

EXPLORING MY OPTIONS: WHEN MY MEDICINES MAY BE CAUSING SIDE EFFECTS

Why am I being offered these options?

You (or someone you care for) are experiencing one or more of the following health problems:







Confusion



Feeling unsteady



Dizziness





Blurry vision, dry eyes



Dry mouth



Constipation



urinating

These problems could be side effects from one or more of your medicines. They are sometimes called anticholinergic (an-tee-koh-li-nur-jik) side effects.

Your doctor thinks a change to insert medicine names.....

may help with these problem(s).

Making changes to the medicines you take is serious and should be a shared decision between you and your doctor. Use this resource to better understand your options including how you feel about the possible benefits and harms of changing or not changing your medicines.

Understand the options

Keep taking your medicine

What do I do?

Change your medicine



With your doctor, decide which medicine to change. The change might be slowly reducing the medicine dose, stopping the medicine completely or switching to a new medicine.



Make a plan with your doctor to keep an eye on how you are feeling.



Talk to your doctor about other things you can do to stay well.



Keep taking your medicine as prescribed.



Make a plan with your doctor to manage the side effects, eg, using mouth wash for a dry mouth.



Understand when to see your doctor again because of the side effects you are having, eg, becoming more unsteady.

Possible benefits



You take less of the medicine. You may even be able to stop taking it altogether.



You have fewer side effects.



Your medicine stays the same.



No need for additional follow up appointments with your doctor about your medicine.

Possible harms



The condition being treated by the medicine might aet worse.



You may need to restart the medicine.



You may need to see your doctor more regularly while you make changes to your medicine.



You still have side effects.



The side effects can lead to more serious problems over time, such as having a fall or needing to go to hospital.

- -	our health, write down the things that are most important to you continuing your favourite hobbies or activities.	eg, living ind	dependently, [.]	feeling in
How do you feel about these statements?		Agree	Disagree	Don't know
I feel I am taking too many medicines		\bigcirc		
I feel I may be taking medicines I no longer need		\bigcirc		
I don't like how I feel when I take my medicines		\bigcirc		
I find making changes to my medicines stressful		\bigcirc	\bigcirc	
I am worried about my health becoming worse if one of my medicines was changed				
What else matters to	you?			
3 Do I have e	nough information and support to make (a sharec	l decisio	n
with my do Ask yourself:				
Ask yourself: Do I understand	ctor? the options available to me?			••
Ask yourself: Do I understand	ctor?			
Ask yourself: Do I understand	ctor? the options available to me?			•

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