Medications and your Health. Part 2

Safe use of medications. What are some of the option for you to consider?

At the outset, you should discuss with your prescribing doctor what the recommended medication is and why it is being prescribed. I do not expect you to have a detailed knowledge of pharmacology but a simple discussion might well help you to understand why the medication has been prescribed, why you need to take the medication and for how long. (I am surprised how often patients expect that medications for say, blood pressure, have to be taken long term as opposed to them initially thinking it was just for one course.)

Next talk to your pharmacist and get a Consumer Medical Information (CMI) pamphlet the first time you start a new medication. The requirement for these CMIs arose from consumers demanding information about medications and the consumer organisations drove the development of them. While they can be obtained from a doctor, pharmacies are generally structured to deliver these with dispensing of prescriptions and it has been shown that when received with verbal advice, written information has positive impacts on consumers including increased adherence to therapy. I must also point out that by the very nature of the CMI it does contain information about adverse events and for some people this can be quite confronting and frightening and has the potential to lead to the person not taking the medication. However, a discussion with the pharmacist or doctor can usually resolve these concerns. Surveys have shown that consumers who have read and discussed CMIs gain knowledge of their medications, have their concerns about adverse events addressed and become more confident about their medications and their importance. More about pharmacists' services later on.

Read the label (I know, I know it is not a bloke thing but in this instance you just have to do it) – what is the medication (is it what you expected?); read all labels and warnings and cautions that are placed on the medication(s). These are placed there for your safe use of the medication, not to amuse the pharmacist or pharmacy assistants with the process of sticking these all over the packet or bottle.

In terms of dosing we all have, at times, trouble remembering to take medications. There are many ways to try and remember – link it to an activity, for example breakfast or a meal, link it to written instructions you, or the pharmacist or doctor writes for you, prepare your medication(s) for the next dose and put them where they will be safely obvious for the next dose, get a Dosette box from your pharmacist or a Webster pack where the medication(s) are pre packed by the pharmacist for you and they relate to the times of dosing. While there is a fee for this service they are most useful if you are in the habit of forgetting to take your medication(s). While some patients feel that Webster packs make them feel they have lost control over their use of medications, the packs are certainly safer than forgetting to take medications or the real problem of taking medications twice because they can't remember if they took a dose. The latter is a quick way of ending up in hospital with the consequences of an unintentional overdose of medication.

Write and date a list of all your current medications and the dosages of each and carry it with you in your wallet. This can be invaluable to those who may have to treat you in an emergency situation. It can assist other doctors who may see you too.

Do not remove labels from medications – these labels have important information on them.

Do not store your medications in other than original packs or bottles.

Regularly clean out your 'medicine cabinet' and take unwanted or unused medications, or those out of date, to the pharmacy. The pharmacy has a process by which it can dispose of used medications. (Pharmacists do not reuse medications returned under any circumstances, or send them overseas, or the like – they are disposed of safely and correctly.) I will comment later on 'hording' and the potential dangers.

Store your medications as directed; usually in cool, dry places out of direct sunlight. Of course, those to be stored in the refrigerator are usually well labeled as such – if you forget and leave them out of the refrigerator talk to your pharmacist. If they freeze you must also talk to your pharmacist as either situation may destroy the active drug in the medication.

Please store all of your medications out of the reach of, or access by, children.

Importantly, pharmacists freely provide expert advice on medications and their safe use. They are able to undertake, together with a request from your GP, Home Medication Reviews which gives your GP an expert opinion on all your medications (especially important if you are taking more than five medications) and options for change, if indicated. They also look at complementary medicines you may be taking in relation to the overall number of drugs taken and any possible interactions.

In addition, pharmacists will also review medications at the pharmacy level – it is easier obviously if that pharmacy dispenses all your medications.

Generic medicines.

Some comments that relate to the safe use of medications and generic medications. Many of the comments above will ensure that your medication use is safe and correct and that you do not come to harm as a consequence of your treatment. I am addressing these issues as there is likely to be some confusion with patients and even some doctors with the increasing use of generic medications.

There can be no doubt that the introduction of generic medications into the community has had considerable advantages for consumers, particularly cost savings. It is customary for your doctor to write a particular brand of a drug on a prescription and for your pharmacist to offer the same drug in a less expensive form. This is entirely appropriate in most situations and you benefit from the cost savings associated with this process.

If this is the first time you have had this medication then all is well. However, if it is a repeat or another occasion that you are getting the medication then the recommendation above regarding reading the label might then become a problem as the name of the medication will be different to that which you may be accustomed; the actual drug, that is the chemical, will be the same but the label and the brand name will be different. This is

particularly concerning if you are in the habit of storing or hording medications and end up with quite a number of medications, some of the same with different names – after time it is obvious things will get confusing and dosing and unintentional overdosing may become a real problem.

Let me give an example. I was prescribed Augmentin Duo Forte by my GP. The pharmacist offered the same drug at a reduced price, which I accepted. What I got was a box with Clamoxyl Duo Forte on it and the label was "Amoxycillin & Clav Ac Tablets 875/125mg 10" underneath which was typed "(Clamoxyl Duo Forte)". While I know that Clamoxyl Duo Forte is the same as Augmentin Duo Forte, some may not. Had I had other Augmentin Duo Forte tablets at home and was unaware of the equivalence then I could possibly take both. Not a major problem with an antibiotic but let's look at a couple where confusion may well occur.

A Couple of examples.

The chemical name of one blood pressure tablet is Metoprolol tartrate. This is available as Betaloc, Lopressor, Metohexal, Metrol and Minax as well as by a number of well known generics marketed under the name with the following words Chemmart Metoprolol, GenRx Metoprolol, Terry White Chemists Metoprolol. As you can see if you do not stick to the one pharmacy then you may get a different name on the box from different pharmacies as not all pharmacies stock all brands. While at a dose of say, 50 mg twice a day they are all the same chemical, there is, I suggest a risk of confusion if you do not talk your pharmacist. My biggest concern is if a patient has some left over Betaloc and gets Minax they could possibly think they are different medications and take both (not reading that both are Metoprolol) – resulting in unintentional overdose = hospital or worse.

Another blood pressure medication is Norvasc (trade name) the chemical is Amlodipine.

This is available as APO Amlodipine, Amlodipine (Generichealth, Sandoz, GA, Terry White Chemists, Pharmacor, Chemmart), Norvasc, Ozlodip and Perivasc. It is also part of Exforge and Caduet (which are newer combination drug products each containing two different drugs). Without laboring the point I think you can see that there is a potential problem if a patient gets a generic medication which is different from another dispensing and/or has some of the previous (different) prescribed medications at home, then double dosing is possible, with possible dire consequences.

A word or two on Complementary medicines.

Firstly, if you are taking complementary medicines tell your doctor. Complementary medicines include vitamin and mineral products, herbal medicines, Chinese and Ayurveda medicines, homeopathic preparations and essential oils.

The concept that complementary medicines are 'safe' is false. Complementary medicines may cause side effects or interact with prescription medications, alcohol and other drugs and other complementary medicines to cause adverse events.

Why don't people tell their doctors or other health care providers about complementary medicines? Some of the reasons are cited as:

- Not thinking of complementary medicines as 'medicines',
- Thinking that products promoted as 'botanical' or 'natural' are safe and not likely to cause adverse effects,
- Believing their health care providers are not interested or will not understand their sue of this form of medication,
- Feeling health care providers will be judgmental or negative, and
- Believing their health care providers will have limited knowledge about the effectiveness and potential benefits and harms of complementary medicines.

It is often the best option to bring complementary medicines (as well as all other medications) to a consultation so that the doctor or pharmacist, or other health care provider can check all of your medications.

As I write this article I note in a medical publication dated 12 February 2010 the following heading "Warnings inadequate for herbal therapy-CVD drug interactions". CVD means cardiovascular disease. What did it say?

Aloe Vera – hypokalaemia causing digitalis toxicity and arrhythmias. This means that Aloe vera lowers potassium levels in your blood and can cause heart rhythm changes, which can be serious.
Echinacea – increase QT interval – this means it has an effect on the conduction system of the heart – this, in the face of some medications, can be lethal or very serious.
Ginkgo biloba – interacts with aspirin, increasing risk of bleeding. This is well known medically and there have been reported cases of bleeding into the brain associated with its use with aspirin.
Ginseng – increases blood pressure, decreases effects of warfarin. Self explanatory.
Irish moss – increases effects of antihypertensives. That is, blood pressure falls lower than expected.
St John's wart – increases bleeding, decreases warfarin efficacy, interacts with Class 1a and 111 antiarrhythmics. Apart for the obvious, interferes with drugs used in heart rhythm treatments.

These then are just the cardiovascular effects of these selected herbal therapies.

This concludes the two parts of what initially was going to be a short article.

If it has brought to your attention issues that can assist you, or others close to you, or whom you know then that is all to the good.

Please talk to your pharmacist or doctor if you have any concerns with the safe use of your medications – your health is too important to resist or ignore expert assistance or advice.