THE UNIVERSITY OF WESTERN AUSTRALIA

'Seniors have a say in research on medication safety'

The research

The University of Western Australia's School of Population Health and the School of Primary, Aboriginal and Rural Health Care have undertaken a research project funded by the National Health and Medical Research Council on medication safety in seniors (65 years and over). The project which has been led by Professors D'Arcy Holman and Jon Emery is currently in the reporting phase. The project used Commonwealth Pharmaceutical Benefits Scheme and Medicare Benefits Schedule information linked to Western Australian hospital information and death registrations to look at a range of issues including the incidence of unplanned hospital admissions caused by adverse drug reactions.

The research included a substantial component of consumer participation. This included collaborating with the Health Consumers' Council (WA) to hold three community forums in 2006 and 2007 to discuss medication safety issues with 104 health consumers. Following the forums a Seniors Consumer Panel of 10 members was established which has worked closely with researchers and the consumer advocate including the following activities:

- Providing ongoing advice to the researchers as required
- Giving input into the development of questions for 6 focus groups held in 2008 and then commenting on the findings
- Attending integrative forums with researchers and health professionals to discuss the research findings.
- Involvement in interviews, presentations and attendance at forums and meetings to promote and advocate for issues relating to safety and the quality use of medicines

The resources devoted to consumer participation in this research project have been higher than average and this has maintained the level of participation at a consistently strong level. There is a wealth of important information on consumer perspectives that is emerging from these participative activities, many of which were unexpected as they are an aside to the formal research. Following are some key issues where the Seniors Panel has made suggestions that we believe are of sufficient importance to advocate for change.

The use of non-specific and abbreviated dose instructions on prescription medicines

The Panel recommended that non specific instructions such as the examples below should be strongly discouraged and eventually defined as unacceptable and unsafe practice:

- 'Take as directed by Dr' or 'Take as directed when required'; and
- Use of Latin abbreviations such as 'bd', 'qid'.

The Panel considers instructions like this could in fact be a major contributor to adverse drug reactions in seniors. Often seniors may be taking multiple medications and may not always remember or misunderstand the doctor's verbal instructions given during a brief consultation where numerous issues are discussed. In addition, seniors may be unable to recall and relay appropriate information to caregivers. This may also have financial implications if people are being hospitalised for adverse medicine events due to this practice.

Since the original issue was raised by the Panel the following points have also been put forward by other health consumers and researchers:

- The use of non-specific dosing instructions for medicines would not be considered acceptable practice in hospitals, for example a Dr would not write in patient notes 'take as directed by the Dr ' and expect that a nurse or patient would just remember what instructions had been given.
- This practice also has serious safety issues for a patient presenting to a hospital emergency department (particularly after-hours) with medicines that have non-specific instructions on them. This could be especially difficult if the person is not able to give reliable information on dosages.

In August 2009, Norman Swan interviewed a panel member and the consumer advocate about this issue for the ABC Health Report. Since then there has been contact from health consumers and health professionals from all over Australia who are equally concerned about this practice.

During 2009 and 2010 many government and non-government stakeholders were contacted seeking their support to define the practice as unsafe. These organisations included: the National Prescribing Service, the AMA, the Pharmacy Guild, the Therapeutic Good Administration, the Commission on Safety and Quality, the Federal Minister for Health, the WA Department of Health, the Department of Health and Ageing and the Consumers Health Forum. We also hosted a meeting of state-based stakeholders from these organisations in December 2009 to further discuss ways to cease this practice. At this meeting we were informed that CHF had been involved in previous consumer research on this subject and published an article titled *'Take as Directed whatever that means'* in 2000. These issues have been raised during conference presentations during the same period.

A decade late this issue continues to be unresolved and is still being raised by health consumers as a major safety and quality issue.

This year there have been several been presentations by researchers, the consumer advocate and consumers at conferences and meetings on medication safety issues raised during the course of this research. A panel member joined the consumer advocate and researchers to present at workshop at the Primary Health Care Research and Information Service Conference in Darwin. This presentation was about the participation model used in this research project and received very positive feedback particularly for having included the consumer perspective in the workshop.

Develop a system of stickers to show which part of the body the medicine is for
The second major issue raised by the Panel was about prescription medicine packaging. The Panel advised that many older Australians think about their medicines in terms of target organs or diseases; 'my heart medicine'; 'my stomach medicine', 'my diabetes medicine', 'my blood pressure medicine' and they consider this is an underused resource that can be tapped into to improve medication safety.

If pharmacists were to apply stickers with graphical 'symbols' for the major body organs and some common generalised diseases, this would assist patients with multiple medications to avoid confusion with dose regimes as well as adherence to treatment.

The Panel has also offered a number of other points about medicine pack information, which are listed below:

- The minimum font size should be 12 point;
- The active ingredient should always be used first on labels. The use of different names for the same medication; e.g. brand name and generic name is very confusing to patients and can cause double dosing of the same medicine;
- Space for subsidised price information on label stickers would be better used to improve dosing information;
- Major side effects or interactions should always be shown;
- Include "last repeat" on the label when appropriate to alert patients that they need a new script;
- Pharmacists should avoid accidentally covering use-by dates with stickers; and
- Include stickers (or graphics) to show the part of the body the medicine is intended for.

Some other key issues raised by seniors:
In 2008 there were six focus groups held to further discuss issues raised at the community forums. Following are some of the issues raised during these discussions:

- Lack of consistency in access to Consumer Medicine Information – seniors preferred a system when they automatically came in the packaging;
- Lack of knowledge of Home Medicine Reviews (only 4 of the 104 people who attended the seniors forums had heard of or had a HMR);
- Seniors reported breaking or dividing medicines without seeking advice when dosage gives unpleasant side effects.
- Pressure to switch to a generic medicine by the pharmacist when this had not been discussed by the prescribing doctor. Seniors preferred to pay more for a branded medicine they were familiar with; and

- Lack of knowledge about credible medicine information sources.

Currently planning is underway to publish a consumer report of the research findings and the consumer issues raised. It is hoped that this will be available by the end of 2010.

We would like to acknowledge the wonderful contribution of the Panel members:
Thankam Abraham, Hope Alexander, Dorothy Broun-Barton, Ellen Dzienisz, Beatrice Hitt, Ruth Kershaw, Bill Morris, Beth Solich, Bill Solich, Mike Watteau.

We would also thank the Health Consumers' Council staff and members who supported the community forums and workshops. Finally a sincere thank you is extended to all people who attended the forums and focus groups and so willingly provided information about their experiences of taking multiple medicines.

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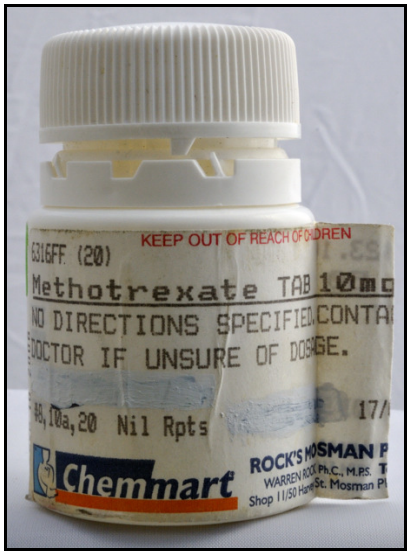
Brand confusion – different packaging, names and dosage but the same medicine

Non specific dosing instructions – unsafe practice



Good practice examples of the use of graphics or stickers