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# A fistful of prescriptions

*Is there a better way?*

Since the inception of the Pharmaceutical Benefits Scheme (PBS) in the late 1940s there has been a dramatic increase in the range of medicines that are available to the Australian community. The simultaneous rise in the prevalence of chronic disease means that many patients are taking multiple medicines on a long term basis, with a concomitant increased risk of drug related problems<sup>1</sup> including adverse effects, and drug-drug interactions and drug-disease interactions.

Patients attending pharmacies and general practice clinics throughout Australia often bring with them piles of prescriptions that they need help to sort through. These piles of prescriptions usually comprise a number of different covers from one or more pharmacies, stapled to a copy of an original prescription and several yellow PBS repeat authorisation forms. Often the patient is unsure about which prescriptions are current, as they may have come from one or more general practitioners, medical specialists, hospitals, nurse practitioners or dentists and may have been dispensed at various times by one or more pharmacies. Some prescriptions may not have been dispensed yet, some may have expired, and prescriptions for different medicines may run out at different times. Sometimes the same or similar medicines appear on more than one prescription and repeat authorisation form, under one or more brand or generic names, and in one or more forms, strengths or quantities. The system is confusing for the patient, the pharmacist and the doctor. There must be a better way.

One strategy might be for pharmacies to offer patients a consolidated list at each dispensing, detailing in a single written (or electronic) record all the medicines that the patient is taking. This

should include prescribed as well as over-the-counter medicines. Medicines for regular use could be listed in chronological order of the calculated date on which the total supply (original plus any repeats) of each regular medicine is expected to be used up, and highlighting those for which supply would be expected to be exhausted soon. This could be followed by a list of any prescriptions for 'as needed' medicines and the date on which the prescription for each will expire (and perhaps including the expiry date of the medicine itself). The consolidated list should show the generic and brand names of each medicine, highlighting the generic name, the dose prescribed, the quantity dispensed and the number of repeats remaining. There should be a space on each line so that the pharmacist or prescriber can note the condition for which the medicine is being prescribed for.

While such a system is attractive, it would not solve all of the issues that arise in medicine management, such as the fact that pharmacists may not be aware of medicines dispensed or bought at other pharmacies. To address this issue would involve balancing confidentiality and privacy concerns against the risk iatrogenic harm.<sup>2,3</sup> However, patients taking long term medicines for chronic conditions may use the same pharmacy most of the time, so a system such as the one described above could represent a workable interim solution. Another potential advantage of a comprehensive and consistently structured medicines summary is that it could provide a natural entry point for a Home Medicines Review.<sup>4</sup>

Future e-health systems such as the Commonwealth Government's proposed Personally Controlled Electronic Health Record (PCEHR)<sup>5</sup> may help to overcome some of the current problems that patients must struggle with when managing their medicines. In the

meantime, the patient comprehensible medicines summary that we propose would go some way to addressing the problems created by the operation of the PBS in an outdated context where 'every prescription stands alone'. Such a summary is likely to be welcomed by patients, doctors and pharmacists alike and the format may be useful in the future to inform the development of the medicines component of the PCEHR.

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