

# MedicinesTalk

Information for Consumers and Consumer Groups

No. 20

About using medicines wisely

Summer 2006

## Older bodies and medicines

As we age, the way our bodies handle and react to medicines changes. It's not that things change suddenly when we turn 65. Rather, the gradual process of ageing means that the way our bodies handle medicines when we are older differs slightly from the way they handled them when we were younger.

### Age-related changes

Age-related changes can affect

- how much medicine is absorbed into the body
- how the body processes medicines
- how the body reacts to medicines
- how the body eliminates medicines.

### Kidneys

The kidneys have an important role in eliminating medicines and their metabolites (waste products of medicines) from the body. From the age of 40, we lose approximately 1% of kidney function each year. As a result, older people's kidneys eliminate some medicines less effectively, so they remain in the body for a longer time. Examples include the heart medicine digoxin (Lanoxin or Sigmaxin) and the gout medicine allopurinol (Zyloprim, Progot and other brands).

### Changing body composition

Older bodies tend to contain more fat, less muscle and less water than younger bodies. As a result, the dosages of some medicines, including diazepam (Valium, Ducene and Antenex), may need to be adjusted.



### More sensitive to some medicines

Older bodies are more sensitive to some medicines, so the intended effects of the medicine are stronger. Examples include sleeping tablets, such as temazepam (Normison, Temaze and Temtabs). Greater sensitivity to sleeping tablets

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## Older bodies and medicines

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means that a dose that would make a younger person drowsy may make an older person very drowsy, confused or prone to falling.

### More susceptible to some effects

Older people may be more susceptible to the specific effects of some medicines. For example, your blood pressure normally drops when you get out of bed or stand up quickly. The body deals with this problem by having a mechanism that counteracts the drop in blood pressure, so you do not experience the symptoms of low blood pressure (dizziness or fainting) every time you get out of bed or stand up. However, in older people, this mechanism does not work as effectively. As a result, if you take a medicine that lowers your blood pressure, you may feel dizzy or even faint when you get out of bed or stand up too quickly.

### Multiple medicines

Chronic health problems are more common in older people. As a result, most older people take medicines regularly. On average, older people take 2–5 medicines regularly, and about a third take 5 or more regularly. Taking multiple medicines increases the possibility of interactions between different medicines, and older people tend to be more sensitive to the effects of such interactions.

### Implications

Over the years, these age-related changes mean that you are more likely to experience problems with medicines. You may become

- more sensitive to the intended effects of some medicines
- more susceptible to the side effects of medicines
- more susceptible to experiencing interactions between medicines.

As a result, you may need to take smaller doses of some medicines than a younger person

would, especially when taking a medicine for the first time.

The need to take smaller doses may also extend to medicines you have been taking without problems for many years or even decades.

In some cases, you may have to stop taking a medicine altogether, or change to another medicine that does the same job with less likelihood of side effects.

In addition, your doctor may change one or more of your medicines if they feel you are at risk of developing interactions between your medicines.

### Preventing problems

If you are an older person, your doctor will consider all the factors discussed above when deciding what medicine and what dose to prescribe for you.

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### Older people are more sensitive to the effects of some medicines.

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You can work with your doctor to minimise the potential problems caused by ageing by

- reading the Consumer Medicine Information (CMI) leaflets for your medicines and noting the effects and common side effects
- keeping track of the effects and side effects of your medicines, especially new medicines, and reporting them to your doctor
- reporting to your doctor any changes in how you feel
- periodically discussing with your GP whether your medicines need adjusting, or whether you would benefit from having a Home Medicines Review
- asking your doctor or pharmacist about the suitability of any non-prescription medicines or supplements before you take them to avoid interactions with your existing medicines.

# Safety Net explained

Do you spend a substantial amount of money on medicines? If so, read on to find out how you might save money on prescription medicines.

## **PBS Safety Net**

The Pharmaceutical Benefits Scheme (PBS) Safety Net is a scheme that entitles people to free or cheaper medicines if they spend more than a certain amount on PBS (prescription) medicines in a calendar year.

## **Spending record**

Before you can become eligible for free or cheaper medicines under the PBS Safety Net scheme, you must have a record of how much you have spent on PBS medicines that year.

If you always use the same pharmacy, ask your pharmacy to record your spending on their computer.

If you use different pharmacies, record your spending on a 'Prescription Record Form', which can be obtained from any pharmacy. The Safety Net applies to a calendar year, so ask for a form the first time you buy a PBS medicine in the new year. Thereafter, each time you lodge a prescription, hand your Prescription Record Form to the pharmacist. The pharmacist will then record the medicine and its cost on the form.

If you have a family, ask your pharmacy to combine the amounts spent on each person's medicines into one Safety Net total or use one Prescription Record Form for the entire family. An eligible family can comprise you, your spouse (including de facto spouse), dependent children under 16 years and dependent students under 25 years.

## **Safety Net Card**

When your record shows that you have spent the required amount on PBS medicines, your pharmacist will give you a 'Safety Net Card' that you can use to obtain free or cheaper medicines for the rest of the calendar year.

If you asked your pharmacist to record your spending, they will issue you with a Safety Net Card when you become eligible.

If you use a Prescription Record Form, you will need to keep track of your tally, so you can tell the pharmacist when you have spent the required amount.

## **Concession card holders**

If you hold a government concession card, you will be eligible for a Safety Net Card once you have spent \$274.40 (in 2007). (This amount is the equivalent of 56 PBS prescriptions at the concession rate.) You can then use the card to obtain free PBS medicines for the rest of the year.

## **Others**

If you do not have a government concession card, you will be eligible for a Safety Net Card when you have spent \$1059.00 (in 2007) on PBS medicines. You can then use the card to obtain PBS medicines at the concession rate of \$4.90 (in 2007) for the rest of the year.

## **20-day rule**

If you buy certain medicines within 20 days of having bought them previously, a special rule called the 'Safety Net 20-day rule' may apply. In such cases, the cost of the medicine will not count towards your Safety Net tally, or you will have to pay the usual amount for it if you are already using a Safety Net Card.

The rule applies only to selected PBS medicines used long-term for chronic conditions where a prescription is intended to last one month. The rule does not apply to medicines intended for short-term use (eg antibiotics).

The rule is designed to prevent people on a Safety Net Card using their card to hoard additional supplies of their medicines at the end of a calendar year.

## **Further information**

For further information about the PBS Safety Net

- talk to your pharmacist
- pick up a 'How to Save Money on Medicine' brochure from your pharmacy or Medicare office
- call the PBS Information Line on 1800 020 290.

# Families learn about medicines around the kitchen table

If you are reading *MedicinesTalk*, you are presumably reading it because you want to learn more about medicines. But, have you ever wondered how people from multicultural communities whose first language is not English might obtain such information?

The 'Families get to know their medicines' trial is a new project that hopes to reach families from long-settled multicultural communities. The project will incorporate information about the quality use of medicines into the language lessons given to 10–16 year old students attending Chinese, Greek and Vietnamese after hours ethnic schools in Queensland. The project is based on a concept of 'kitchen table discussions', where it is hoped that students will share their newly acquired knowledge with their parents, grandparents and other family members when they discuss around



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## Students share their newly acquired knowledge with parents, grandparents and other family members

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the kitchen table what they have learnt in their language lessons. The project also uses interactive games and project work to encourage all family members to become involved.

### Community language schools

Community language schools—also known as after hours ethnic schools—provide opportunities for children from multicultural communities to learn the language of their parents or grandparents, and learn about and strengthen their cultural heritage. The schools are run by multicultural communities outside normal school hours.

In 2006, over 100,000 students learnt 80 different languages in ethnic schools throughout Australia. In Queensland, about 1600 children aged 10–16

years learnt Mandarin, Cantonese, Greek and Vietnamese in 22 ethnic schools.

### Lessons

The teaching package, comprising seven two-hour lessons, was originally developed in English. A team of specialists from each language community then translated the lessons, and adapted them as needed to meet the needs of each community. Special care was taken to ensure that the translated medicines information was accurate, and that the information, names, examples and activities used took into account the community's cultural beliefs and practices.

Lessons teach students the principles of using medicines safely by encouraging them to find out about and tell stories about their families' traditional remedies, medicines and encounters with the Australian medicines system. They also develop the language skills necessary to discuss the information with their families. At all times, equal importance is placed on acquiring medicines information and improving community language competency.

Only general information about the principles of using medicines safely and wisely is included: no information about the specific medicines that



Instructors from ethnic schools at a workshop to learn about the new 'Families get to know their medicines' unit.



One group of instructors learning to play the 'Decisions' game.

family members may be using is discussed. Fun activities and competitions are used to reinforce the learning. Lesson topics include

- what is a medicine & traditional use of medicines
- managing and using medicines safely
- types of questions to ask about a new medicine
- importance of reliable information sources.

Lessons include homework activities that the students complete at home with their families. These activities are designed to raise family members' awareness and knowledge of quality use of medicines issues. They include quizzes and games, including a snakes-and-ladders-like game and a game that involves solving moral dilemmas about medicines.

Students also compile a portfolio (a folder containing all their classwork and homework).

Students are assessed in the seventh lesson when the whole class plays a 'Decisions Game', and each student presents their portfolio.

## Who is involved?

A project like the 'Families get to know their medicines' trial involves extensive behind-the-scenes collaboration and consultation. This box summarises the partnerships and collaborations involved in taking the trial from a great idea to its realisation in the classroom.

National partnership between

- Community Languages Australia (CLA)
- Federation of Ethnic Communities Councils of Australia (FECCA)
- National Prescribing Service (NPS).

Ongoing collaboration and communication between partners and

- Queensland LOTE Centre (QLC)
- Ethnic Schools Association of Queensland (ESAQ)
- Queensland-based curriculum writer
- Victorian-based specialist on ethnic schools curriculum programs
- Chinese, Greek and Vietnamese ethnic school principals, coordinators and instructors.

(LOTE = Languages other than English)

It is hoped that the information shared with parents and grandparents will help families seek, understand and use information about medicines; help them use medicines safely and effectively; and encourage them to discuss their medicines with their doctors and pharmacists.

## Future

The anticipated start of the 'Families get to know their medicines' trial in Term 3, 2007 will be the culmination of 18 months hard work and collaboration by many organisations and individuals (see box). However, the team's work will be far from complete. During Term 3, an extensive evaluation of the trial will be conducted to determine the degree to which it achieves its aims and what modifications are needed. If the evaluation shows the trial is successful, the project will be extended to other Chinese, Greek and Vietnamese communities in Australia.

# Getting medicines right after a stay in hospital

As strange as it may sound, coming home from hospital is one of the more common times when medicine mishaps occur. However, being aware of the potential problems and being prepared beforehand can help prevent such mishaps.

## Medicines list

You are more likely to have medicine-related problems during and after a hospital stay if the hospital does not know about *all* the medicines you are already taking. Typical problems that can occur while in hospital include not being given one of your medicines or being given a different dose of one of your medicines. If undetected, these problems can continue when you return home, because the medicines prescribed when you leave hospital will be based on what you were given in hospital.

You can minimise the likelihood of such problems by keeping (and preferably carrying with you) a

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**Before you leave hospital, ask for a new medicines list, a copy of your discharge summary, and details of any changes to your medicines.**

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complete list of all your medicines, including any herbal, natural, non-prescription and prescription medicines, and giving it to the hospital doctor. The list should include the name, strength and timing of each medicine and preferably the reason for taking it. If possible, also take all your medicines with you when you go into hospital.

To be useful, your medicines list must be accurate at all times. Keep it up to date by changing your existing list or asking your GP to print off a new list each time your medicines are changed.

## Information about changes

If you are not fully aware of the changes made to your medicines while in hospital, you are more likely to have medicine mishaps when you return home. If you have been given a generic version of

your usual brand medicine, you may unwittingly take two brands of the same medicine and hence take a double dose. Alternatively, you may not take a newly prescribed medicine and so leave a problem untreated.

Getting information about the changes to your medicines before you leave hospital will help avoid such mishaps. However, doing so is easier said than done, and you will probably be too ill to absorb much information. Enlisting the support of a family member or friend before you go into hospital to obtain the information for you can minimise such problems.

If possible, you or your family member should start the process of obtaining information a day or two before your anticipated discharge. Discharge from hospital is usually a rushed procedure, so it is often difficult to find a doctor or pharmacist who can explain your medicines once the discharge process has begun. If a discussion is requested in advance, it is more likely to happen.

Before you leave hospital, ask for a new medicines list, a copy of your discharge summary and answers to the following questions.

- Has a new medicine been added?
  - What is its name, how and when should I take it, and what are its common side effects?
  - For how long should I take it, and, if necessary, who should I see to get another prescription?
  - Should I take the new medicine instead of or as well as a previous medicine?
  - If the new medicine replaces an old one, which one does it replace?
- Has a medicine been stopped?
  - Which one?
- Has the dose or timing of a medicine been changed?
  - Which one and how has it been changed?
- Who should I ring if I have questions about my medicines when I return home?

## Informing your GP

Ideally, your GP should receive a letter about your hospital stay and any changes to your medicines

immediately after you leave hospital. However, in practice, this may not happen.

Unfortunately, all too often, this lack of communication leaves you or your family member with the job of conveying to your GP the details of any medicine changes. It may also mean that your GP cannot write out a prescription for your medicines until they find out if any changes were made to your medicines while in hospital. Life will be easier for you and your GP if you have obtained a new medicines list and your discharge summary from the hospital before being discharged.

### Ongoing supply

The process of obtaining ongoing supplies of medicines after leaving hospital varies from state to state and hospital to hospital.

You may be given a 2–3 day supply of your medicines when discharged. If so, you will have to visit your GP and pharmacist within a couple of days for further supplies. In some hospitals, you may be given a prescription instead of a small supply.

If you or your family think it may be difficult to obtain ongoing supplies of your medicines soon after leaving hospital, tell the hospital staff. They may be able to give you a longer supply on discharge. Remember, you will probably be extremely tired for the first few days out of hospital and you may need a lot of help doing things. You and your family will probably not feel like running around visiting doctors and pharmacists. So, if in doubt, ask if you can have a longer supply!

If you use a Webster-pak for managing your medicines, it is important that you or your family member makes sure that your usual pharmacist is promptly given the details of any changes to your medicines. Tell the hospital staff that you use a Webster-pak and give them the name of your usual pharmacist. Also, show your usual pharmacist your new medicines list and discharge summary.



### Get to know your medicines quiz answers (Quiz on page 8)

1. d. All of the above. The term medicines includes herbal and natural medicines, mineral and vitamin supplements and over-the-counter medicines as well as prescription medicines. 2. a. True. See 'Keep a record of your spending' on page 3. 3. a. True. See 'Medicines list' on page 6. 4. a. True. See 'More sensitive to some medicines' on page 2.

## What is a medicine?

Is it something on prescription  
Or from a health food store?  
A pill, a patch or lotion  
Or is it something more?

Can I mix it all together  
Take more to get well faster?  
Or is doing things like this  
A recipe for disaster?

Now where the heck to store it?  
Not in some place hot  
And do I stop when I am better  
Or finish off the lot?

If I get a bad reaction  
What else can I choose?  
And will it make me drowsy  
If I mix it with some booze?

So tell the doctor what you're taking  
And tell the pharmacist  
But if you can't remember  
You'd better make a list

If you need more information  
For the cost of a local call  
Phone the Medicines Line  
Tack this number to the wall – 1800 888 763

Written by Dina Campbell, Townsville who has worked as a peer educator for the Seniors QUM Program.

## Get to know your medicines quiz

Test your knowledge about the quality use of medicines. Most of the answers can be found in the articles in this edition of *MedicinesTalk*.

1. Which of the following substances is a medicine?
  - a. Paracetamol
  - b. St John's wort
  - c. Vitamin C
  - d. All of the above
2. The cost of PBS medicines used by you, your spouse and your dependent children can be combined into one PBS Safety Net total.
  - a. True
  - b. False
3. You are more likely to have medicine-related problems after a hospital stay if the hospital does not know about all the medicines you were taking before you went into hospital.
  - a. True
  - b. False
4. Older people are more sensitive to some medicines.
  - a. True
  - b. False

**Answers on page 7**

*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](mailto:medicinesstalk@inet.net.au).

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