

Fact sheet: Managing medicines for long-term conditions



A few tablets for a nagging headache or a toothache can be easy to manage. But it can be very difficult to keep taking medications regularly for a long period of time. It can be especially hard if you have to take several medicines because of long-term conditions like diabetes, arthritis and heart disease. Even keeping track of it all can be a challenge.

So what is it really important to know, and what are the best ways to try to manage your medicines? What can make it easier? In this fact sheet we explain some of the things that might help you manage your medicines and get the best possible benefit out of them.

What do I, my doctor and my pharmacist all need to know about my medicines?

When your doctor or pharmacist asks you what medicines you are taking, it is important that you remember all of them (or have written them down) and let him or her know about them. This is true for both prescription medicines as well as those that are available without a prescription (called OTC or “over-the-counter” medicine). If someone in your family or a nurse is helping you with your health care, they need to know about all of your medicines too. Remember to include medicines that you do not take orally (swallow), like asthma inhalers or eye drops.

One way that you can try to manage your medicines is to keep a full list of everything that you are taking. If you are seeing just the one doctor and the one pharmacist, they could make lists like this to compare with each other and keep track of what you need.

It is important that your doctor and pharmacist know about everything that you are taking or using – including the medicines that they did not prescribe or give you. They could advise you if some of the medicines are unnecessary or could even be harmful for you. Sometimes medicines or products interact with each other and cause new problems. For instance, some drugs might change the effect of other drugs, or stop them from working altogether.

There is a chart on our website that you can print out and use to make a list of all the medicines you take. You can find a PDF version of it here (URL: <http://www.informedhealthonline.org/medication-list.download.2bd918f167511b7077dc516360f19439.html>), and a text version here (URL: <http://www.informedhealthonline.org/index.406.en.html>) . Another option is to gather up all your medicines – both prescription ones and the others – and get someone to help

you make a good list or fill out our chart. Some people use charts like this, or a booklet with a list of all their medicines, to get their doctor or pharmacist to review all the medicines they are taking. Having a consultation like this could help you find ways to simplify your schedule, for example.

A list like this might also help you keep track of some of the other very important things about your medications, such as:

- The exact name of the medicine and what is in it.
- What the medicine is for, and what it could do – and that means both the benefits you are hoping for, as well as possible adverse effects (often called “side effects”).
- How the medicine is used – in what form, how much and how often.
- Where and how the medicine needs to be stored safely.

Keeping copies of all the drug information leaflets and other important documents together in one file or drawer might also make it easier for you to manage your medicines. Package inserts should always be kept together with the medicine.

For many medicines, especially those that are complicated to use, there may be classes or individual teaching programmes you could participate in to learn more about how to use them. In this way, many people learn how to self-manage and adjust their medicines. You can read about the research on self-management and self-adjustment of anticoagulants to prevent strokes here (URL:

<http://www.informedhealthonline.org/index.317.en.html>) .

What could help me keep on track with long-term medications?

It can be hard to stay motivated to take medicines in the long term, especially if you do not feel worse straight away when you do forget to take your medicine. It is easy for the days to slip by, without noticing how often you

Researchers have tried to find out what can help people to keep taking their long-term medicines. You can read more about that research here (URL:

<http://www.informedhealthonline.org/index.404.en.html> . They found that some people manage better if they learn more about their medicines, but there were several other main types of strategies that could help people who had a lot of difficulty keeping on track with their medicines. These successful strategies are:

- Keeping regular appointments with your doctor, where the issue of using the medicines long-term is discussed
- Simplifying your medicine schedule
- Packaging or containers that make it easier to take the medicine and see when some have been missed

Taking only the medicines you really need, in simpler forms and with a less complicated schedule that fits into your daily routine more easily, might help you to stay on top of your medication properly over months or years.

If you are having difficulties swallowing a particular tablet, for example, you could talk to your doctor or pharmacist about getting the medicine in a form that is easier to take – like a tablet that is easier to swallow, or a liquid form. If you want to get the best out of your medicines, you need to take them exactly as prescribed. And that means that you are not meant to cut them up, break them, dissolve or crush them if that is not what was prescribed.

Some medicines already come in packaging that makes it clear what you need to take and when. Your pharmacist might also be able to prepare special containers and packaging that could make it easier for you to keep track of which medicines you have already taken, and what you still need to take. These include things like daily or weekly medicine containers (also called dispensers or dosettes), medicine organisers or special packaging.

There is no clear message yet from researchers about whether a specific type of packaging or container is the best for most people. So you might need to try a few different ways until you find something that works for you. Safety is important though. Putting one kind of tablet into a container that you got for another medicine, or mixing medicines in the same container, can cause mistakes and confusion.

What do other people do to help remember to take their medicines?

There is no one way that is going to work for everybody.

Some people have very set daily routines. If they organise their medicines to fit in exactly with those routines, it works for them. For example, if they always brush their teeth at the time that they are supposed to take a particular medicine, then they put a note next to the toothbrush to remind them – or put the medicine near their toothbrush, but only if children cannot reach it there. Medicines should always be kept out of reach of children.

Other people find that leaving notes on the refrigerator door or somewhere else that they always see works. Some people rely on someone else to remind them. And others use the reminder functions on their phones or alarm clocks to alert them when it is time to take the medicine. A further option is to set up regular reminder emails or text messaging services for their phones.

Some people use charts in which they can note down every time they have taken the medicine. Classes and self-help groups are another way to get ideas and help with using medicines in the long term.

Getting the support of another person who helps you stay motivated and remember to take your medicines is very important for many people. And it is one of the reasons why it is important to remember to keep your appointments with your doctor. That could be one of the main ways that will help you to stick with your medicines as prescribed.

What helps people to use medicine safely?

It is important to check the expiration dates on the medicines you use, and make sure you have got a new packet well before the old one runs out or expires. It can be easy to forget about this when your routine changes – for instance, if you go on holiday or travel.

While it can be tempting and convenient to just use other people's medicines, this can be very risky. They might not be exactly the same as yours, so they might not help as much – or the risks of adverse effects for that medicine or that dose could be higher for you than it is for them.

If you do not feel that the medicine is helping you, or you are experiencing a problem that might be caused by the medicine, it is important to talk to your doctor or pharmacist about this. You might think that a medicine is not helping because you cannot feel any effect: that does not necessarily mean, however, that it is not helping in

ways you cannot see or feel. And of course, if you have had an allergic or very bad reaction to a medicine or injection in the past, it is important that your doctor knows about this before she or he prescribes medicine for you. You should also inform your pharmacist about this when you buy over-the-counter medicines.

If you are feeling better, this does not necessarily mean it is now time for you to stop taking the medicine. For example, if you stop taking antibiotics before they are all finished, the infection could come back and might become even harder to get rid of again.

What information can help to make decisions?

When you are deciding whether or not to use a medicine, it is important for you to know what your options are – including your non-drug options and what might happen if you do not use any treatment at all. Often, a condition could get better by itself – but sometimes, doing nothing could mean that serious problems develop.

The most reliable information about what the possible benefits and harms of a medicine are comes from good scientific trials. These are tests where the drugs are compared in groups of people who have similar illnesses or health problems. You can read more about why trials are needed and how this research is analysed and interpreted here (URL: <http://www.gesundheitsinformation.de/evidence-based-medicine.61.en.html>)

. As far as possible, the information on our website is based on this kind of research. That is what is meant by “evidence-based information” or “evidence-based medicine”.

Author: German Institute for Quality and Efficiency in Health Care (IQWiG)

Glossary

antibiotics

Antibiotics are medicines that can be used for bacterial and some fungal infections. Antibiotics do not work against viruses. Well-known antibiotics include penicillin, tetracycline and chloramphenicol.

evidence

Evidence is what we call scientific proof from well-conducted, good-quality scientific trials that have been carefully designed to answer specific questions. Depending on the types of questions, different scientific research methods (types of study) are most appropriate to find reliable answers to these questions. Randomized controlled trials (RCTs), for example, are the best way to get reliable evidence on the effectiveness of medical treatments (interventions). This type of study, however, is not the best form of evidence for all possible questions, and does not provide the best answers to all kinds of questions, either. Epidemiological studies, for example, are very suitable for establishing well-founded proof for the spreading of a disease in the population.

asthma

Asthma (asthma bronchiale) is a permanent (chronic) disease with symptoms like coughing and breathlessness often occurring in acute attacks. In asthma, the airways are overly sensitive. The development of asthma is often associated with an overreaction to foreign substances or physical stimuli, frequently in connection with an allergy.

infection

In medicine, we speak of an infection when a person has caught a germ (an infectious agent). This germ can be a bacterium, a virus, a fungus or a worm. The germ multiplies and then either spreads throughout the body or only attacks one particular organ. As long as there are no signs of a disease, this is called an asymptomatic infection. When the body shows a reaction to the germ in the form of symptoms, this is called a symptomatic infection (an infectious disease). The period between the moment the germs enter the body and the moment the first symptoms of the disease appear, is called the incubation period. It may last a few hours or days, or even many years. An infection does not necessarily have to lead to the onset of a disease.

Sources

Bosch-Capblanch X, Abba K, Prictor M, Garner P. Contracts between patients and healthcare practitioners for improving patients' adherence to treatment, prevention and health promotion activities. *Cochrane Database of Systematic Reviews* 2007, Issue 2. [Cochrane summary (URL: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004808/frame.html>)]

DiMatteo MR, Haskard KB, Williams SL. Health beliefs, disease severity, and patient adherence: a meta-analysis. *Med Care* 2007; 45: 521-528. [PubMed summary (URL: <http://www.ncbi.nlm.nih.gov/pubmed/17515779?dopt=Abstract>)]

Gorenoi V, Schönermark MP, Hagen A. [Interventions for enhancing medication compliance/adherence with benefits in treatment outcomes.] *Maßnahmen zur Verbesserung der Compliance bzw. Adherence in der Arzneimitteltherapie mit Hinblick auf den Therapieerfolg*. Cologne: German Institute of Medical Documentation and Information (DIMDI). 2007.

Haynes RB, Ackloo E, Sahota N, McDonald HP, Yao X. Interventions for enhancing medication adherence. *Cochrane Database of Systematic Reviews* 2008, Issue 2. [Cochrane summary (URL: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD000011/frame.html>)] [Informed Health Online summary (URL: <http://www.informedhealthonline.org/index.404.en.html>)]

Heneghan CJ, Glasziou P, Perera R. Reminder packaging for improving adherence to self-administered long-term medications. *Cochrane Database of Systematic Reviews* 2008, Issue 2. [Cochrane summary (URL: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD005025/frame.html>)]

Rueda S, Park-Wyllie LY, Bayoumi AM, Tynan AM et al. Patient support and adherence for promoting adherence to highly active antiretroviral therapy for HIV/AIDS. *Cochrane Database of Systematic Reviews* 2006, Issue 3. [Cochrane summary (URL: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD001442/frame.html>)]

Van Dulmen S, Sluijs E, van Dijk L, de Ridder D et al. Patient adherence to medical treatment: a review of reviews. *BMC Health Services Research* 2007; 7: 55. [Full text (URL: <http://www.biomedcentral.com/1472-6963/7/55>)]

The German Institute for Quality and Efficiency in Health Care (IQWiG)

The German Institute for Quality and Efficiency in Health Care (IQWiG) was established by legislation to provide evaluations of the effectiveness, quality and efficiency of healthcare services. This includes the assessment of medicines as well as the publication of health information for consumers and patients.

Evidence basis of our health information

Our information is based primarily on systematic reviews of the effects of health care. Systematic reviews are necessary to gain an objective picture of health care. In order to do this, a clear question is formulated. Researchers then find all the relevant studies that could answer this question. They then evaluate those studies.

You can find a list of the evidence and other scientific literature on which this information is based at **www.informedhealthonline.org**

Disclaimer

This information was prepared and published by the German Institute for Quality and Efficiency in Health Care (IQWiG). It is based on the evidence and other scientific literature available at the time of publication. The information is intended for the use of patients in Germany. It is not intended to for use to diagnose illnesses and the information is not intended to substitute for medical advice.