Pills & Perils

Repeat Prescribing for Older Patients

Eastleigh Southern Parishes Older People’s Forum
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EXECUTIVE SUMMARY

EASTLEIGH SOUTHERN PARishes OLDER PEOPLE’S FORUM (ESPOPF) has surveyed repeat prescribing for the over-60s living in six villages in semi-rural Hampshire and published a report “Pills and Perils”. It is ESPOPF’s fourth piece of research by older people into problems experienced by older people. The Report contains a brief history of repeat prescribing to the present day.

Questionnaires were sent to 3,165 ESPOPF members in Eastleigh’s southern parishes with offers of interviews. Questionnaires were returned by 915 respondents with an average age of 75 years. The response rate was 29% (915/3,165). 20 interviews were recorded in people’s homes and 20 photographs were taken.

The majority of respondents, (92% 845/915) were on repeat medication. The average number of tablets taken daily was 5, though 75 respondents were taking 11 tablets or more daily.

The research reveals that many older people’s lives are governed by the drug regimes they must follow, that they experience varying degrees of difficulty in complying and that their quality of life suffers as the result.

The respondents report in their own words a lack of awareness by health professionals, administrators, families and friends of the difficulties in obtaining the necessary drugs, coping with the packaging, reading the instructions, recognizing and reporting side-effects and keeping to the treadmill of the drug regime.

The adverse side-effects experienced by one-third of respondents range from trivial to severe, even life-threatening. The symptoms are unpredictable, variable and often not recognized by patients and their medical advisers. There appears to be no reliable system for reporting adverse side-effects. Monitoring and review are not mandatory.

Recommendations are made to the Department for Health, the medical profession, primary care trusts, practice managers and pharmaceutical companies to remedy the shortcomings of the existing service, in order to promote and ensure the enhanced wellbeing of older patients and more effective use of scarce NHS resources.

Older patients, themselves, are urged to take more responsibility, as consumers, to complain about the inadequacies of the current arrangements and to recognise the importance of communicating effectively with their GPs about their prescribed medication.

“Welcome to my world of tablet-taking” remarked a diabetic researcher at a brain-storming session.
INTRODUCTION

Eastleigh Southern Parishes Older People's Forum (ESPOPF) is an independent group of older people from Eastleigh's southern parishes, on the eastern border of Southampton. It is open to all those over 55 years in Botley, Bursledon, Hamble, Hedge End, Netley Abbey and West End and has a membership of 3,165. ESPOPF provides a platform for the expression of older people’s concerns on local and national issues and represents these concerns to statutory authorities, voluntary organizations and the wider public. It has been described as the “authentic voice of older people”.

The Forum became increasingly frustrated by the reluctance of the statutory authorities to listen to its “authentic voice”, despite encouragement by the Government to consult with older people. ESPOPF’s concerns were dismissed as merely anecdotal. How could ESPOPF ensure that the voice of older people was heard by the deaf ears of their own elected councillors, local government officers and NHS Trusts?

In 2004, ESPOPF was offered training in research method by Help the Aged in conjunction with Teesside University. Since then, ESPOPF has researched: travel to hospital, “Sic transit…” 2004; concessionary travel, “Missing the Bus” 2006; housing aspirations and needs in retirement, “Bleak Housing” 2007. These topics were chosen in response to the concerns of the membership. This was evidence-based research which could not be dismissed.

ESPOPF’s research is concerned with the problems faced by older people and none is potentially more life-threatening than those associated with drugs. Older patients report considerable problems with their medication regimes and a review of the literature shows that non-compliance(1) is reported widely by health professionals to explain failures of treatment of illness.

The term non-compliance describes the failure of patients to use drugs as prescribed by doctors. It implies a relationship where the medical professional directs the patient who does not respond appropriately.

It is more common these days for the word concordance to replace compliance, suggesting a more equal relationship where doctor and patients agree on treatment and enter into a contract.

This survey reveals that patients try hard to comply, but the problems they experience make it very difficult. Health professionals research why patients won't and don't take their tablets and this research sets out to discover why older patients don't and can't.

AIM

The aim of this study is to examine the problems arising from repeat prescribing and to make recommendations to enhance the wellbeing of older people who are dependent on prescribed drugs for their continuing quality of life.
METHODOLOGY

Brain-storming sessions – September and November 2007
Two sessions were held to give all ESPOPF members a chance to establish the basis for the research on repeat prescribing and to raise issues of concern. The first session was at a bi-monthly open meeting and the second at the first formal meeting of the researchers. At each meeting, a researcher recorded the observations on a flip-chart. At their next meeting, the research group compiled a draft questionnaire after discussing the contents of the two flip-charts.

Defining the sample – December 2007
One researcher compared the names on ESPOPF’s newsletter database with those on Eastleigh’s Electoral Roll. He removed from the database the names of 78 members who had apparently died or moved away. He identified all double-households so that each of these could be sent two questionnaires. This exercise added 383 members to the pre-existing membership, making 3,165 members in the sample.

Amending and distributing the questionnaire – January – March 2008
The researchers filled in draft questionnaires, themselves, noted the problems they experienced and suggested amendments. This amended version was used in a pilot of 12 randomly-selected ESPOPF members at the January 2008 open meeting. Their responses resulted in further improvements to the questionnaire.

ESPOPF’s graphic designer then incorporated all the amendments to the questionnaire to produce the final version for printing. The researchers sent out 3,165 questionnaires, 965 to single-households and 2,200 to double households and freepost envelopes for reply, with the March 2008 Newsletters.

Analysis of questionnaire responses
– April 2008
By the end of March, 915 responses had been received, a 29% (915/3,165) response rate. The ticks in the boxes made up the quantitative data; the comments, the qualitative data. A small team entered the quantitative data into a Microsoft Access datasheet and typed out the qualitative data into a Microsoft Word document. One researcher analyzed the responses. He produced graphs of the single-answer questions in the questionnaire using the Access pivot table facility. He also produced graphs of the multi-choice questions by pasting the Access datasheet into an Excel spreadsheet and then translating the positive answers into numerical form, using the Excel conditional function. He showed these graphs at a meeting using laptop computer and projector, for discussion by the group.
Interviewing – April and May 2008

34 requests for interviews had been received with the returned questionnaires. Members were phoned, appointments made and visits arranged to their homes. 20 interviews from these 34 members were completed. At each interview, the purpose of the research, its voluntary and confidential nature and how quotations were to be used, were explained. Permission was sought for the interview to be tape-recorded and for a digital camera to be used to record observations. The interviews were then transcribed verbatim into a Microsoft Word document. The group discussed the comments from the questionnaire, the transcriptions of the interviews and the photographs at subsequent meetings. Ethical procedures were observed at all times.

Collection of evidence – June 2008

By the end of June, all the evidence had been collected: the questionnaire analysis, the transcriptions, the photographs and the press cuttings. The relevant quotations were highlighted according to the main topics. The researchers then discussed the issues and agreed the content and form of the report.

Writing and printing the report – July and August 2008

Two researchers wrote a draft of the report and, after approval by the rest of group, it was sent, first to the graphic designer for proofs, and proof-reading by the group and, finally, to the printer. The report was launched in September 2008.

LIMITATIONS OF THE STUDY

- The sample consists of ESPOPF members and is therefore a self-selected group. Its age distribution differs from that of the 2001 Census - it has a lower proportion of members in the 60-69 year age group.

- Some members, not on repeat medication, did not complete a questionnaire, because they thought it did not apply to them. Percentages of the sample taking repeat medication would therefore be over-estimated.

- Some respondents, who had stated in their questionnaires that they had had no side-effects, replied to questions at interview that they had suffered side-effects. The incidence of side-effects is therefore under-estimated.

- There was considerable confusion amongst the respondents about the procedures of acquiring drugs and the frequency and nature of reviewing drugs. Some findings, therefore, may be unreliable.

- The interview requests came in the main from dissatisfied and a few angry members. Satisfied members were less likely to request them. The interviews, therefore, did not represent the views of members as a whole.

- Statements in the questionnaire could not be verified as the identities of the respondents were unknown.
Older people are more likely to suffer from various chronic illnesses, like diabetes, high blood-pressure, arthritis and cancers.

Usually, they are given repeat prescriptions to control these illnesses. They must get their drugs in time and understand the instructions.

The research conforms to ethical standards and it is completely confidential.

If you are not on prescribed drugs - please complete Section 1 only.
If you have repeat prescriptions - please complete all 4 Sections.

If there is not enough space for your answers, please use the comments box at the end of the Questionnaire. You may also request an interview.

When you have completed the Questionnaire, please send it, with the optional Interview Request Form, in the Freepost envelope, to:

ESPOPF Researchers,
Orchard Hill, Salterns Lane,
Old Bursledon, Southampton
SO31 8DH

If you need any help, please call 023 8040 3311

### SECTION 1 - ABOUT YOU

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you male?</td>
<td>Male ✓ Female □</td>
</tr>
<tr>
<td>2. What is your year of birth?</td>
<td>19__ __</td>
</tr>
<tr>
<td>3. Do you have repeat prescriptions?</td>
<td>Yes Complete all Sections No Complete the Section 1 ONLY</td>
</tr>
<tr>
<td>4. Have you ever decided not to take your prescribed drugs against medical advice?</td>
<td>Yes Go to Question 5 No Go to Question 6</td>
</tr>
<tr>
<td>5. I decided not to take my tablets because of</td>
<td>Mistrust of my Doctor □ Mistrust of the diagnosis □ Side-effects □ My beliefs, e.g. Jehovah’s Witness, Christian Scientist □ Unnecessary expense □ Getting better anyway □ Other (specify) □</td>
</tr>
</tbody>
</table>

### SECTION 2 - YOUR DRUGS

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. How do you usually order your repeat prescriptions?</td>
<td>Phone the Surgery □ Leave a request or counterfoil at the Surgery □ Email to the Surgery □ Use Prescription Collection and Delivery Service □ Use the Repeat Prescription Dispensing Service □</td>
</tr>
<tr>
<td>7. Do you have problems collecting your medication from the Surgery?</td>
<td>Yes □ No □ Please tick ✓ one</td>
</tr>
<tr>
<td>Do you have problems collecting your medication from the Pharmacy?</td>
<td>Yes □ No □ Please tick ✓ one</td>
</tr>
<tr>
<td>Please specify the problems................................................................</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 3 - ADDITIONAL QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Which applies to you?</td>
<td>I take my medication myself □ Given to me by wife or husband □ Given to me by carer □ Given to me by nurse □ Other (specify) □</td>
</tr>
</tbody>
</table>

### SECTION 4 - HOW MANY DIFFERENT KINDS OF REGULAR MEDICATION DO YOU TAKE?

<table>
<thead>
<tr>
<th>Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. How many different kinds of regular medication do you take?</td>
<td>1 2 3 4 5 6 7 8 More than 8 different kinds Please specify number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11 How many tablets or capsules do you take in 24 hours? 

None 1 2 3 4 5 6 7 8 More than 8 tablets in total 

How often do you need ointment? inhaler? injections? 

12 Did your doctor or nurse explain your medication to you? 

Yes No 

What it is for 

The right dose and when to take it Please tick all that apply. 

If you can change the dose yourself 

The side effects 

The dangers of stopping 

13 Have you ever forgotten to take your medication? 

Yes No 

Forgot whether you took it or not? Please tick all that apply. 

To help you to remember, do you use the days of the week on the pack? 

To help you to remember, do you use plastic containers for each day? 

Do you have any other strategy for remembering? Yes No 

If so, please specify (eg electronic reminder) 

14 Do you have difficulty in identifying your drugs? 

Legibility of labelling Please tick all that apply. 

Change of name on box container label 

Changed appearance of drug packet 

Changed colour code shape 

15 If you are on tablets, do you have difficulty in 

Extracting tablet from tin-foil bubble-pack? 

Breaking tablet in two? 

Opening screw-lid of bottle? 

Pushing off lid of plastic container? 

None of these? 

Other (specify) 

16 Which container from the Pharmacy do you prefer? 

Foil bubble-pack 

Container with lid 

Screw-cap bottle 

Other (specify) 

17 What do you do with the drugs you don’t use? 

Never any left over 

Keep them 

Throw them away 

Take them back to the Pharmacy 

Other (specify) 

Do you know how much they cost? Yes No 

18 Did you understand about the side-effects on the leaflet(s) that come with your drug(s)? 

Yes No Please tick one 

If no, please explain 

19 Have you experienced any side-effects? 

Yes No 

If so, the name of the drug? the nature of side-effect? 

20 Did you take any action? 

Yes No Please tick all that apply. 

Didn’t realize at the time what was happening 

Informed Pharmacist 

Informed GP 

Stopped medication 

Other (specify) 

Have you used the "Yellow Card" to notify side-effects? Yes No 

SECTION 3 – SIDE-EFFECTS 

SECTION 4 – MONITORING OF REPEAT PRESCRIPTIONS 

21 Are your prescriptions monitored routinely? 

Yes No Don’t know 

If so, by whom? 

Doctor 

Nurse eg at a clinic 

How often? 

Monthly Every 3 months Every 6 months Yearly Never Don’t know 

22 Are routine blood tests required? 

Yes No Please tick one 

If so, how do you find out results? 

GP contacts you? You contact GP? 

Any further comments? 

Thank you for taking part in this survey 

Please return the completed questionnaire(s) in the Freepost envelope 

Deadline for replies is 1st April 2008
FINDINGS

The researchers sent out 3,165 questionnaires to all ESPOPF members on the database with the March 2008 newsletter. They received 915 completed questionnaires and the response rate was therefore 29% (915/3,165). The findings resulted from the 915 returned questionnaires, 20 interviews and 20 observations recorded by camera. Of the 106 respondents who made additional comments on their questionnaire forms, only 22 stated that they were satisfied with their treatment and the administration of repeat prescriptions.

1. PROFILE OF RESPONDENTS

a) Age

The ages of the respondents ranged from 55 to 100 years. The average age was 75 years. The 70-74 range made up 27% (240/889) of the respondents, followed by the 75-79 year olds, who formed 22% (192/889). The under-60’s made up 1.5% (13/889) and the 95-100 year-olds 0.1% (1/889). 26 respondents did not give their years of birth.

b). Gender

Of the 913 respondents to the question on gender, 40% (363/913) were male and 60% (550/ 913) were female.
2. STATISTICS OF REPEAT MEDICATION

a) Numbers of respondents on repeat medication

There were 92% (845/915) respondents on repeat medication and 8% (70/915) who were not.

b) Types of medication

Tablets and capsules were the most frequently-used types of medication: 793 respondents took tablets and 410 respondents took capsules. (In future, all tablets and capsules will be classed as “tablets” for ease of analysis.) Inhalers (129), ointment (119), and liquid (98), were used less frequently and the remaining types, seldom: colostomy bags (2), sachets (2), shampoo (1), elastic stockings (1) and eye gel (1).
c) Total numbers of tablets taken daily*

This chart reveals the range of tablets taken daily, from 95 respondents who took none, to 1 respondent taking 38. Respondents took an average 4.8 tablets. 75 respondents took 11 tablets or more a day.

![Bar chart showing daily numbers of tablets taken by 915 respondents daily](image)

d) The average number of tablets taken daily by gender and age*

On average, 4.8 tablets were taken a day. Males took 5.1 tablets a day, 10% more than females, who took 4.6 tablets a day. The graph below shows that as people get older, their medication increases. For example, people aged 65-69 years take 3.9 tablets a day on average. In 15 years’ time, at 80-84 years, they will take 6 tablets a day. The only respondent over 95 took 6 tablets a day.

![Graph showing average number of tablets taken daily by age range](image)

* These figures apply to tablets (and capsules) only, other types of medication could not be quantified.
The first problem encountered by those starting on repeat prescriptions was understanding the reasons for the particular treatment and the action of each tablet, and these were explained to 74% of respondents (673/915). The dosage and when to take it was explained to 64% (583/915) and this was also explained on the packet label. Other explanations were: the dangers of stopping, 27% (250/915); side-effects, 25% (233/915); and the degree of control over the dosage allowed to the patient, 14% (131/915).

Of the 20 interviewees, 16 stated in their questionnaires that they had received explanations about what their drugs were for. However, when asked the actions of specific drugs, they knew the actions of only half of them.

Respondents’ comments:

“I do know what they are mainly for, yes.”

“Were the side-effects explained to you?” “Not really, you have to read the prescription, not the prescriptions, the leaflet, rather, inside. I try to.”

“When was the last time?” “Well, they’ve all got mixed over the years: if it was going to happen, it should have happened by now.” Age 75

“Amlodispac, yes, I don’t know what they are, I couldn’t tell you what they are for.”

“Do you take them regularly?” “Yes.” Age 81

“Allopurinol? Er…I’ll have to think about that one.”

“Never mind. And the Tamsulosin? Do you know that one?” “Try the next one.”

“Clopidoigrel?” “That’s in the place of Aspirin.”

“And Tiotropium?” “No, I’m not sure what that one is for.” Age 86

“The problem is remembering what they say.” Age 70
4. ORDERING MEDICATION

Patients need to know how to order their medication, but it is often difficult to find out. There are sometimes leaflets in waiting rooms detailing the practice systems, and sometimes NHS leaflets explaining the national systems eg the NHS Repeat Dispensing Service.

There are, in fact, 6 different ways of ordering repeat prescriptions. The majority of respondents, 70% (632/898), ordered their prescriptions by leaving a request form, usually page 2 of the prescription form FP10, in a box at the GP practice. Other common methods were: ‘phone 16% (146/898); e-mail 5% (45/898). Post and fax were seldom used. Those using the Repeat Dispensing Service 7% (64/898), should have received their batch prescriptions already.

**Numbers of respondents**

<table>
<thead>
<tr>
<th>Method</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box at surgery</td>
<td>632</td>
</tr>
<tr>
<td>‘Phoning the surgery or pharmacy</td>
<td>146</td>
</tr>
<tr>
<td>Dispensing service</td>
<td>64</td>
</tr>
<tr>
<td>E-mail</td>
<td>45</td>
</tr>
<tr>
<td>Post</td>
<td>10</td>
</tr>
<tr>
<td>Fax</td>
<td>1</td>
</tr>
</tbody>
</table>

**N = 898**

**a) Leaving request at surgery**

“I tick the boxes on the prescriptions of what you need and either take it to the doctors’ ourself which is in Woolston. We go by bus. We have to wait a day and a half or two days for the prescription to be made up.” *Age 86*

**b) ‘Phoning the surgery or pharmacy**

“Bitterne Health Centre has a system where you have a special number and you can ring up. Your tablets on your repeat prescriptions are numbered and you ring up and say, ‘I want number 1, number 5, number 7’, and they will do the prescription and send it to the chemist for you and, if you go to a Lloyd’s Pharmacy, they will deliver it for you.” *Age 82*

“Just ‘phone up (pharmacy) and it arrives.” *Age 80.*
c) NHS Repeat Dispensing Service
This service enables GPs to issue batches of unsigned prescriptions to patients on stabilized medication. There is then no need for visits to the surgery by patients, who give their prescriptions, one by one each month, to the pharmacist until they run out. In 2006, taking Bristol as an example, 20% of the total prescriptions dispensed were provided under this service. In Hampshire, it was 1%. In Eastleigh Southern Parishes, the figure was only 0.002% (9 out of 563,943 prescriptions dispensed). It is obvious that the 64 respondents, who said in the questionnaire that they used the Repeat Dispensing Service, did not use it. They probably confused the NHS Dispensing Service with the collection and delivery service provided by local pharmacists.

d) E-mail to surgery
“I get the form with the detail of the actual prescription and I go onto the e-mail address of the doctor and just type it in and say I want a repeat prescription. Two days later I go to the pharmacy to pick it up.”
Age 67

e) Post to surgery
“I get a stamped, addressed envelope, send it to the doctor and I’ve got a prescription with what I want to take on it and I just tick them, send that back. It comes back two days later, by post. We always put a stamped, addressed envelope in. It takes two days maximum.”
Age 80

f) Faxing the Surgery
“When I come to the end of my supply, my son has got already typed out that sheet to the doctor and the surgery and then you tick in the requirements on the prescription and we photocopy that and fax it to my doctor. It works fine but not every one has a fax machine.”
“Have you used any other methods of getting your prescription?”
“No, not really.”
“Are you aware of any other methods of getting your prescription?”
“No.” Age 88
LETTER FROM 70-YEAR-OLD

“I have been retired for over 10 years, so I do not know if it’s the same now. I worked for 18 years as a senior warden in extra-frail sheltered housing in 4 different counties. My experience was that repeat prescriptions were good in that they provided the continuation of medication without visiting or a home visit of doctors.

The downside was that, having been prescribed something and then stopped, it continued to be on the repeat prescription for years. The option to tick what you need was too complicated for some. Sometimes, I was involved and would ask “Which of these do you currently take and need?”

Many times the answer was, “Oh! Tick all of them and then you get it right”, or, “Perhaps I’ll need them”, or, “The doctor knows what he is doing and, if he didn’t want me to have them, he wouldn’t give them to me.”

Some even had pre-hospital and post-hospital medication appearing together. When asking to look at their tablets etc, there was so often a kitchen wall-cupboard full of past medication. Asking if I could take unwanted tablets etc back to the chemist was like I was stealing them. Some said they put them down the toilet or in the rubbish bin.

There were the independent extra-frail, and I only had this opportunity when they were ill, as they managed their own medication. Of course, there were many who did properly manage their own medication. There were also those who asked for help and were more dependent and we were able to monitor these.

I feel there should be at least a yearly check-up on what the patient is currently taking and all others deleted. Even better that, as a change of medication is made, the old is deleted automatically.”

5. COLLECTION AND DELIVERY

A voluntary arrangement between the pharmacist, the patient and GP enables signed repeat prescriptions be collected daily from a GP’s surgery. The prescribed medication may then be collected from the pharmacy, or delivered to the home in cases of hardship. These arrangements can be used in conjunction with all the above methods of ordering medication. The pharmacy may have leaflets about them.

Respondents’ comments:

“Well, I used to have to collect them from the chemist, but recently they’ve been delivered in blister-packs. I used to have to ‘phone the doctor, but now they automatically send them every month. They just come, they just bring them. I don’t have to do anything. I have a month’s supply, 4 weeks’ supply.” Age 85

“If I order one item on the prescription, when I collect my tablets, the full lots of tablets are repeated, which means I have several repeat prescriptions in my cabinet. I need only one really, so they are repeating all the tablets unnecessarily.”

“Just a moment, you’ve got to tick the box, haven’t you, before you get it?” “Yes, but I can just tick everything up. So therefore, I might have more tablets than I really need, which a lot of people do have. That’s the trouble. They’re wasting money.” Age 86

“I have several prescriptions in my cabinet.”
“I go up to get my feet done because I have to. I have had chiropody treatment for years, and I usually put it (the prescription request) in then. I have to take the bus. But it takes me two or three days or sometimes nearly a week before I get over that, you know. Because walking up this road, I’ve got breathing problems started now and I have to stop and I thought, ‘Oh gosh! Persevere.’ Being on my own, I have to battle against the things, otherwise, you know.”  

Age 72

“Your daughter lives in Italy. Can you tell me about taking drugs abroad?”

“When I stayed with her, on one occasion, I stayed longer… I didn’t have enough tablets, so rather than come home, we went to the farmacia and, as long as you take the actual packet of the drug with the names on, they will sell it to you over the counter.”  

Age 61

“I try and ‘phone up and ask for a repeat prescription and give them the details, and then I’ll go and get them. But what I don’t want to do is to go up there, write out a thing and go up there again for 2 visits. I’ve tried to get an appointment this week and, of course, you can’t get an appointment on that … This is about a quarter past nine, so a friend took me up there, who happened to be here. I called in and said, ‘Can I get an appointment today?’ and she said, ‘Oh, no. We are fully booked today; we’ve been at it since eight o’clock this morning.’ I didn’t know you could get an appointment if you ‘phone at eight o’clock, I thought it was nine o’clock. So I ‘phoned up this morning to get an appointment. I could go at eleven o’clock, but it would mean waiting and waiting and seeing what the emergency doctor could do. I can’t wait all morning.”

“If you wanted to make an appointment for next week?”

“Can’t. You’ve got to phone up in the morning.”  

Age 81

“Well, I don’t see how they can take two days to write out a prescription when all they’ve got to do is to press a button on their computer and they automatically print one but, I mean, if I take a prescription in on a Friday morning, I have to wait ‘til Tuesday afternoon to get it and I think that’s rather …’cos the doctors aren’t open on a Saturday. I can’t even get an appointment on a Saturday and I think it’s a long time to wait, you know.”  

Age 75

6. IDENTIFICATION OF MEDICATION

When asked, ‘Do you have difficulty in identifying your drugs?’ of 915 respondents, 103 did not answer the question, 701 had no problems with identification and 111 respondents had 227 problems. In order of frequency, difficulties were: change in colour of tablet (68); change in the appearance of the box (59); changed look of the foil (42); changed shape of the tablet (37); legibility (15); change in code (6).

Analysis of 227 problems experienced by 111 respondents
Respondents’ comments:

“Colour blindness causes problems with Warfarin.”  
Age 77

“Often in foreign language.”  
Age 77

“As I have macular degeneration, the labels have to be read by my husband or any person in his absence.”  
Age 78

“Registered blind.”  
Age 64

“Some brands have no day printed on them. Recent change of colour, shape. I took wrong prescribed dosage by error.”  
Age 71

“I found it necessary to use a magnifying glass when the dosage was changed. My eye-sight is not good and being older it is not always easy to remember verbal instructions with anxiety ever present. I took to writing instructions in big print and placing prominently in area where medication was given.”  
Age 80

“What I don’t like is the changing of the colours of some of them. That confuses you because you know that you’ve got a green one you’ve had for a year and a half and then comes a little tiny white one half the size – same thing, it’s changed.”  
Wife: “I re-iterate that. The same thing happens to me. I was having a capsule and now it’s a white tablet.”

“It confuses you because you know that, I mean I know I take my tablets regular. I put them out myself, I don’t want my wife to touch my tablets… The colours like, the sachets like. The first batch you get are green and the next batch you get are white.”  
“This is from the same chemist?”  
“No. Sometimes the same chemist will give you different packs.”  
Age 80

“I was having a capsule and now it’s a white tablet”
7. PACKAGING OF MEDICATION

There were 330 respondents who encountered 528 difficulties in extracting tablets from their containers. The commonest difficulty was with bubble-packs (217). (This could be because bubble-packs were the most usual type of container.) Other problems occurred with: screw-capped bottles (125); containers with push-off lids (123); difficulty in extracting tablets whole (52), other (11). 197 respondents had 1 difficulty, 79 respondents had 2 difficulties, 39 respondents had 3 difficulties and 14 respondents had 4 difficulties.

**Difficulties extracting tablets (N=528 difficulties)**

- Opening bubble-pack: 217
- Unscrewing bottle: 125
- Prising off container lid: 123
- Breaking tablet: 52
- Other: 11

**Number of difficulties experienced by 330 respondents**

**Respondents’ comments:**

- “If bottle ‘child proof’ is given, can’t open very easily”
- “Great difficulty with child-proof containers”
- “One type needed scissors, usually it's O.K.”
- “My wife takes care of this”
- “My husband does this”
- “Difficulty with Aspirin blister packs”

- “Child safety screw tops bother me” (respondent with crippled hands)
- “Would like someone to take action on impossibility of using blister packs” (respondent under Rheumatologist)
- “Especially Aspirin”
- “Soluble Aspirin foil extra-thick”.

“To get these tablets out because you press it, see, and it’s so hard, that’s quite hard now but, there you are, the tablets fall out. One lot I had was terrible, wasn’t they?”

**Wife:** ‘One lot you couldn’t get out at all.’ “When you got them out, they were smashed.” Age 86

“You have to be on the ball to watch…Sometimes I can drop them and if you drop them they go under the washing machine and there’s no way you are going to get them back out again.”

**Do you have any problems getting the tablets out of the -”** “I can do. I mean you have to press down. I mean I can open this. I’ve got over this being broken (points to wrist) because of my condition again, they couldn’t operate to help me with it to get it back in line. The screw-top ones.”

**Which do you find the most difficult?** “One on a strip you can pull the piece further round. Once you get started on that, that’s O.K. but sometimes it’s actually difficult. There’s not an awful lot of power in my hands, you see? But I do manage, I wouldn’t complain, ‘Oh! I can’t stand this lot.’ I keep trying until I can do it, I have to.” Age 72
“You’re very fit aren’t you? Do you have any difficulty getting the tablets out of their containers?”
“The small ones, yes. It’s very difficult to break them through the foil. I find that terribly difficult.”

“Any one in particular?” “The Aspirin in particular. More often than not, the Aspirin splits in half in doing it. If you exert too much force into it then you fly it out and you’re searching for the damned thing.” Age 67

“The pharmacist at Sainsbury’s warned me that my tablets were not in a child-proof bottle because she looks up the age on the prescription and decides if it’s easier for an older person to use non-approved bottles. By law, she was obliged to tell me.” Age 70

“Actually, I have difficulty in getting them out.”

“I go and get a knife, force it open and then it don’t close no more.”

“As I say, I do tend to break them because actually I have difficulty in getting them out, but I don’t see it that way. I think that it’s just the tablets that’s weak and I am stronger. There’s no other way I can explain it. I say halves, it’s not quite halves, and breaks.”

“Does it shatter?” “No, it don’t shatter, it just breaks so you’ve got two pieces, maybe two halves or three-quarters and a quarter. Now, what do I do with that tablet? Now I’ve always taken it. I don’t know if a broken tablet has lost its value. Er…yes. Now there is one I has difficulty. It’s a little tiny container, it’s not a bottle, it’s plastic and I haven’t got the patience, I can not get that lid off. So what I normally do is, I go and get a knife, force it open and then it don’t close no more. Again, it’s not how people normally operates, but that’s how I operate, I’m afraid. There is no sense in having a plastic container that you have got to struggle with, when you can go and get a knife and force it open and then you’re away.” Age 72

“Sometimes they are a job to push through, aren’t they? But I get a knife and I just poke a hole in it and then pop it through. It usually works. To get the tops off the bottles is a job, you know, when they put your pills in a pot, but now they seem to put them all in the pop-ups.” Age 69

“Only one, it’s in a little plastic container and you have to pull the tab and then you are supposed to push the thing up, but I can never get it up. I get a knife to it to flick the lid off. So then, I keep the lid off, so that I don’t have this trouble every time once you open the top.” Age 70
8. FORGETFULNESS OF PATIENT

The replies from the questionnaire on remembering to take tablets are very unreliable. Paradoxically, it is those people with reliable systems for remembering, who admit to forgetting on occasions, simply because they know when they have forgotten. People with no definite strategy often state categorically that they never forget.

Strategies for remembering to take tablets were common (89 respondents). Examples include: “Put out all medication first thing in the morning”; “Telephone alarm”; “Timer for 1 o’clock”; “Write on strip M.T.W.T.F.S.S. as there is no other indication”; “I am partially-sighted. My daughter writes the initial on each tablet”; “Pharmacy brought a 7-day planner container”. No one used an electronically-alarmed container.

**Respondents’ comments:**

“Have you ever forgotten to take your tablets?” “Not to my knowledge. Once or twice I have found an odd one that jumped out and I didn’t take it right away properly.” Age 90

“Have you ever run out?” “Oh yes! I’m not that organized.”

“What happens then?” “I go to the chemist and, almost on bended knees, say, ‘I’ve been awfully silly. I should have done this a couple of days ago and I haven’t. You know from your records that I have this, this and this and I’ve come to the end of the bottle and can I have enough for the next two days, please?’” Age 69

“I think you said (in your questionnaire) that you would like to have the tablets marked Monday, Tuesday, Wednesday?” “Gosh, yes. Definitely.”

“So do you have difficulty in …” “Yes. I do.”

“Do you have any strategy for remembering?” “I try to remember to do it every morning but if at the weekend I am doing something else, I totally forget. I would definitely like Monday, Tuesday, Wednesday.” Age 81

“Do you ever forget your tablets?” “Not really, no.”

“How do you know?” “How do I know? Well, I keep the Lansoprazole by the side of the bed and take them in the morning before I get up and I can tell whether I have taken one or not. Just a part of the routine.”

“Suppose you did forget, would you know?” “Yes.”

“How?” “I’ve just suddenly realized I haven’t taken one. I occasionally miss the Lansoprazole a bit, sometimes deliberately, sometimes I forget.” Age 74

“Recently, they’ve been delivered in blister packs.”
Respondents used a variety of plastic containers for their tablets.

“To be taken 4 times a day, as directed by the physician”

35 mm film canisters

Braille letters

Daily dose

Electronic tablet dispensers
9. ADVERSE SIDE-EFFECTS

Side-effects of drugs were experienced by nearly a third of respondents, 32.6% (268/821). Females experienced 2% more side-effects than did males: females 32.9% (160/487) and males 32.3% (108/334). Evidence from the interviews will show that these figures are under-estimates.

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<th>FEMALES</th>
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<td>32.9% (160/487)</td>
<td>32.3% (108/334)</td>
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Respondents' comments:

a) Interpretation of leaflet information

“Oh, I read the leaflet that comes with the medication, but when you read all of those, you could have all the symptoms. They’re manufacturers covering themselves.” Age 74

“Normally, I've got some tablets that I have actually read all the side-effects and it is frightening.” Age 75

b) Side-effects experienced

(Only 3 of the 20 interviewees stated in their questionnaires that they had experienced side-effects from their drugs. However, at the interviews, 12 people stated that they had experienced side-effects, some from more than one drug.)

“I went on Brufen. I had problems with them. Stomach problems.” Aged 73, who reported “no side-effects” in questionnaire.

“The Statin. I just get terrible pains in my arm. I am actually currently on a trial to see the results of not taking Statins to see if it does improve it.” Age 67, who reported “no side-effects” in questionnaire.

“I've only had side-effects on one tablet and I had to come off it then. It’s a diabetic tablet, Metformin. It just made me sick. I tried it for a whole fortnight. It said on the piece of paper inside the boxes, you may get sickness for 14 days. Well, I tried it for 14 days and I thought, ‘I can’t put up with it.’ So I went back, I rang the nurse and she said, ‘Come off of it and we’ll do another diabetic review’ which I’ve got in a fortnight’s time.”

“Did they change the tablet?” “No, they took me off of it because I’m already on a diabetic tablet, but they wanted me to take an extra one. With Aspirin, I get anaphylactic shock, your face swells, and your eyes swell and I can’t take anything with Aspirin in at all. It’s a severe reaction; my daughter’s got it as well.” Aged 81, who reported “no side-effects” in questionnaire.

“And Amlodipine hasn’t caused any problems, no swelling of your ankles?” “That’s funny, I have just had swelling of my ankles, but that was where I was walking too far last week.” Age 81

“I was on Amiodarone and I was in a terrible state. I kept getting blurred vision. The skin it got all so dry it just flaked off in flakes. Oh God! I felt sick and goodness knows what. And, of course, I went up to see the doctor and he said it was quite a potent drug, you know.”

“How long were you taking the Amiodarone for altogether?” “5 weeks and then I had to come off it.”
“Have you had any side-effects from any of the other drugs?” “I did but I can’t remember the name. I had side-effects from one drug and I phoned the doctor and he changed them.”

“Do you remember what it was for?” “No, not really. Blood pressure.”

“Was it Simvastatin, Beta-blocker, Ramipril?” “Ramipril. Yes, that gave me a cough and that was changed. And I had another one which made me unwell but I can’t remember the name.” Age 85

“Well, the most important one I took is Amiodarone for two years and I started getting very breathless and the optician said there was a problem behind my eyes. He thought it was the drug and eventually the chest consultant told me to come off it. I tried desperately to come off it before, but I was told that if I did I would start fibrillating. Well, I have been off that drug for three months and I think I’m pretty good.”

“Have you had any fibrillation since?” No. I have recently gone on the slow-release Metformin. And I had so much diarrhoea.

“Anything more about side-effects?” (Laughs) “Well, I’ve got a balance problem which I didn’t have before. I don’t know what’s caused that.”

“How does that affect you?” “Well, it frightens me to go out sometimes because I’m frightened of falling.”

“Have you ever fallen?” “Only in the house. But it takes a lot of concentration: I have to line up something and go for it. But these pavements are very, very bad.”

“One way of tackling this is to get out all the leaflets of all the tablets that you take and see if the side-effects include loss of balance. Have you ever done that?” “No, I haven’t.”

“Have you ever asked your pharmacist about it?” “No, I haven’t. I was so desperate to get off those drugs the last time I saw him.”

“So there’s a remedy for your loss of balance, isn’t there? Perhaps you ought to do something about it.” “You’re not saying a walking-stick?”

“I didn’t say anything about a walking-stick.” Age 61

c) Recognizing adverse side-effects

Several respondents had difficulty in distinguishing between the symptoms of their illness, the side-effects of the drugs used treating it and symptoms of a possible new illness. So did their doctors!

“I’ve got a job to sleep at night. I’ve got a cough which I put down to the weather, but the last 2 years I had a terrible cough and it’s lasted 3 or 4 months. It still tickles now and again, but not like it was. I got so ill over Christmas, my husband took me over to the Walk-in Centre at Bitterne.”

“What’s the cough like?” “It’s a chesty cough, but it’s an irritating cough as well and I bring up a lot of phlegm, but nothing, no blood in it or anything like that.”

“Have you had X-rays?” “Yes. She sent me for an x-ray, but they said it was clear. The chest was clear and everything. This last time I had it, I was woken up at night and couldn’t breathe, so they gave me a puffer to sort of ease that, but I’ve never had any antibiotics for it.”

“Can I ask you now what tablets you are on?” (She went off to collect her tablets and she came back with Aspirin, Ramipril, Felodipine, Simvastatin and Furosemide.) Age 75, who reported “no side-effects” in questionnaire.

“I received a letter by post from the surgery saying that they were stopping using Losartan and I was to have Candesartan instead… First, I developed arm muscle pain, which then turned into a frozen shoulder and I accepted I was growing older. This gave me months of pain, especially at night. Later, I developed extreme pain and stiffness all down one leg in my muscles. At times, it was so severe and disabling that I couldn’t get into the bath safely. I paid out considerable money for massages hoping they would help, but it did not. I went to the doctor about these things and I was told to take Ibuprofen and Paracetamol when I needed it. But Ibuprofen had little effect. During this time also, my thumb joints became acutely painful and stiff each morning, which then spread to my fingers and wrists.
“Again, I thought, ageing brings arthritis and I’m becoming disabled. Because I was suffering considerable stress, because of my over-worked son at this time, added to which this is my worst time of year because I suffer from SAD (Seasonal Affective Disorder), I put these aches and pains down to these factors of stress. All these ailments have brought their own pain and stresses. I went again to the doctor a week ago because my leg pain was still pretty bad and he’d asked me to check and come again. He looked for the first time in his Mimms drug book. I had thought previously that the Statins I was taking were causing my muscle leg pains so I stopped taking those a few weeks ago, because it’s known that they’re the side-effects for Statins, extreme muscle pain, and you’re supposed to report it right away. And he looked in this book and he said, ‘Do you know,’ he said, ‘muscle pain is also a side-effect of this drug we are giving you now.’ (Candesartan). He said, ‘I will talk to my senior partner this morning and I will ring you back at lunch time.’ He did and he said, ‘Stop the Candesartan, start this other one that they recommended.’

“When you had these muscle pains, you thought to yourself, ‘Is this due to Simvastatin, is it due to Candesartan, is it due to arthritis, is it due to old age?’ What was going through your mind?”

“All those things. First of all, it might be the Statins and I was going to stop it. Secondly, the stress I told you about. I had a lot of stress at Christmas time. Have I said that at no time have I been warned there might be any side-effects and at no time was I instructed to come back and be monitored? Because I think that is very, very important.” Age 70

“You’ve not had drowsiness, skin rashes, stomach upsets, pains in the joints, …?” “You mention it, I’ve had the lot.” “How do you know they are not side-effects of the drugs?” “I don’t. My doctor tells me. I’ve got arthritis badly, some worse than others; I’ve had this eczema, which is not a side-effect, and, what else did you say – aches and pains? – I’m old, but they are not side-effects. The doctor would know if I was having side-effects, wouldn’t he?” Age 90

d) Actions taken following side-effects

When respondents suspected a possible side-effect or incorrect dosage, they usually informed their GPs, 54% (193/359). Some just stopped taking their tablets, 31% (111/359). A few were unaware of what was happening, 9% (31/359) and fewer told the pharmacist, 5% (19/359). Five members went to hospital: 4 to A&E and 1 respondent was admitted.
e) Reporting side-effects

Two years ago, at an ESPOPF open meeting, a community pharmacist explained to members about the Yellow Card system for reporting side-effects. In response to the question, “Have you used the Yellow Card for reporting side-effects?” 61% (561/915) did not answer the question and 39% (354/915) replied, “No.” The comments showed that nobody had heard of it or that nobody had been offered one.

f) Drugs producing side-effects.

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<th>Drug 1</th>
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<th>Drug 3</th>
<th>Drug 4</th>
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226 respondents reported that they had experienced 308 side-effects caused by their drugs. The generic drug names of 73% (226/308) are listed above. The respondents were unable to remember the names of the remaining drugs, 27% (82/308).
10. MONITORING OF MEDICATION

Of the 757 members, who answered the question on monitoring, 27\% (208/757) said they were reviewed 6-monthly, 24\% (181/757) annually, 17\% (128/757) 3-monthly and 6\% (44/757) monthly. Only 2 people said they were never reviewed and 26\% (194/757) didn’t know. There is evidence from the respondents’ comments that patients are not reviewed by their doctors.

![Frequency of review (N=757)](image)

Respondents’ comments:

“This questionnaire I have completed on behalf of my wife, who is totally disabled due to a stroke suffered over 5 years ago. I am sole carer for her, with no outside help. I take care of obtaining her medication by delivering her repeat prescription form to the surgery when required and collecting from the pharmacy. Otherwise, we have no direct contact with her GP.” Age 84

“Since my old GP died, things have deteriorated. You get the feeling you are forgotten. I am disabled and have not seen a doctor since July 2006. My wife collects my prescriptions.” Age 84

“I was under the impression I was to have blood check-ups every 3 months but I have not heard or seen the doctor for about 9 months.” Age 75

“I get confused sometimes and would like my medication reviewed more regularly.” Age 92

“Used to be monitored at approx 6-monthly intervals but this no longer seems to apply – it is about 18 months since I last saw my GP.” Age 77

“Are you reviewed from time to time?” (Pause) “Does the prescription go on for ever?”

“On the prescription form it says you can get 6 more prescriptions or 5 more and then 4 more. In effect, I have never been asked to go out and have a review of medication.”

“When was the last time you had a review, can you remember?” “The last time I spoke to my GP? It was some time last year and it was nothing to do with the medication, I forget what it was about. Oh! a small growth on the top of my head. They had to freeze it.”
“So when were you last seen about your repeat prescriptions?” “I’ve no idea. Last year sometime, but certainly not this year. I honestly do not remember. The more I can stay away from the GP the better. I should really go down and see him and have a regular check, I know, but they don’t seem to do that in Hedge End.” Age 74

“You were saying that, on your prescription, there’s not a review date, but the number of prescriptions that you can get, like one more, two more. So what happens when there’s one more on it?” “As far as I am concerned, nothing. I feel that the doctor should be in touch with the patient and review whether it is needed or not.”

“So you could use your prescription again and again and again?” “As far as I know, yes. It wouldn’t ever be reviewed.”

“When were you last reviewed?” “I’ve never been reviewed. Twenty years?”

(Surprised) “Have you been on all these drugs for 20 years and they have never been changed?” “No.”

“And you’re still alive!” “Yeah. So they must be doing me well.” Age 86

“But on the actual prescription, I have noticed it says, ‘These tablets are clear to a certain date’.”

“What happens when you get to that date?” “Well, to the best of my knowledge, nothing. Because I just carries on. I put in for another prescription regardless of what the date says - and I always get the same tablets.”

“So if it runs out in May 2005, and we are now May 2008, does it just carry on?” “No, I think the date changes. I haven’t paid much attention to this, because I’ve never gone short on prescriptions and thought, ‘Oh. I’d better see the doctor’. I’ve never done it and yet my prescriptions are always met. Now, maybe they’ve got a system where they check it and then the doctor says, ‘Oh, well. We’ll give him another three months.’.” Age 72

11. NON-COMPLIANCE

This graph shows the reasons why members chose not to comply with medical advice. Side-effects accounted for 7.8% (71/915) of all respondents, while all the other reasons together amounted to 3.7% (34/915).

Other reasons were: “didn’t do any good”; “unsure of effects”; “thought I might not need them”; “following a bereavement I was prescribed anti-depressants – I don’t feel it is the answer to grief”; “doubts aired in newspaper about Simvastatin”; “it was not the drug I wanted”; “conflicting medical advice”; “drugs not providing relief”.
CONCLUSIONS

In this study, 92% of respondents use prescribed drugs on repeat prescriptions. The average number of tablets taken by them per day is 4.8.

Patients are prescribed drugs by their GPs, but they do not always understand or retain the explanations of the medication.

The study shows that patients use six different ways of getting prescriptions to pharmacists and that there is often a delay in receiving the drugs, sometimes necessitating extra journeys. Some pharmacists offer streamlined collection and delivery services.

Drug companies make life extremely difficult for patients by packaging the drugs in ways that fail to take account of failing eyesight and manual dexterity. The leaflets containing information about side-effects are difficult to read because too much information is produced and in small print.

Patients develop strategies and purchase a variety of gadgets to assist them to maintain their onerous drug regimes and to aid compliance, but they often need help from others to keep on the treadmill.

Adverse side-effects are common and often not recognized as such by patients and even some doctors. The reported lack of monitoring and review is concerning, given that some side-effects are life-threatening and others produce symptoms which necessitate hospital admission. It is not clear what systems for reporting side-effects, if any, are in use.

The absence of proper systems for scrutiny and evaluation of repeat prescribing, coupled with the lack of research into consumer satisfaction and quality of life issues for patients, beggars belief, given the escalating NHS annual expenditure on drugs - £10.6 billion in 2007.

Older patients increase their medication as they age. Demographic forecasts demand that the shortcomings of the current systems associated with repeat prescribing be addressed urgently.

There remains a vast store of qualitative data arising from this survey. These have not been included because of constraints of space but are available for further research or study.
DISCUSSION

A history of repeat prescribing

Older people have witnessed profound changes in delivery of health care during their lifetimes, and nowhere have these been more evident than in the development of drugs.

In the ‘twenties and ‘thirties, there was a mere handful of drugs which actually worked. Many were derived from plants: aspirin from the willow, morphia from the poppy, digitalis from the foxglove, colchicine from the crocus and senna pods. The most frequently prescribed drug, and the most powerful, was the placebo. This “drug”, without an active ingredient, works only because the patient expects it will. The placebo effect was enhanced by the charisma of the physician, the prescription written in Latin, the apothecaries’ measures of grains, scruples, minims and drams, the colour, shape and taste of the drug, and, of course, the price. The greater the cost, the greater was the placebo effect(2). Often, placebos were tonics, cough mixtures and indigestion remedies, which were regularly dispensed from one of the brightly-coloured flasks in the chemist’s window. At least they did no harm!

It was not the clinicians, however, who improved the health and longevity of the nation, but the departments of public health with slum-clearance, disposal of sewage, safe drinking water, immunizations, and child and maternity clinics. Even our healthy war-time diet played its part.

Later, in the ‘forties, came the National Health Service with the separation of GPs in their surgeries, consultants in their hospitals and Medical Officers of Health in their town halls. The population began to live longer. However, with the NHS came free drugs for all, encouraging repeat prescribing.

The ‘fifties saw the oral diuretics and the mood-altering drugs. These were barbiturates and amphetamines: sleeping tablets and appetite suppressants. Many doctors, to their shame, often prescribed these addictive sedatives and stimulants in an inappropriate and cavalier fashion. The drug-dependent patients then demanded more and more of them. Repeat prescribing became the norm. Finally, when the addictive nature of these drugs was fully appreciated, pressure was put on doctors to stop prescribing them and drug companies to stop the manufacture of all formulations containing them.

In the ‘sixties, these drugs were gradually superseded by the benzodiazepines: diazepam and nitrazepam. These tranquilizers proved, after 15 years in use, to be just as addictive as the drugs they replaced(3). Egged on by the pharmaceutical companies, GPs pandered to their patients’ demands, instead of spending time on tackling the root causes of the illness. Meanwhile repeat prescribing increased. In addition, many practices instituted repeat prescription cards(4) which were given to patients stabilized on medication, to present at the surgery desk for monthly supplies.

A study of repeat prescriptions(5) in general practice in 1970, “Treatment or Diagnosis”, by the influential psychiatrist Michael Balint, affords a snapshot of repeat prescribing in the ‘sixties. In this study, Balint describes the reluctance of GPs to report their cases to the research group. They were clearly embarrassed to reveal the details of their repeat-prescribing practices. He then examined, not the conventional diagnosis and treatment of disease, but rather the profile of patients who received repeat drugs and the profile of doctors who prescribed them. He describes the subconscious and manipulative behaviour of patients when alterations to long-established prescriptions were attempted. This manifested itself in more consultations and psychosomatic symptoms when GPs tried to probe too deeply. Doctors colluded with their patients to maintain the status quo. An uneasy truce often resulted.

Then along came “the pill”!
In the ‘seventies and ‘eighties, the word-processors, computers and continuous stationery speeded up the time-consuming task of repeat-prescription writing, usually delegated to receptionists. A few GPs now printed batches of prescriptions for each patient, so that one, signed prescription was always ready for collection at the desk. Then, GPs would check perhaps 10 patients’ records and sign all the necessary prescriptions each day, instead of checking 60 records and signing 60 prescriptions. In those days, when the last prescription of the batch was collected, an automatic appointment to review the patient was made. ‘Phone calls were reduced to a trickle.

Anti-inflammatories, oral anti-diabetics and blood-pressure tablets were the fore-runners of an explosion of new potent drugs. The ACE inhibitors, proton pump inhibitors, alpha-blockers, beta-blockers, calcium channel-blockers, receptor antagonists, and countless others, all made their appearance, and all requiring repeat prescriptions. Medication now increased the longevity of the nation, and it is these drugs that keep many ESPOPF members alive today.

In the ‘nineties, computers and the internet dominated the scene. The majority of prescriptions were now computer-generated, accompanied by stationery for re-ordering. Unfortunately, the rapid advances in technology were not matched by appropriate systems for enabling older people to acquire their drugs easily(6).

Prescribing in the electronic age

The 21st century heralded the dawn of the electronic age of repeat prescribing. In 2005, came a new system for batch prescribing, the NHS Repeat Dispensing Service(7). This was designed to reduce repetitive administration for medical staff and to eliminate the recurring inconvenient process of ordering and collecting medication by patients. All pharmacy personnel were trained and prepared for the service, but it was seldom used. The reasons for this are that the system appeared to be unnecessarily complicated(8); it would be time-consuming to train staff; the benefits were not appreciated; the new Electronic Prescription Service(9,10) was expected in 2009. Most GPs decided not to change existing practices.

The Electronic Prescription Service (EPS), which is being piloted in different parts of the country, aims to provide a paperless service. It is part of the Electronic Transmission of Prescriptions (ETP) and this, in turn, is part of the “NHS Care Records Service”, a complex databank, known as the “NHS Spine”.

Already, prescriptions may have a bar code down the right side. This means that the information on prescriptions has been transmitted to the “NHS Spine” by GPs using a “smart card”. In theory, pharmacists can generate prescriptions electronically by scanning the bar code. However, most do not because, at the moment, it takes too long for the “NHS Spine” to respond. EPS will come to the Isle of Wight later in 2008 and the rest of Hampshire the following year.

This study shows that there are many disadvantages of the present arrangements. Patients have been bewildered by the process of selecting the drugs they need from a computer-generated list containing all their recently-prescribed drugs. Some of them over-order, because they are confused or do not want to be left without drugs.
Interviews undertaken in respondents’ homes have produced photographic evidence of the storage of wanted and unwanted drugs in kitchen cabinets and drawers and plastic boxes and bags. Often patients do not know how to dispose of drugs which are no longer needed.

Many patients have to travel to surgeries to leave prescription requests. Two days later, they collect them. Then they have to present them to the pharmacies and then collect their medication. The whole process can take days, incur travel costs, dependency on others and expense of spirit.

Under EPS, the paperless system, patients will simply phone the pharmacy and collect their already-dispensed medication two days later or have it delivered. No wastage.

**Putting the Patients First**

The new EPS means that the NHS may be on the verge of overcoming the present difficulties patients experience when ordering and receiving medication, but, unless action is taken, the other problems identified in this study will remain.

Health professionals need to understand the problems of patients if explanations offered are not remembered, and written back-up information not supplied. They must accept that routine monitoring is essential to the sensible management of repeat prescribing.

Monitoring is the regular examination of patients on treatment and it should assess the possible adverse effects as well as the benefits of repeat medication. Evidence from 20 interviews showed that over half the respondents had experienced adverse side-effects though they had not reported them in their questionnaires. Doctors must offer the opportunity to patients to report new symptoms, for, only then, can the doctors alert their Regional Drug Regulatory Agency to possible side-effects of drugs by using Yellow Cards.

Pharmaceutical companies must stop the confusion they create by promoting their brand names at the expense of generic names (the accepted chemical name). Drugs manufactured by different companies should have the same appearance and code.

This study shows that, in the main, pharmacists communicate well with doctors and patients and provide a service which is efficient, person-centred and responsive. Many pharmacists provide home-delivery services and some a review service for repeat medication. All pharmacists should aim to provide these services.

The researchers received a presentation on the new EPS system and its implications for patients during this study. They raised the following questions, which need answers:

- If patients are not to be given paperwork, how will they check their medication?
- How will adjustments to dosage be made?
- How will patients verify that the medication really is theirs and not someone else’s?
- How will locum pharmacists know who the patients are?
- What will happen when the system goes down, as it surely will?
- When will patients on repeat medication be reviewed?

The main drug-users are the over-60s on repeat prescriptions. If they and others were to be encouraged and enabled to take more responsibility, as consumers, to complain about the deficiencies of the current systems of repeat prescribing and to understand the benefits of recognizing and reporting adverse side-effects, fewer drugs would be ordered and wasted. In addition to the financial benefits, there would be an improvement in the health and quality of life of patients on repeat prescriptions.
The National Health Service (NHS) Drug Bill

The pharmaceutical industry in the European Union is worth $150 billion\(^{13}\). A major item in the UK NHS budget is the drug bill which exceeds £10.6 billion per year with an annual increase of 4.8\(^{\%}\)\(^{14}\).

The escalating bill is fuelled by:
- Advances in medical treatment and new drugs
- The rising cost of drugs
- An ageing population requiring increased medication
- Increased likelihood of side-effects, which may lead to expensive or inappropriate investigation and treatment, or even litigation
- Wastage arising from the prescribing of drugs, which are not used, needed, or even wanted by patients
- GPs prescribing costly, brand-named drugs, instead of the less expensive, generically-named drugs recommended by the NHS.

Wastage should be tackled urgently. Each year, the NHS destroys returned drugs worth £100 million, because they cannot be administered safely to other patients\(^{14}\). In England, GPs waste £300 per doctor every year by choosing branded medicines over cheaper generic alternatives\(^{15}\), prescribing inappropriately and failing to monitor and review patients on repeat prescriptions. In Hampshire, drugs worth £10 million are wasted annually\(^{16}\).

Few people consider the cost of drugs, until particular, high-profile cases hit the headlines. It might be salutary for individuals to estimate what the annual cost of their own medication would be if the NHS did not exist, if only to help to ensure that, in future, drugs are not wasted. It is crucial that the spotlight be turned on the process of drug administration to make the system more cost-effective and responsive to patients’ needs.

### Top Twenty Medicines Items for Hampshire PCT for 2007/08

<table>
<thead>
<tr>
<th>BNF Name</th>
<th>Total Items</th>
<th>Total Act Cost</th>
<th>Cost per Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simvastatin</td>
<td>675,377</td>
<td>£1,657,247</td>
<td>£2.45</td>
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<tr>
<td>Aspirin</td>
<td>616,519</td>
<td>£703,786</td>
<td>£1.14</td>
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<td>Ramipril</td>
<td>526,500</td>
<td>£1,389,420</td>
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<tr>
<td>Bendroflumethiazide</td>
<td>439,874</td>
<td>£578,401</td>
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<tr>
<td>Levothyroxine Sodium</td>
<td>417,639</td>
<td>£823,858</td>
<td>£1.97</td>
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<tr>
<td>Salbutamol</td>
<td>372,126</td>
<td>£1,740,611</td>
<td>£4.68</td>
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<tr>
<td>Omeprazole</td>
<td>360,405</td>
<td>£1,871,321</td>
<td>£5.19</td>
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<tr>
<td>Atenolol</td>
<td>306,112</td>
<td>£401,992</td>
<td>£1.31</td>
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<tr>
<td>Amlodipine</td>
<td>273,342</td>
<td>£775,372</td>
<td>£2.84</td>
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<tr>
<td>Co-Codamol (Codeine/paracetamol)</td>
<td>269,939</td>
<td>£1,738,972</td>
<td>£6.44</td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td>239,911</td>
<td>£1,392,669</td>
<td>£5.80</td>
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<tr>
<td>Furosemide</td>
<td>236,795</td>
<td>£275,411</td>
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<td>Paracetamol</td>
<td>233,128</td>
<td>£835,797</td>
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<td>Lansoprazole</td>
<td>224,063</td>
<td>£1,063,055</td>
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<tr>
<td>Citalopram Hydrobromide</td>
<td>219,058</td>
<td>£612,585</td>
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<tr>
<td>Metformin Hydrochloride</td>
<td>206,635</td>
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<td>Amoxicillin</td>
<td>198,786</td>
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<td>Diclofenac Sodium</td>
<td>196,799</td>
<td>£1,172,395</td>
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<tr>
<td>Amitriptyline Hydrochloride</td>
<td>190,939</td>
<td>£446,770</td>
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<tr>
<td>Warfarin Sodium</td>
<td>172,934</td>
<td>£335,436</td>
<td>£1.94</td>
</tr>
</tbody>
</table>
RECOMMENDATIONS

1 That the Department for Health
   • ensure that monitoring and review become integral to the repeat-prescribing process
   • introduce standards for the labelling of drugs, which include clear and legible printing of generic names and code numbers.

2 That Primary Care Trusts
   • use the introduction of the Electronic Prescription Service to ensure periodic review and a reliable method for reporting adverse side-effects
   • improve the advice service offered by community pharmacists to primary care teams.

3 That those responsible for graduate and post-graduate medical education
   • place more emphasis on the recognition and reporting of adverse side-effects of drugs
   • emphasize the importance of efficient, patient-centred repeat-prescribing systems in primary care.

4 That general practitioners
   • ensure that they and their patients have adequate knowledge of the drugs prescribed and their more commonly-experienced side-effects, which should be investigated during the monitoring process
   • ensure that their practice managers organize systems for delivery, monitoring and reviewing repeat prescribing which are patient-friendly and easily understood by patients.

5 That pharmaceutical companies
   • produce information leaflets about the drugs they produce which are concise, legible and easily understood by all patients with special needs
   • re-design the packaging of drugs to meet the reasonable and varied requirements of all patients, including those with special needs
   • ensure that copies of brand drugs be manufactured with the same appearance and code as the original
   • end the confusion created by the promotion on drug packaging of own-brands in large letters and the demotion of generic names and codes, by ensuring that the latter may be read easily by patients.

6 That pharmacies
   • offer a home delivery service to patients who need it
   • offer a review service for repeat prescriptions.

7 That older people
   • realize the importance of good communication and partnership with members of the primary care team
   • understand their own important role in reporting problems associated with their repeat prescriptions
   • become aware of the costs involved for the NHS and avoid unnecessary ordering of drugs.

WARNING
Your medication is the responsibility of your GP.
You should not change it in the light of this or any other publication.
2. “Costly placebo works better than a cheaper one” D. Airley Journal of the American Medical Association March 2008
3. “I was addicted to prescription drugs” C. Kinsey The Guardian Weekly April 12 2008
5. “Diagnosis or Treatment: a study of repeat prescriptions in general practice” M. Balint and others Tavistock Publications 1970
7. “A new way to get your regular prescriptions” NHS leaflet Sept 2005
8. “Repeat Dispensing: from pathfinder to practice” J. Mason-Duff Manchester University Postgraduate Education HMSO 2005
13. “Consumer watchdog to investigate changes in distribution of medicines” The Guardian April 5 2008
15. “GPs’ drug prescriptions waste £300m a year, says watchdog” The Guardian May 18 2008
16. “Repeat Prescriptions: what you need to know” NHS leaflet Hampshire and Portsmouth City PCT

ACKNOWLEDGMENTS

- 915 members of Eastleigh Southern Parishes Older People’s Forum who completed and returned their questionnaires
- 11 ESPOPF members who attended the original brain-storming session in identifying the issues
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- Colin Bowler, Tandem Design.

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