Writing the prescription and informing the patient

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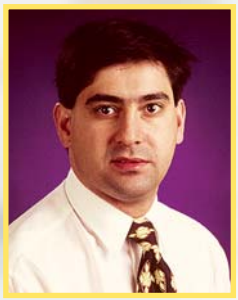

This is the eighth article in the series on general practice prescribing.

BACKGROUND Having decided on the generic drug to prescribe the prescription needs to be written and the patient informed regarding the treatment.
OBJECTIVE This article discusses some regulatory requirements for writing a legal prescription, but predominantly discusses important aspects of informing patients regarding drug therapy.
DISCUSSION The actual writing of a prescription is a small part of the prescribing process and needs to comply with local regulations. Including patients in the decision to embark on a treatment and informing them of drug treatment is a very important part of the prescribing process. There is no simple formula, but patients need to be informed on what they want to know, when they want to know it, and in the way that is most acceptable to them. It is important to use both verbal and written forms of communication and to allow patients to reflect over the information, ask questions, and be further informed over subsequent consultations. Consumer medicine information leaflets can be a useful aid, but require that the clinician understand and be prepared to answer questions raised by them.

As far as many clinicians are concerned, good prescribing is about writing the generic name of the drug on a prescription pad in a way that is legible. As we have seen in this series however, good prescribing is also about the thought processes regarding choosing what is written, what is effectively communicated to the patient and how it is followed up.

As far as writing a good prescription goes, it is a matter of writing a legible and legal prescription according to local requirements. In Australia, the requirements are that a presciption:

- is written in an indelible form
- records the prescriber's name, address and prescriber number, and
- is signed by the prescriber and dated.

What information should you give the average patient? Consider the case of Edwina (see Case history).

Clinicians often find themselves in a double bind here. We are frequently told that consumers want to be fully informed about their condition and treatments, and that doctors frequently underestimate the

Case history – Edwina
76 year old Edwina has been diagnosed with hypertension associated with diet controlled diabetes. You decide to commence her on an ACE inhibitor, and also recommend that she takes half an aspirin a day for cardiovascular protection.

Spot check
What you write, and say, and how you listen is (what is) important

amount of information that patients want.[1] At the same time we need to be cognisant of not overwhelming patients with detail. So how should we communicate to Edwina what she needs to know? There is no simple solution, but a workable formula seems to be to communicate to Edwina what she wants to know, when she wants to know it, in the way that is most acceptable to her. This usually means making sure that the essentials are communicated to all patients, then using your understanding of, and relationship with the individual patient to provide more specific information. Australian courts require doctors to provide patients with all the information that any reasonable person would need to make their decision, plus information that is specifically important to the individual. The information needs to be provided in different formats, eg. verbal and written, and in the case of long term therapy, should be communicated on different occasions over a period of time. The patient should also have the opportunity to review the information and then ask questions.

In Edwina's case, explanations of what the diagnoses mean and why treatment is being commenced should have been done already. She should be told that the medication being commenced is to be taken every day and that treatment is likely to be life long.

Drug specific information

As for drug specific information, there is a lot of evidence that patients want both verbal and written information.[2] Although the verbal information may not be completely retained, it is very effective at communicating the relative importance of the different facets of the treatment. Patients are keen to know about the adverse effects of medication and may feel let down if they suffer a predictable adverse effect that they were not informed about.[1] Adverse effects may also contribute to patient noncompliance. With all medications, patients should be told about common adverse reactions as well as rare reactions that may be life threatening. This is also a good opportunity to communicate tips to reduce adverse reactions, so if patients do get common reactions they know what to do.

In the case of Edwina, she should be told about the possibility of a cough with angiotensin converting enzyme (ACE) inhibitors, but also angioedema. This reaction is rare (about 0.1–0.2% of patients) but in about half of cases can involve the face and throat, hence can be life threatening.[3] Patients should be made aware that if they do feel swelling around the face or mouth, they should present to hospital immediately.

As for aspirin, the common reaction is to have increased bruising of the skin and perhaps some dyspepsia, but it is also important to warn Edwina about the 0.5% per year risk of serious gastrointestinal haemorrhage,[4] what to look out for, and what to do if it occurs. It is a very good idea to back up the essential information that the patient is told with a few lines of written information. This can be as simple as:

- take both tablets every day
- trandolapril for blood pressure
- aspirin helps prevent blood clots
- if throat swells or stools go black, come to hospital straight away.

Consumer medicine information

As already discussed, it is difficult for patients to remember all of the information that is communicated to them during a consultation, and it is very time consuming for the general practitioner to write down everything that the patient needs to know. The consumer medicine information (CMI) can be particularly helpful in this situation (the CMI may or may not be what is inserted into the medication package) but should now be given to patients from the pharmacist. The CMI includes basic information including the name of the medicine, the active ingredients and excipients (other bits like lactose or talc), the dosage form, as well as what the medicine is used to treat and how it works. Importantly, the CMI also includes a section on warnings and precautions such as when the medicine should not be taken, as well as interactions with medicines or foods. There is also a section on side effects.

One of the great advantages of CMI is that they cover all of those little questions that patients want to know about but do not ask their GP, such as what to do with a missed dose, when to take it in relation to food, or how to store the medicine. They also frequently provide detailed information on the condition being treated as well as the mechanism of action of the medication using simple lay language. However, this can be a double edged sword when a drug is used outside of its indication, eg. using an antidepressant or antiepileptic for neuropathic pain.

Consumer medicine information can greatly enhance the safety of medication use because of two features. First, there is a 'before you use it' section where patients can check contraindications to the medication before commencing drug therapy. This can be a very helpful reminder of uncommon contraindications that the patient may have, but may not have been discussed during the consultation. For example this section for tramadol (Tramal) includes a past history of serious head injury, fits or convulsions which can increase the risk of seizures with tramadol. There is also another section on informing your GP if you are taking other medicines, and for tramadol this section includes the use of carbamazepine, medicines for rapid or irregular heart rate or medicines for depression, sleeplessness or mental conditions (including SSRIs). You can imagine a scenario where a patient may consult a GP or an emergency department for the first time for a musculoskeletal injury and may get prescribed tramadol without the issue of predisposition to seizures – or a history of depression – emerging. The patient may also be reluctant to reveal that they are taking an antidepressant as this would seem to be unrelated to the injury. In such a case, the provision of CMI may serve as

a back up safety mechanism.

It is also noteworthy that the same section of the CMI for tramadol includes warnings about lung or breathing problems, diseases of the kidney, liver or pancreas or 'ever had any other health problems', hence do not be surprised if the patient comes back with more questions before taking the prescription! However, things that encourage patients to ask questions and to be more involved in their health care decisions do lead to greater patient satisfaction.

The other great advantage of CMI is their explanation of which adverse effects to expect in simple lay terms. This section is also broken up into 'what to tell your doctor if you notice the following and they worry you' and 'tell your doctor immediately if you notice the following'. In the CMI for ACE inhibitors for example, lightheadedness, dry cough and muscle cramps are in the former section, whereas patients with fainting, yellowing of the skin and eyes, and passing less urine than normal are in the latter. For ACE inhibitors there is also a section explaining that if swelling of the face, lips, mouth, or collapse occur, the patient should cease the medication and present immediately to an emergency department. Unfortunately, chest pain and swelling of the feet are listed in the latter category and these may be the reason why the ACE inhibitor is prescribed, and not an adverse reaction!

Despite these minor flaws, it can be seen that CMI can effectively communicate important information and in a language that is appropriate for most patients (CMI leaflets are tested with consumers for readability and comprehension). Patients can take this information away, read it in their own time, or use it as a reference source, then come back if they have any questions. They are not the be all and end all in how to communicate to patients, and do need to be supplemented with other information, explanation and sometimes reassurance.

Although you can give out the CMI at the end of the consultation or remind the patient to read it when they receive their medicine from the pharmacy, another approach is to structure the consultation or counselling session around the CMI and work through it with the patient, highlighting the important areas. Some GPs use the information on the computer screen to take the patient through this process.

Follow up and monitoring

The other often neglected area of information has to do with the overall plan of management such as follow up plans, when to review and monitoring requirements. Although it may be intuitive to us that after being commenced on an antihypertensive there is a need to check blood pressure after two weeks, it may not be so to many patients. If there is any further degree of complexity such as the requirement for a blood test before the appointment, then there can be considerably more confusion. Once again a few lines of written instruction may increase compliance rates and simplify follow up instructions.

Finally, it is not necessary to impart all of the necessary information in the one session. It is more important to inform the patient sequentially, giving them the opportunity to absorb the information at their own pace and to ask questions about issues that are important and of a concern to them. This is especially true where the patient may be ambivalent about the medication being prescribed, eg. antidepressants. It is very important to document the information that is communicated, particularly in the case of rare but life threatening adverse reactions. Using the CMI as a routine practice and documenting that you have handed out or gone through the CMI with the patient is a good start.

Conclusion

Although the regulatory requirements are important, the actual writing of a prescription is a minor part of the prescribing process. Once the prescription is written it is important to inform the patient regarding their overall management and drug therapy. This should be in the form of both written and verbal communication that is individualised for, and acceptable to, the patient. The CMI leaflets are a useful tool in providing a reference source of additional information, but should not be relied on as the sole source of information and often need to be worked through and explained to the patient in order to maximise their benefit. Finally, it is important to provide information over a period of time and to encourage and allow patients to ask questions about what is important and of concern to them.

Conflict of interest: none declared.

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