University of the Third Age Nillumbik Branch



You and your Medicines

16th March, 2020







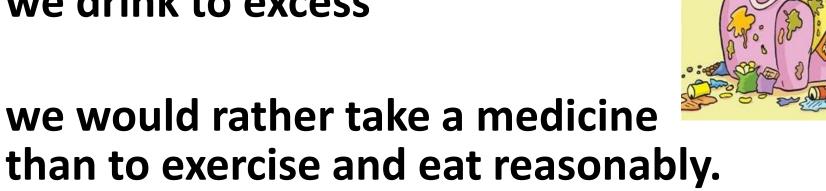


Associate Professor Louis Roller
Faculty of Pharmacy & Pharmaceutical Sciences



- >375 million prescriptions dispensed 2017-18
- -approximately ~15 prescriptions per person per year.
- -does *NOT* include non-prescription medicines (over the counter)
- -does NOT include complementary medicines
- >3000 different registered medicines available
- 2002: 70 different pain-relieving products
- 2019: >150 different pain-relieving products

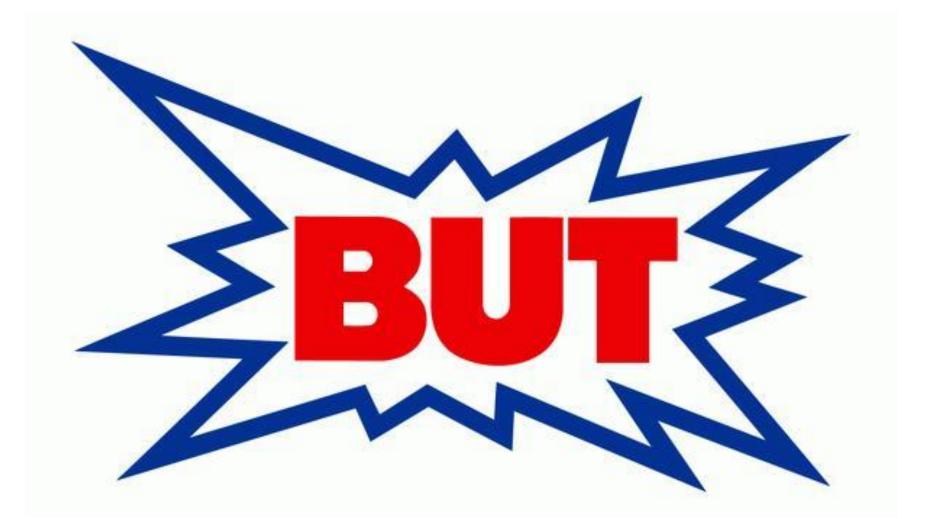
Pill popping society 'a pill for all ills' we don't like to exercise we overeat we eat inappropriate energy-rich rather than nutrient-rich foods we smoke we drink to excess











We do need medicines, and we need medicines that we can rely on for

- -purity
- -efficacy
- -with minimal side effects.

Modern medicines are:

- -powerful
- -at times, life-saving
- -life-prolonging
- -may significantly improve quality of life
- -may have side effects

Medications are very powerful substances which may manifest unwanted effects in some individuals.

Australia has an ageing population with an average life-span approaching eighty years.

Good news, because that means we are living longer.

Long life, however, does not necessarily mean a healthy life.

We have large and increasing numbers of older persons with

- -multiple disease states
- -attending multiple prescribers
- -taking multiple medications



We stuff ourselves with expensive and useless vitamins



Life expectancy in 2019 (Australia)



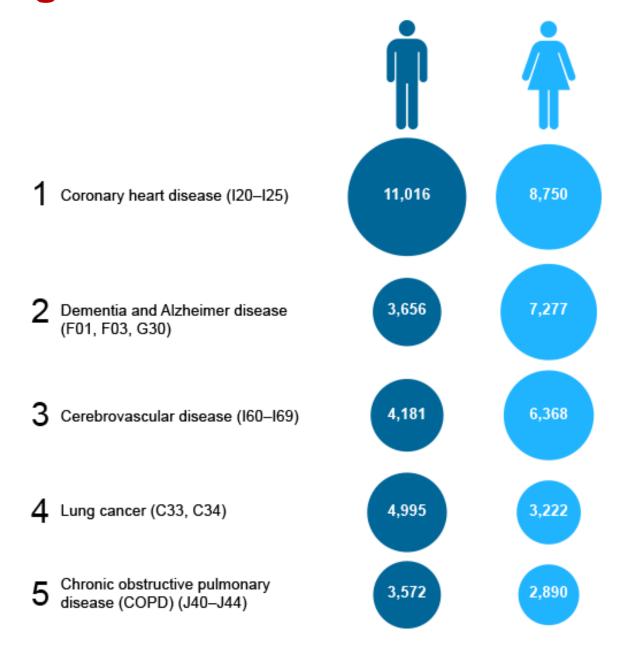
80.4 years for males

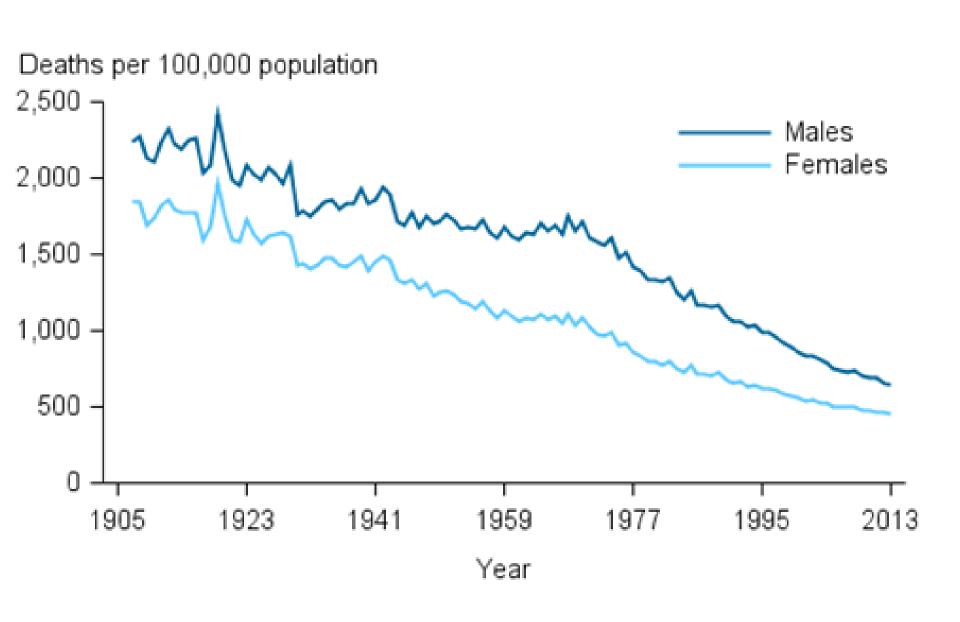
84.6 years for females

In 2015-16, Australia spent \$170 billion on health

But > \$200 billion useless submarines

Leading causes of death Australia 2015





Our ageing bodies

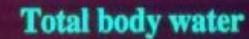
Age 70 compared to age 30

Weight

 Regulates storage of medicines in the body

 23-30% loss of muscle

 14-30% increase in fatty tissue



 Alters the body's response to medicines, and their rate of removal

 17% drop in total body water



Our ageing bodies

Age 70 compared to age 30

Heart

- Pumps blood and medicines around body
- 60% efficiency

Kidneys

- 70% efficiency
- Remove medicines from the body

Liver

- Changes medicines into forms which can be removed from the body
- Reduced ability to change medicines

Developed for the Department of Veterans' Affairs by the Pharmaceutical Society of Australia

The average 70-year old today is taking 2-3 more tablets than did the average 70-year old 10 years ago

Problems of Older Persons With Medicines

- Difficulties in opening containers
- Difficulties in reading labels
- Difficulties in hearing verbal instructions
- Difficulties in comprehending & remembering administration details (eg, multiple therapy)
- Body changes due to ageing may result in different responses to medication than in younger people
- Socio-economic state and non-adherence

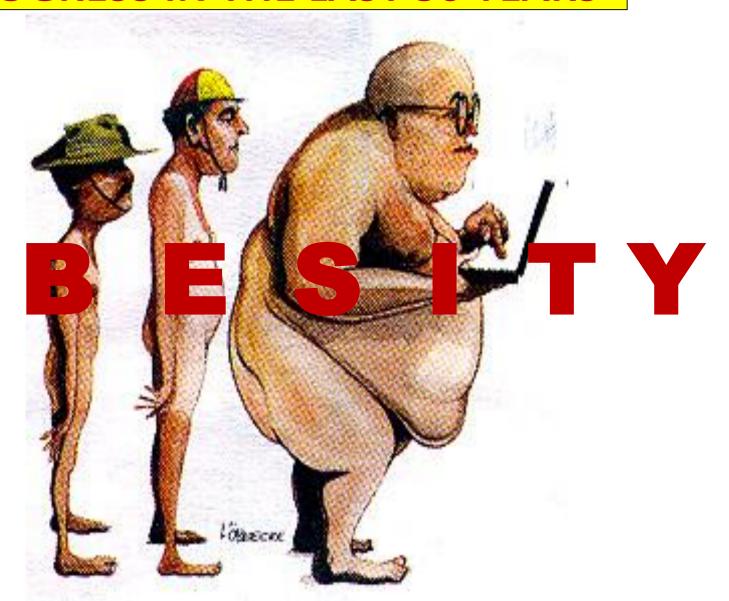
Major Risk Factors for Cardiovascular/Cerebrovascular Disease

- Hypertension
- Men >55 years
- Women >65 years
- Smoking
- Stress/anxiety/anger
- Total cholesterol >5.5 mmol/L
- Obesity
- Sedentary life-style
- Diabetes mellitus
- Family history of premature CVD

Cardiovascular Guidelines Version 6, 2012.

THE AUSTRALIAN MALE: PROGRESS IN THE LAST 50 YEARS

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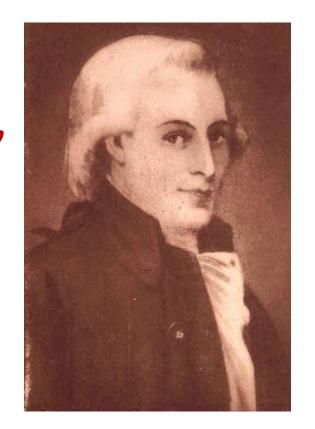
"First do no harm"

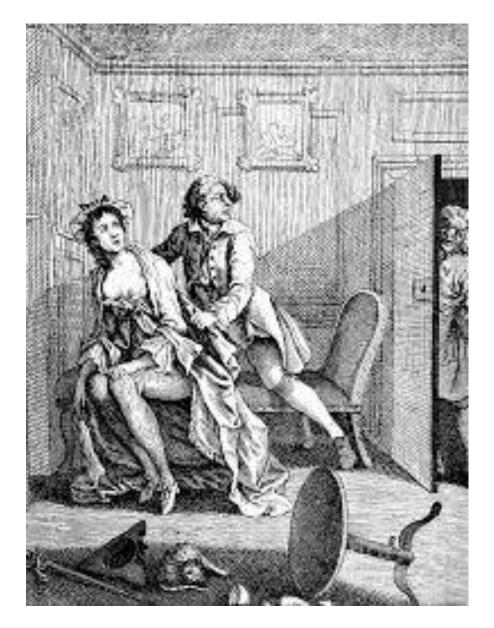
Hippocrates 450-355 BCE



"In wise hands poison is medicine. In foolish hands medicine is poison"

Giacomo Girolamo Casanova (1725 –1798)

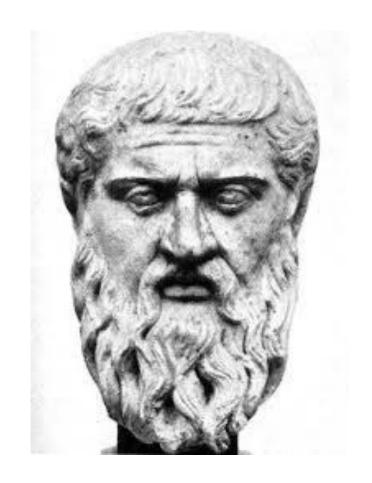




Yes, that's him

"Lack of activity destroys the good condition of every human being, while movement and methodical physical exercise save and preserve it".

-Plato ~400 BCE.



Adverse medicine reactions

WHO definition: (ADR)



"..a noxious, unintended or undesired reaction occurring at doses normally for the prevention, diagnosis or treatment of disease."

Edwards IR et al. Lancet 2000; 356:1255-1259.

>250 000 Australians are *hospitalised* each year due to serious medicine-related events.



Additionally, > 400,000 GP consultations annually at which an adverse medicine event was reported and/or managed.

Most common medicines implicated in adverse medicine reactions are:

- -anticancer medicines,
- -anticoagulants or blood thinning agents,
- -pain relievers and anti-arthritic medicines,
- -cardiovascular and blood pressure medicines
- -corticosteroids,
- -antibiotics
- -psychiatric or neurological medicines

Remember!

ADRs can occur within

- -minutes
- -hours
- -days
- -weeks
- -months or, even
- -years

after commencing the medication



"I've been taking this medicine for months and therefore these symptoms that I am displaying can't possibly be due to my medicine"

Check it out!

Ask questions

If you have the slightest suspicion that you are suffering from an adverse reaction, contact your doctor or pharmacist.



Who is at risk from adverse medicine events?

- older persons & very young
- people exhibiting poor adherence
- patients with multiple medications
- patients seeing multiple prescribers
- patients with multiple disease states
- patients with chronic and serious illness eg anaemia, asthma, diabetes, CCF, etc.
- patients exhibiting change in organ function (renal & hepatic function)

Potential medicine problems





- Change of therapy
- medicine-induced disease
- Sub-optimal medicine selection
- Side effects/ADRs
- Duplication
- Adherence
- Monitoring

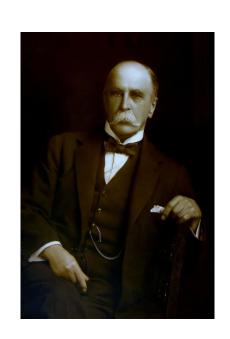
"Patients may recover in spite of medicines not because of them"



Sir JH Caddum, 1959 (British pharmacologist)

"But know also, man has an inborn craving for medicine, it really is one of the serious difficulties with which we have to contend"

Sir William Osler 1894 (Canadian physician)



Non-steroidal anti-inflammatory medicines (NSAIDs)

Traditional NSAIDS

- Aspirin -
- Diclofenac Voltaren
- Diflunisal Dolobid
- Ibuprofen- Nurofen, Brufen
- Indomethacin Indocid
- Ketoprofen Orudis
- Mefenamic acid Ponstan
- Naproxen Naprosyn
- Piroxicam- Feldene
- Sulindac Clinoril
- Tiaprofenic acid Surgam



COX 2 Inhibitors

- Celecoxib-Celebrex
- Lumiracoxib -
- Parecoxib

Meloxicam (Mobic)

Common presentations of ADR effects in older persons

Effect medicine groups

Confusion

Benzodiazepines, phenothiazines, anticholinergics, TCAs, antiparkinson agents, narcotic analgesics, anticonvulsants, corticosteroids, theophylline, digoxin, NSAIDS, cimetidine

Gait disorders Benzodiazepines, phenothiazines, & falls butyrophenones, anticonvulsants

Postural Antihypertensives, diuretics, hypotension phenothiazines, TCAs, antiparkinson agents

Common presentations of ADR effects in older persons

Effect medicine groups

Incontinence Diuretics, prazosin (reduced bladder neck tone), anticholinergic agents

Hypothermia Phenothiazines, barbiturates, alcohol, benzodiazepines, TCAs, narcotic analgesics

Constipation Anticholinergic agents, nefazodone, phenothiazines, TCAs, verapamil

"I do not want two diseases-one nature made, one doctor made"

Napoleon Bonaparte 1820



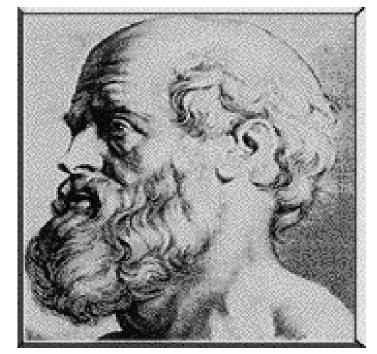
"medicines don't work in patients who don't take them"

C Everett Koop M.D.

Office of the Surgeon General (1982-1989)

"..to be alert to the faults of the patients which make them lie about their taking of the medicines prescribed and when things go wrong, refuse to confess that they have not been taking their

medicine".



Hippocrates circa 200 BCE

Non-adherence or noncompliance

is a major issue in medication management. Up to 50% of people taking medications are either not taking their medications appropriately, ceasing them or not taking them at all.

It has been shown that there is an increase in mortality in people not adhering to their medication regimens compared to those that do.

Rasmussen JN, Chong A, Alter DA. Relationship between adherence to evidence-based pharmacotherapy and long-term mortality after acute myocardial infarction. *JAMA* 2007; 297: 177-186.



Ultimately, it is **YOU** who decides on a daily basis whether or not to take your medication as prescribed

Consumer Medicines Information (CMIs) Leaflets



A CMI includes:

- The name of the medicine
- The active ingredients/the inactive ingredients
- The dosage form of the medicine
 What the medicine is used to treat and how it works
- Any warnings and precautions, such as when the medicine should not be taken
- Any interaction the medicine might have with food or other medicines
- How to use the medicine properly
- Side effects, if any
- What to do in the case of an overdose
- How to store the medicine properly
- The manufacturers/sponsors name and address
- The date the CMI was last updated



Home Medicines Review

Home Medication Review (HMRs)

- Undertaken by an accredited pharmacist on the request of a GP for an eligible patient eg
- •Taking more than 5 medicines or 12 doses per day
- Adherence problems
- Education required
- Adverse drug event
- Recent hospitalisation
- Confusion
- Must be carried out in the home unless special application
- •Comprehensive assessment of all mediation management, drug interactions, inappropriate medicines, etc.
- Letter sent to the GP with the findings
- Can only be done every 2 years unless a medical need

Medscheck – (MURs) Medication Usage Reviews within the pharmacy

Not all pharmacies have taken it up

- General 20 mins
- Diabetes- 45 mins



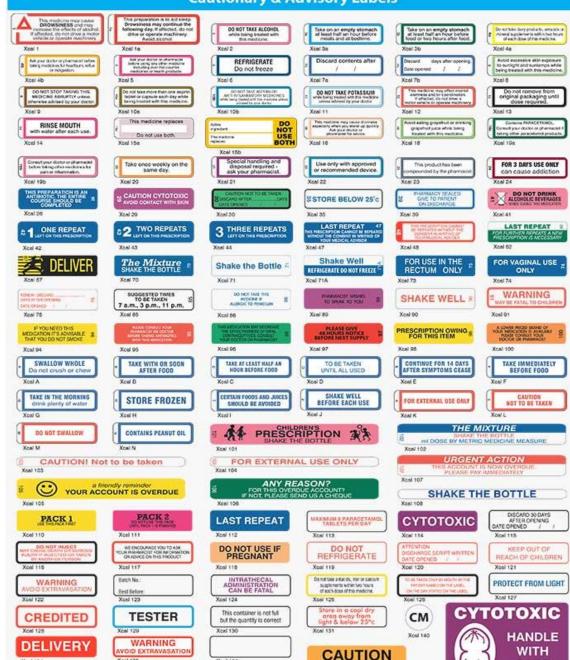
Brand substitution

Introduced in Australia to reduce costs to PBS in 1994

Generally, there are no major differences between brands from the point of view of efficacy and adverse reactions.

However, many consumers, particularly older patients become confused and may end up taking two or even three brands of the same medication and consequently getting themselves into an overdose situation.

Cautionary & Advisory Labels



Changed by the Pharmacist

Xcal 138

Xcel 136

Xcel 134

Xosi 137

DISCARD 28 DAYS

AFTER OPENING /

PATIENT'S OWN SUPPLY Xcel 132

PATIENT WITH SAME NAME

WITH CARE



Label 18

=

Avoid eating grapefruit or drinking grapefruit juice while being treated with this medicine.

Label 5

C

Ask your doctor or pharmacist before using any other medicine including over-the-counter medicines or health products.

Questions to ask your doctor or pharmacist

- -do I really need this medicine?
- -how long should I take this medicine for?
- -is this medicine contraindicated for any other medical condition I might have?
- -is this the right dose and dose frequency?
- -will I actually be able to use this dose form?
- -can I understand the instructions?
- -what sort of side effects can I expect?
- -what about medicine interactions?

It is important that as a consumer of medicines you understand that it is to your health advantage to

-attend the same GP

-attend the same pharmacy

whenever possible

The reason for this is that your GP and your pharmacist will have your medication history on their computers.

So, if you should happen to present a prescription to a new pharmacy:

it is vital that you give the pharmacist a list of any other medications that you might be taking

including over-the-counter medicines, vitamins and complementary medicines

which could interfere with your normal medications

Only then can your pharmacist carry out the appropriate checks and balances to ensure the best therapeutic outcomes for you.

Ask your doctor or your pharmacist





Complementary medicines



Complementary medicine

Natural is good!

Synthetic is bad!

Complementary medicine

Natural is good!

Synthetic is bad!

Is this really so?



Complementary medicines

Homeopathic medicines
Poisons diluted beyond any presence

Natural products

Examples: St John's wart, echinacia, red clover, Devil's Claw, feverfew. etc, etc, etc

Efficacy? interactions with pharmaceutical

medicines????? The four Gs: Ginko, Garlic, Ginger & Ginseng with warfarin



Statement on Homeopathy 5/3/15

"Based on the assessment of the evidence of effectiveness of homeopathy, NHMRC concludes that there are no health conditions for which there is reliable evidence that homeopathy is effective.

Homeopathy should NOT be used to treat health conditions that are chronic, serious, or could become serious.

People who choose homeopathy may put their health at risk if they reject or delay treatments for which there is good evidence for safety and effectiveness.

The NH&MRC expects that the Australian public will be offered treatments and therapies based on the best available evidence."

National Health & Medical Research Council (NHMRC) Statement: Statement on Homeopathy 5/3/15

- People who are considering whether to use homeopathy should first get advice from a registered health practitioner.
- Those who use homeopathy should tell their health practitioner and should keep taking any prescribed treatments.
- The National Health and Medical Research Council expects that the Australian public will be offered treatments and therapies based on the best available evidence."



Walnut Brain





Beliefs about vitamins

Tiny is essential
Bigger is better
Bigger still is better still
Biggest (humungous) is best
of all

Vitamins are the best (and the only) way to treat vitamin deficiency

Vitamin industry in Australia

About \$1.9 billion

That's \$1900000000



Nicole Kidman-Swisse Ambassidor







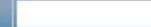
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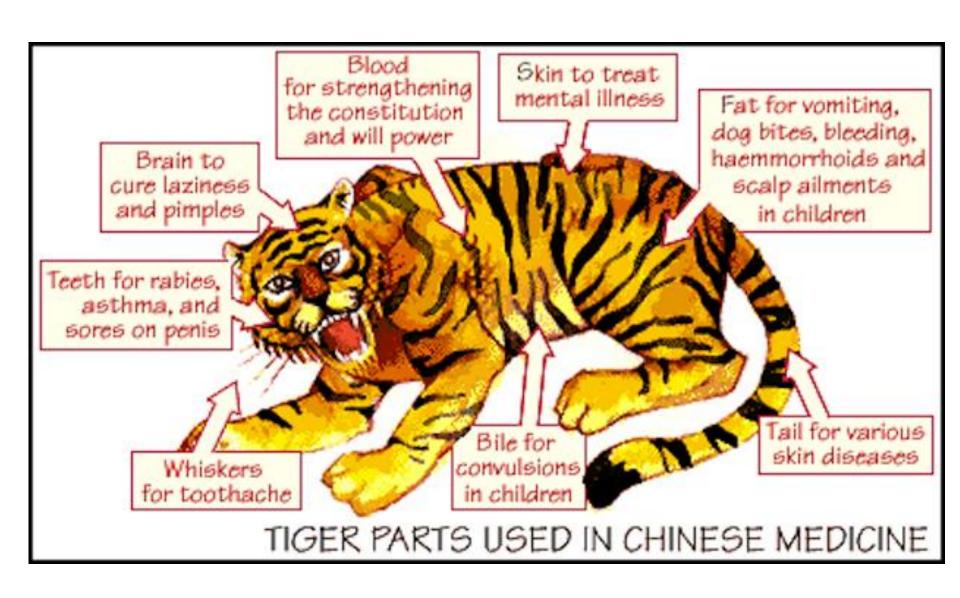






















"I'M SORRY DOCTOR, BUT AGAIN I HAVE TO DISAGREE."



ABC Catalyst program October, 2013: The Heart of the matter, 2-part program

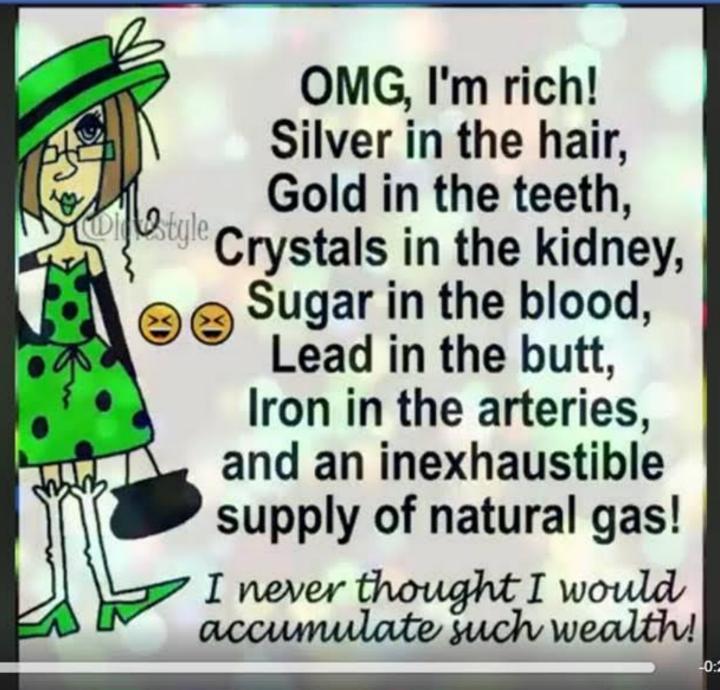
60,000 patients stopped their statins following the ABC Catalyst program

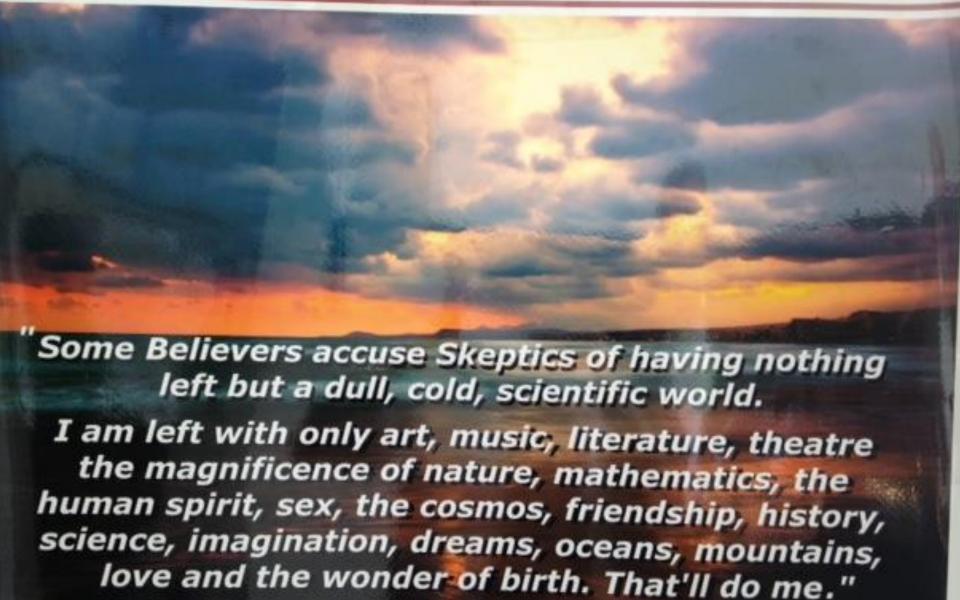


Ask your doctor or your pharmacist





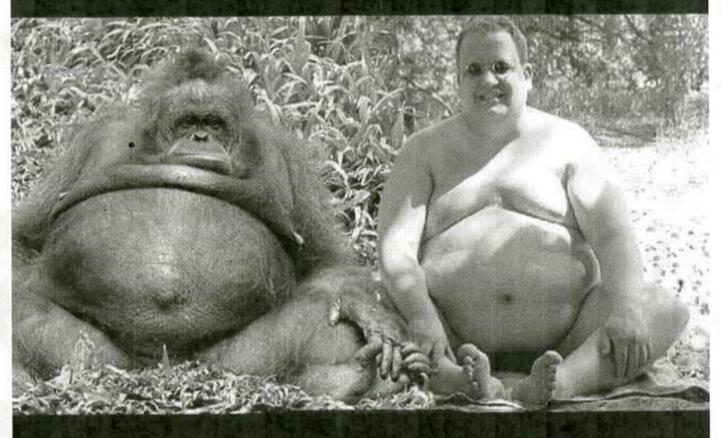




SO, ONCE A YEAR YOU FLY AROUND THE WORLD, EATING MILK AND COOKIES TEN MILLION TIMES IN 24 HOURS... I THINK WE'VE FOUND THE KEY TO YOUR WEIGHT-GAIN PROBLEM...



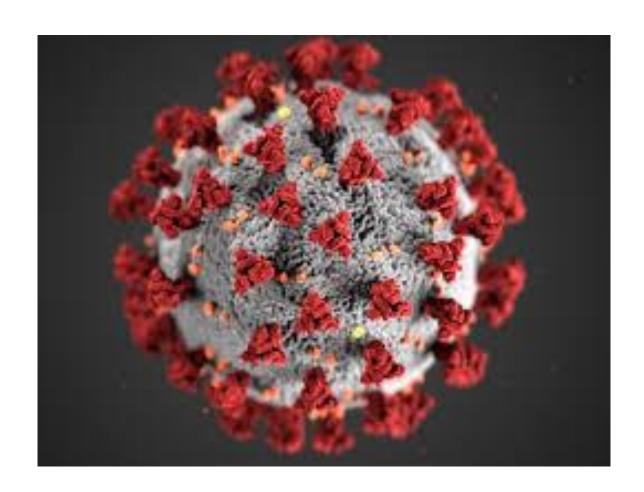
Après 3 millions d'années d'évolution



nous n'avons perdu que les poils! 'Patient counselling provides an opportunity to elicit the necessary information from a patient, and to enable safe and effective use of medicines.

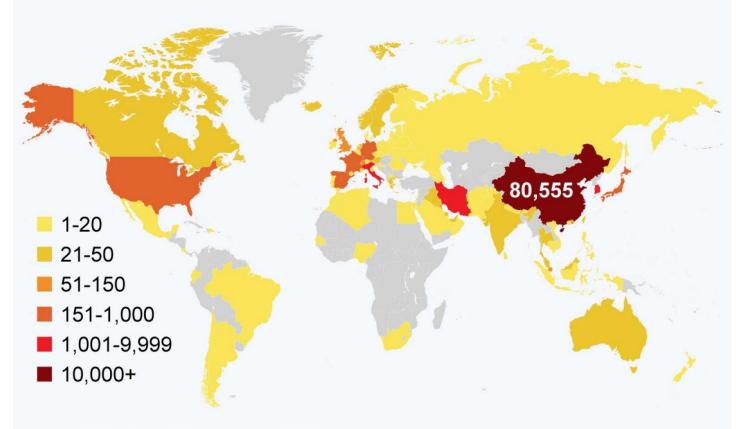
Patients have the right to expect that the pharmacist will counsel them privately about their medicines ... Counselling is also the final checking process to ensure the correct medicine is supplied to the correct patient.'

Pharmacy Board of Australia 2015



Nearly 100,000 Cases of **COVID-19 Confirmed Worldwide**

Locations by number of confirmed COVID-19 cases*



* As of March 6, 2020 at 4 a.m. EST Source: Johns Hopkins University











How to protect yourself from coronavirus (WHO)

- Viruses tend to spread via cough and sneeze droplets.
- Stay six feet from infected individuals.
- Viruses can also be spread through droplets landing on surfaces.
- There is anecdotal evidence that the virus can be spread by people before they have symptoms.
- Wash your hands, wash your hands, wash your hands
- Cover your mouth and nose with a tissue when you cough or sneeze,
- Face masks may offer some protection
- Seek early medical help Avoid live animals.
- Returning from infected area
- Seek medical advice before leaving home.

