

have brought many benefits to participants. Stella Tallorita, Co.As.It social worker, said,

'Many people now have the confidence to ask questions of their GP and pharmacist, and to talk to them about their concerns like possible interactions between medicines. As well, many of the people have spoken to their pharmacists and arranged to have their medicines dispensed in medication organisers, or sought advice about managing their medicines. Some participants, particularly those with disabled or frail parents, have requested Home Medicines Reviews for themselves or their parents'.

Benefits cited by participants included,

'I'm going home now and throwing out all two drawers that are full of medicines from the last 10 years.' (Woman, 79 years)

'I'm still using the eye drops from last year. No-one ever told me that this medicine expires after a month or so after opening.' (Woman, 63 years)

'My wife always gives me my medicines. But it's important for both of us to know more about all the drugs that we take and that's why these sessions are very important, especially when we can talk to the doctor in our language and he understands our culture.' (Man, 80 years)

### Implications

According to Walter Petralia, Co.As.It Manager, Health Promotion and Community Development, 'The small project planned by Co.As.It unexpectedly snowballed into a much larger one because it tapped into the huge unmet need of older Italians for information about quality use of medicines. The avalanche of requests for more sessions clearly shows the older Italian community's 'hunger' for information. It also highlights the urgent need for more written resources that can be disseminated through community networks, and the need for more information sessions involving Italian-speaking GPs and pharmacists'.

\* A booklet about the quality use of medicines, currently available in English and four other languages, that can be ordered from the consumer section of [www.nps.org.au](http://www.nps.org.au).

# Diabetes explained

Diabetes is a condition in which people have too much glucose (sugar) in their blood, because they do not have enough insulin or their insulin does not work properly.

Insulin is a hormone that helps the body change glucose into energy. Glucose comes from the food we eat, especially 'energy' foods like fruit, soft drinks, bread, pasta and rice.

## Two types

The two main types of diabetes are type 1 diabetes and type 2 diabetes. People with type 1 diabetes do not produce any insulin. People with type 2 diabetes do not produce enough insulin, or their body has become 'resistant' to insulin.

Type 2 diabetes is the most common type of diabetes. It affects mainly middle-aged and older people who are inactive and overweight (especially those overweight around the middle), but it is becoming more common in younger people.

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## Your doctor can check for diabetes by doing a blood test

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Diabetes is a serious condition that lasts for the rest of your life. Over time, the high levels of glucose in the blood damage blood vessels and nerves, which in turn may lead to heart problems, strokes, eye damage (including blindness), kidney problems, and foot and leg problems.

## Symptoms

The symptoms of diabetes include feeling more tired, being thirsty, passing urine more often, blurred vision, and taking longer for sores to heal.

However, the symptoms often come on so slowly that people don't notice them. As a result, many people are not aware they have diabetes. Your doctor can check for diabetes by doing a blood test.

Diabetes cannot be cured, but you can reduce your chances of developing the condition by being physically active, eating well and not being overweight.



## More information

For more information about diabetes

- talk to your doctor
- read article on pages 4 and 5
- ring Diabetes Australia on 1300 136 588
- look up [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au) (information available in English and other languages) or [www.diabetes.com.au](http://www.diabetes.com.au) on the Internet.

## National QUM Awards

The 2006 National QUM Awards were presented at the recent National Medicines Symposium. The awards are an initiative of the National Prescribing Service and the Pharmaceutical Health and Rational Use of Medicines (PHARM) Committee.

The Community QUM Award was won by Multicultural Mental Health Australia for their 'No more "mualagh" —Depression medication project'. The project taught Afghani people in rural areas about depression, its treatment and using medicines safely.

The Highly Commended Award went to the Katherine West Health Board Aboriginal Corporation for their 'Safer use of medicines—Engaging consumers project'. The project aimed to increase clients' awareness of medicines safety issues and empower them to discuss any questions and concerns about their medicines with health care workers.

# Managing diabetes

Diabetes cannot be cured, but it can be managed by controlling your blood glucose (sugar) levels, that is, keeping the amount of glucose in your blood not too high and not too low. That way you can slow down the rate at which your diabetes gets worse and reduce your chances of getting the serious health problems that often affect people with diabetes (see page 3).

Get a head start in managing your diabetes by

- eating a healthy, balanced diet and having regular meals
- having regular physical activity
- losing weight if overweight
- not smoking
- not drinking too much alcohol.

You will probably be advised to keep track of your blood glucose levels (BGL) by testing yourself as often as needed. Learning about diabetes and how things like eating, activity, medications, alcohol, illness and stress affect blood glucose levels, will help you keep your levels under control.

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## Your doctor will probably refer you to a whole team of health professionals

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Watch out for local diabetes programs, such as healthy cooking classes, gentle exercise sessions and walking groups. Also think about joining a local diabetes support group, because it can be really helpful to talk to and learn from people in the same boat as yourself. Ask your doctor, community health centre, diabetes educator or local council about programs and groups in your area.

## Get to know your doctor

You will need to see a doctor frequently, so find one you feel comfortable with. They will be an important source of information, advice and help. Don't be afraid to ask them lots of questions, and to tell them about anything that's worrying you.

Keep all your check-up and blood test appointments, so you and your doctor can keep track of

how well your diabetes is being controlled, and your doctor can pick up any problems early.

## Get to know your health care team

Your doctor will probably refer you to other health professionals. For example, they may refer you to a diabetes educator, a dietitian for advice on eating well, a podiatrist to care for your feet, and an optometrist to check your eyes.

Diabetes educators are specially trained people (often nurses) who help you learn about diabetes and how to test your blood glucose levels. If you haven't seen a diabetes educator yet, ask your doctor to refer you to one, or ring your nearest community health centre or major hospital, and ask for an appointment with the diabetes educator.

## Medicines for people with diabetes

People with diabetes often have to take several different medicines for their diabetes and related conditions. Also, their medicines often have to be changed as their needs change.

Diabetes usually gets worse over time, so there may come a time when your doctor recommends that you take tablets, or insulin, or tablets and insulin to better control your blood glucose levels.

At some stage, they may also recommend that you take one or more of the following types of medicines to help prevent or treat heart problems and strokes: aspirin, blood pressure-lowering medicines or cholesterol-lowering medicines.

The table on page 5 lists the main types of medicines used to manage diabetes. There are many different medicines in each category, each with their own benefits and side effects.

## Managing your medicines

Don't be afraid to ask your doctor, pharmacist or diabetes educator any questions you may have about your medicines.

If you have trouble remembering to take your medicines, talk to your doctor, pharmacist or dia-

betes educator. They will have some useful tips, or your doctor may be able to change your medicines so it's easier to remember them.

Ask your doctor or pharmacist whether arranging a free Home Medicines Review may be useful.

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### **People with diabetes often have to take several medicines**

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A pharmacist can then visit your home and check your medicines to make sure everything is OK.

Ask your doctor to print out a list of your medicines from their computer. Keep the list in your handbag or wallet, so you have it when you need it.

If you want information about your medicines, ring Medicines Line on 1300 888 763 for the cost of a local call. A pharmacist will answer your questions.

### **Keeping your costs down**

Ask your pharmacist about using a safety net card for your prescription medicines.

Ask your pharmacist if there is a generic version of your medicine, as it will be cheaper for you and of the same quality.

Register with the National Diabetes Services Scheme, so you can buy cheaper glucose testing strips, and receive free needles (for insulin injection pens) and syringes. Registration is free. Ring them on 1300 136 588.

### **Get to know your medicines**

The table below lists some of the medicines typically prescribed for people with diabetes. The medicines your doctor recommends will depend on your diabetes, your age and health, and the other medicines you are taking. There are many medicines that reduce high blood pressure and high cholesterol, so ask your doctor to go through your medicines with you, and explain what each is for.

| <b>Medicines that help treat diabetes</b>  |                             |                               |
|--|-----------------------------|-------------------------------|
| What they do   | Name of medicine            | Brand names include           |
| Reduce amount of glucose (sugar) in the blood  | Metformin                   | Diabex, Diaformin, Glucophage |
|  | Gliclazide                  | Diamicon, Diamicon MR         |
|  | Glipizide                   | Minidiab, Melizide            |
|  | Glimepiride                 | Amaryl, Dimirel               |
|  | Glibenclamide               | Daonil, Glimel                |
|  | Pioglitazone                | Actos                         |
|  | Rosiglitazone               | Avandia                       |
|  | Metformin + glibenclamide   | Glucovance                    |
|  | Metformin + rosiglitazone   | Avandamet                     |
|  | Insulin (very short-acting) | Humalog, NovoRapid            |
|  | Insulin (short-acting)      | Actrapid                      |
|  | Insulin (intermediate)      | Mixtard, Protaphane           |
| Insulin (long-acting)  | Lantus                      |                               |
| <b>Medicines that help prevent or treat problems associated with diabetes, such as heart problems, strokes, circulation problems, foot problems, eye problems, etc</b> |                             |                               |
| Blood pressure-lowering medicines to reduce high blood pressure  |                             |                               |
| Cholesterol-lowering medicines to reduce the amount of cholesterol (lipids) in the blood   |                             |                               |
| Aspirin (low dose) to make the blood less likely to clot   |                             |                               |

# Don't let your medicines trip you up

One-third of people over 65, and one-half of people over 80 have a fall at least once a year. However, with some effort and thought, you can reduce your chances of falling.

This article highlights only one aspect of preventing falls: 'fall-proofing yourself'. It does not cover the other equally important aspect: 'fall-proofing your house and garden'. For practical information about falls prevention, get yourself a free copy of the booklet 'Don't fall for it. Falls can be prevented!' by ringing the Aged Care Information Line on 1800 500 853.

## Look after yourself

Being active is one of the most important things you can do to prevent falls, because exercise

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### Some medicines may make you more likely to have falls by making you drowsy, dizzy or unsteady

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makes you stronger and improves your balance and coordination. Aim for 30 minutes of exercise most days. Walking and exercises that improve your balance and strengthen your trunk, bottom and leg muscles, such as tai chi and pilates, are particularly helpful.

You need good eyesight to see obstacles, judge distances and maintain your balance, so have your eyes checked by an optometrist at least once every two years.

Well fitting shoes make walking easier and reduce your chances of stumbling and slipping. Look for shoes with flat heels and non-slip soles.

## Manage your medical problems

Some medical conditions make you more likely to have falls. However, if you and your doctor work together to manage your condition in the best way possible, you can often reduce the likelihood.

Conditions that predispose to falls include

- stroke
- Parkinson's disease

- low blood pressure
- some heart problems
- diabetes
- eye problems, such as cataract and glaucoma
- arthritis
- foot problems, such as bunions, corns and hammer toe
- epilepsy
- dementia.

Keep your doctor informed about how you've been feeling and any changes you've noticed, so they have the information needed to fine-tune your treatment. Also, tell them if you've had any falls or developed any symptoms that make it harder to move around, such as dizziness, unsteadiness or foot pain.

Keep yourself informed about your medical condition, its treatment and what you can do to maintain better control by asking your doctor any questions you may have, and reading information from books, websites and support groups.

## Medicines and falls

The effects of some medicines may make you more likely to have falls by making you drowsy, dizzy or unsteady. Sometimes, the effect is the aim of the medicine, for example, sleeping tablets are intended to make you drowsy. Sometimes, the effect is a result of the medicine 'working too effectively', for example, blood pressure-lowering medicines sometimes lower your blood pressure too much, resulting in dizziness. At other times, it is a side effect of the medicine that causes the problem—for example, some antidepressants can cause blurred vision. The table opposite explains how some types of medicines can lead to falls.

Falls due to medicines are more likely if you're taking four or more medicines a day. They are also more likely as you become older, because older people are more sensitive to the effects of medicines than younger people.

## Manage your medicines

When starting a new medicine, ask your doctor about possible effects and side effects that could



make you more likely to have falls, and watch out for them, especially during the first few weeks. If you suspect that a medicine may be affecting your ability to get around or concentrate, talk to your doctor. They may be able to change the medicine or the dose so it does not cause problems.

If taking several medicines, talk to your doctor or pharmacist about having a Home Medicines Review. A Home Medicines Review involves a pharmacist coming to your home and reviewing all your medicines, including your non-prescription medicines, to see if there are any potential problems, such as interactions, with your combination of medicines. After the review, the pharmacist writes a report for your GP, so the GP can adjust your medicines if necessary.

Take your medicines as prescribed. If taking several medicines, find a way of keeping track of whether or not you've taken them. Consider using a pill box or medication organiser with labelled compartments for each day of the week. Alternatively, consider asking your pharmacist to dispense your week's supply of medicines in a dosette box or Webster pack.

## Medicines that may make you more likely to fall

Many medicines can make you more likely to have falls. The table below lists some of the medicines most commonly associated with falls. However, while they may contribute to falls in some people, they don't cause falls in everyone.

The purpose of the list is to make you more aware of the medicines that may predispose to falls, so you can watch for any signs that the medicine is affecting you, and talk to your doctor before you have a fall.

### By making you drowsy

- Medicines for anxiety
- Sleeping tablets
- Some antidepressants
- Some medicines for mental illness
- Medicines for epilepsy
- Medicines for allergies and many antihistamines
- Cold and flu medicines containing antihistamines
- Medicines for nausea, vomiting and travel sickness
- Strong painkillers

### By making you dizzy

- Medicines for blood pressure
- Fluid or water tablets taken to lower blood pressure
- Medicines for Parkinson's disease
- Some antidepressants
- Some medicines for mental illness
- Medicines for epilepsy
- Medicines for diabetes
- Some antibiotics

### By blurring your vision

- Some antidepressants
- Medicines for urinary incontinence and/or abdominal cramps
- Some pain killers
- Occasionally, eye drops and eye ointments

### By causing you to rush to the toilet

- Fluid tablets
- Laxatives

# Kids and colds

Children can get up to 5–10 colds a year. Caring for kids with colds is tough: they sniffle, sneeze and feel miserable. However, antibiotics are not the solution for their colds.

Antibiotics work only on bacteria. They don't work on the viruses that cause common colds, so they won't help common colds get better faster, won't stop cold symptoms getting worse, and won't stop colds spreading to others. Common colds usually get better on their own in 5–7 days.

Using antibiotics when they are not needed contributes to the development and spread of bacterial resistance to antibiotics. This makes antibiotics less effective when they really are needed.

## Tips for preventing the spread of colds

Common colds can be passed on to others by touching hands and objects or by breathing in droplets from sneezes and coughs. Reduce the spread of colds by encouraging children to

- cover their mouths when coughing or sneezing
- keep their hands away from their eyes, noses and mouths
- dispose of used tissues
- wash their hands thoroughly with soap, particularly before eating and after blowing their noses
- not share cups, glasses and cutlery.



## Tips for managing colds without antibiotics

The National Prescribing Service encourages you to manage common colds by

- taking it easy
- relieving the symptoms
- seeing a doctor if the cold worsens.

Common colds need common sense, they don't need antibiotics. For more information and free newsletter articles, go to the 'parents & carers', 'children's services' and 'schools' pages of the common colds section of the National Prescribing Service website at [www.nps.org.au](http://www.nps.org.au).

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If your group has a story, news or feedback, please contact the Editorial Team at *MedicinesTalk*, GPO Box 1995, Hobart TAS 7001 or [medicinesstalk@iinet.net.au](mailto:medicinesstalk@iinet.net.au).

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