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# Managing Your Medications

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# Managing Your Medications

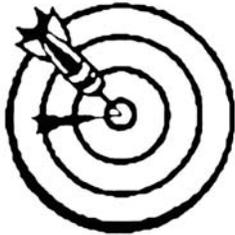
## Introduction



Many people take medications to make them feel better and prevent/manage secondary conditions. It is important to become your own self-advocate for care, and to know what questions to ask your pharmacist and physicians about your

medications. This book will provide you with information on how you can take control of your medications and work with health care professionals to achieve your health goals.

## Handout 1 – Personal health goals & medications



- Are your goals related to your health?
- Do you have personal health goals?
- Do you have personal health goals related to your medications?



### Examples

- By May 1, I will have at least 4 workable strategies that I can use to manage my pain.
- I will take my depression medication every day.

The next page contains a handout where you can record your personal health goals.

# Managing Your Medications

Handout 1, continued



**GOAL #** \_\_\_\_\_: I want to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Steps I must take to reach this goal:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



**GOAL #** \_\_\_\_\_: I want to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Steps I must take to reach this goal:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Handout 2 – Pharmacists can help you!



A **Pharmacist** at any pharmacy can give you valuable information about the medications you are taking and can answer questions you may have. They can make sure all your medications work well together.

You should **expect** your pharmacist to:

- Tell you the name and purpose of all medications
- Tell you how to take medications such as if you should avoid foods or alcohol and what to do if you miss a dose
- Tell you what good and bad effects to expect from medications
- Let you know if all your medications can be used together
- Help you make decisions about over-the-counter medications
- Provide accommodations such as easy-open caps, large font labels or other special packaging
- Phone your physician if there is a concern about your medications

**If your pharmacist does NOT help you in these ways.... ASK!**

## Handout 3 – Managing your medications

**Taking your medications is not the only thing you can do to improve your health. You can take control of your medications by doing some of the following:**



1. Make and work toward health goals such as reducing symptoms or increasing activity.

2. Keep an up-to-date medication list of all the medications that you take including prescription, over-the-counter, herbals and nutritional supplements. Also include any negative effects from previous medications.



3. Share your medication list with all providers.



4. Go to one pharmacy because there will be less chance of interactions or difficulties with your medications.

5. Take your medications regularly so it is a habit.

6. Tell your doctor or pharmacist how you take ALL your medications...even if it's different than how they told you to take them.



## Managing Your Medications

*Handout 3, continued*



7. Understand your medications – get information from reliable sources!

8. Know about your health conditions – and how your medications can help.



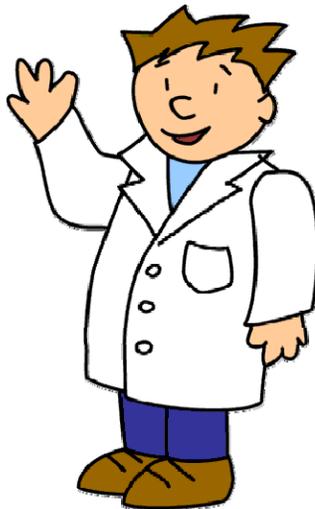
9. Talk to your doctor or pharmacist if you think a medication is not working...it can sometimes take a few weeks to see any changes or it may be a medication where you have a hard time feeling any changes.

10. Talk to your doctor or pharmacist if you think your medication is causing a new, negative effect such as stomach ache, rash or dizziness.

11. Ask for a medication review, especially if you see more than one doctor. (A medication review involves reviewing each of your prescription and over-the-counter medications. You do this by bringing your medication list to your pharmacist or physicians.) There may be a charge for the review.

## Handout 4 – **Questions to ask about medications**

When it comes to health, there are no right or wrong questions. You have the right and responsibility to ask any question you like about how medications may affect your body and your life. Yes, doctors and pharmacists are busy, but they can and will take time to answer your questions.



You can request extra time when you set up your doctor's appointment and just let the office know that you need a few extra minutes for "drug consultation time." This may cost you extra, but you will feel less rushed. Your pharmacist can also meet with you about your medications, but you have to ask. This may also cost you extra.

*Handout 4, continued*

### **Do you know the answers to all these questions about your medications? If not, please ask!**

1. What is the name of this medication? What is it supposed to do?
2. Why is this the right medication for my condition, age, and gender?
3. Are there things besides medications that can help my condition or symptoms?
4. Are there other medications that can be used to treat my condition? If yes, how do these medications compare in safety, effectiveness, and price?
5. What effects will I get from this and when will they occur? What are the side effects?
6. Will this medication work safely with ALL my other medications?
7. How do I take this medication? When do I start and stop taking this medication?
8. What should I do if I forget or miss a dose?
9. Should I avoid certain foods, alcohol, dietary supplements, over-the-counter medications or driving while taking this medication?



**Take this list with you to your doctor and pharmacist.**

## Handout 5 – Examples on asking about medications

### Example about Asking for information....

“I need to know about this new medication. Can you spend a few minutes with me and answer these questions for me?”

### Barriers to communicating....be your own self-advocate!

What are some barriers to communicating with a pharmacist?

- Space may be too public
- Pharmacist is intimidating
- Pharmacy is busy and you feel rushed
- Emotions such as fear or shame

Practice overcoming barriers.... using “When - I think - which makes me feel - .”

1. You have just received a new medication and the clerk has you sign a form and rings up the prescription. You get no additional information.

You say: “When I get a new medication, I think I should get information about it so that I feel more comfortable taking it.”

2. A pharmacy clerk snaps that the pharmacist is busy right that minute, and continues to check out another customer.

You say: “When I ask for more information, I think it is my right to have that service provided to me in a friendly and timely manner, which makes me feel welcome at your pharmacy.”

## Handout 6 – Knowing what to do when....

### ➤ You have trouble remembering your medications

- Try using a medication list, pill organizer, medication dispenser or alarm
- Try taking medications during or right after other routine daily events
- Ask your caregiver or friend to help with this task



### ➤ You have problems understanding the directions

- Ask the pharmacist right away about the directions
- If you still don't understand, keep asking questions until you do
- Re-write the directions so they make sense to you



Handout 6, continued

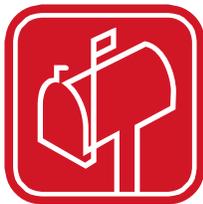
### ➤ You cannot afford to pay for medications

- Ask for a medication review to identify less expensive medications
- Ask a pharmacist to schedule refills when you have more money
- Consider using a pharmacy that provides \$4.00 generic prescriptions (if you are using more than one pharmacy, make sure each pharmacy has your full medication list)
- Apply for Medicaid
- Apply for pharmaceutical assistance programs
- Use the pharmacy at a free clinic

### ➤ You cannot travel to the pharmacy



- Use pharmacy delivery
- Use mail order pharmacy and delivery (check this website for Verified Internet Pharmacy Practice Sites™ (VIPPS®) (<http://www.nabp.net/index.html?target=/vipps/intro.asp&>)
- Ask a friend or family member to pick up and deliver your medications



Handout 6, continued

### ➤ You cannot see or read the bottle

- Distinguish medications by the bottle shape/size
- Distinguish medications by the feel of the medications,
- Get labels printed or written larger or use a magnifying glass,
- Purchase talking vials from your pharmacist or at [www.epill.com](http://www.epill.com)
- Keep medications in different places



### ➤ You cannot open the bottle



- Ask for easy open caps, bigger vials,
- Use a pill organizer or medication dispenser
- Ask your caregiver or friend for help

## Handout 7 – Adverse drug effects



### What is an Adverse Drug Effect (ADE)?

- Any unexpected, unwanted or dangerous effect caused by taking a medication. Examples include rash, nausea, dizziness or trouble breathing. An allergic reaction is also an ADE.

### When can ADE's occur?

- With only one medication prescribed by one doctor
- Taking several medications prescribed by different doctors
- Over-the-counter medicines taken at the same time as prescription medicines
- Even in small amounts, illegal (street) drugs or some foods - caffeine, herbs, and alcohol – when consumed at the same time as prescription medicines

### What can you do to avoid or reduce the risk of ADEs?

- Know about your health conditions and medications
- Keep your medication list up-to-date and share with all providers
- Report symptoms to your doctor and pharmacist right away
- If you are thinking about stopping a medication, check with your doctor first to safely do this

## Handout 8 – Keep an up-to-date medication list

### Why is keeping a medication list important?

- ✓ May reduce the risk of ADE
- ✓ May help you remember to take all your medicines
- ✓ Share with all your providers so everyone has the same, correct information
- ✓ Place to document ALL your medications including prescription, over-the-counter, herbals and nutritional supplements
- ✓ You KNOW what is going into your body



### What goes in a Medication List? For each medication record

- Name of medication
- Reason for use
- Form such as tablet, capsule, patch, liquid, injection
- Dosage such as 20mg or 20mg/5ml
- How much you take and when you take it
- Special instructions such as take with food, take on empty stomach, take with glass of water
- Start and stop dates, if applicable
- Any negative effects you had from previous medications

*Handout 8, continued*

The next four pages contain two examples of Medication Lists that you, family/friends, your personal assistant or your pharmacist can help you create, if you do not already have one. Either form can be printed back-to-back.

### **What do you need to do?**

- Develop your own Medication List or fill out the Personal Medication Record or the My Personal Medication Record form. Ask for help to fill out one of the forms. Your caregiver, family/friend or pharmacist can help you do this.
- Take your medication list when you meet with your physicians or pharmacist.

# Managing Your Medications

**Personal Medication Record for:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- Use a pencil so changes can be made.
- Do not list medications you will be taking for less than two weeks (ex. antibiotics).
- List all medications you are taking, **including** prescriptions, eye drops, inhalers/nebulizers, oxygen, creams and ointments, birth control pills, etc.

Height	Weight

Date added or changed	Medicine	How much? (Strength/Dosage)	How often do you take it?	Why do you take it?	Prescribing Doctor

**Over-the-Counter Medications:** (Check all that you use regularly.)

- |                                                                    |                                                                 |                                             |                                                    |
|--------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Allergy relief, antihistamines            | <input type="checkbox"/> Cold/cough medicines                   | <input type="checkbox"/> Laxatives          | <input type="checkbox"/> Other (List below): _____ |
| <input type="checkbox"/> Antacids                                  | <input type="checkbox"/> Diet pills                             | <input type="checkbox"/> Sleeping pills     |                                                    |
| <input type="checkbox"/> Aspirin/other for pain, headache or fever | <input type="checkbox"/> Herbals, dietary supplements, hormones | <input type="checkbox"/> Vitamins, minerals |                                                    |

- Tips:**
- Keep insurance cards in plastic sleeve.
  - Always present this card at your doctor's office to be reviewed and updated.
  - Use only one pharmacy whenever possible.
  - Always have your pharmacist review this card when a new prescription is added.
  - Always carry this card with you.

**Always keep this card current!**

# Managing Your Medications

**Personal Medication Record for:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- Use a pencil so changes can be made.
- Do not list medications you will be taking for less than two weeks (ex. antibiotics).
- List all medications you are taking, **including** prescriptions, eye drops, inhalers/nebulizers, oxygen, creams and ointments, birth control pills, etc.

Height	Weight

Date added or changed	Medicine	How much? (Strength/Dosage)	How often do you take it?	Why do you take it?	Prescribing Doctor

**Over-the-Counter Medications:** (Check all that you use regularly.)

- |                                                                    |                                                                 |                                             |                                                    |
|--------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Allergy relief, antihistamines            | <input type="checkbox"/> Cold/cough medicines                   | <input type="checkbox"/> Laxatives          | <input type="checkbox"/> Other (List below): _____ |
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  - Always carry this card with you.

**Always keep this card current!**

# My Personal Medication Record



## ▶ My Personal Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_

### *Emergency Contact*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

### *Primary Care Physician*

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

### *Pharmacy/Drugstore*

Pharmacist \_\_\_\_\_

Phone Number \_\_\_\_\_

## How to Use This Guide

- Use the booklet to keep track of your medications (including prescription drugs, over-the-counter (OTC) drugs, herbal supplements, and vitamins).
- Share the information with your doctors and pharmacists at all visits.
- Keep it always with you.
- Use a pencil.

*You should review this record when*

- Starting or stopping a new medicine.
- Changing a dose.
- Visiting your doctor or pharmacist.

*Last updated:* \_\_\_\_\_

## ▶ Other Physicians

Name of Physician \_\_\_\_\_

*Specialty* \_\_\_\_\_

*Phone Number* \_\_\_\_\_

Name of Physician \_\_\_\_\_

*Specialty* \_\_\_\_\_

*Phone Number* \_\_\_\_\_

Name of Physician \_\_\_\_\_

*Specialty* \_\_\_\_\_

*Phone Number* \_\_\_\_\_

## ▶ My Allergies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ▶ My Medical Conditions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*In Cooperation with the SOS Rx Coalition*

## Managing Your Medications

What I'm Taking	Reason for Use	Form (pill, patch, liquid, injection, etc)	Dosage	How Much & When	Use (regularly or occasionally)	Start/Stop Dates (1/05/05 - 3/05/05) (1/01/94 - ongoing)	Notes or Special Directions
* Be sure to include ALL prescription drugs over-the-counter drugs, vitamins, and herbal supplements.							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

## Handout 9 – Medication Therapy Management (MTM) and Part D

### What do MTM pharmacists do?

- **Take a medication history** – An in-person interview between you and the pharmacist, where the pharmacist learns about you and your health goals, conditions and medications
- **Problem solve** – Pharmacists work with you and your physician to resolve any problems related to your medications and/or combinations of medications
- **Follow-up** – Pharmacist phones you or meets in-person and new information is shared to make sure you are getting the best results from your medications and not having ADEs
- **Recommend medication changes** – Pharmacist talks with you and your physician/s about possible medication changes to improve results and/or reduce costs

**Ask your pharmacist if this service is available to you.**

## Highlights



- **Know your medications! There are 9 questions to ask your doctor or pharmacist. ASK, if you do not know the answers!**
- **Go to one pharmacy**
- **Keep an up-to-date medication list and share it with your doctors, pharmacists and anyone who needs to know what medications you take**
- **Take your medications regularly so it becomes a habit**
- **Report symptoms to your doctor or pharmacist. They may be caused by your medications**
- **Your MTM pharmacist can help make sure your medications will help you reach your health goals**



## Managing Your Medications

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