

NPS MEDICINEWISE

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OVERVIEW

- ▶ Who is NPS
- ▶ QUM
- ▶ Medicine use in Australia
- ▶ Nurses role (e.g. adherence, administration)
- ▶ NPS resources
- ▶ Nurse engagement at NPS

WHO IS NPS?

- ▶ NPS enables people to make better decisions about medicines and medical tests
- ▶ Helps health professionals keep up to date with the latest evidence
- ▶ Provides consumers with the tools and knowledge to make better health decisions



FOR A MEDICINEWISE AUSTRALIA
Independent. Not-for-profit. Evidence based.

QUALITY USE OF MEDICINES

- ▶ Selecting treatment options wisely-including non medicine options
- ▶ Choosing suitable medicines if a medicine is deemed necessary
- ▶ Using medicines safely and effectively (including prescription, non-prescription and complementary medicines)



MEDICINE USE IN AUSTRALIA

- ▶ A 'medicine' is any substance that is meant to change the way your body maintains your health and well-being or deals with an illness or injury.

Prescription

Non-prescription
(over the counter)

Complementary
medicines





ASSISTING PATIENTS TO BE MEDICINEWISE

Nurses play an important role by:

- ▶ Providing medicine information
- ▶ Empowering patients to make informed choices
- ▶ Assisting patients to adhere to treatment
- ▶ Discussing adverse effects of medicines
- ▶ Encouraging use of a Medicines List

WHAT ABOUT THE INTERNET?

‘Almost **half of Australians** aged over **50 years** who looked for information about medicines in the last year, used the internet to find it’

- NPS Medicines Census, 2010

HELPING PATIENTS TO BE WISE ONLINE

Five questions to assess if a website is of good quality:

- ▶ Who is providing the information?
- ▶ Is it biased?
- ▶ Does it promise too much?
- ▶ Is the information up to date?
- ▶ Are the links of good quality?



www.nps.org.au/bemedicinewise

www.healthinsite.gov.au

UNDERSTANDING BRAND CHOICES

Brands of a medicine that can be substituted on the PBS:

- ▶ Have the same active ingredient and are bioequivalent
- ▶ Meet the same quality, efficacy and manufacturing standards
- ▶ Are equivalent in dosage form, safety, strength, route of administration, and intended use



Further information: NPS News 76

'Generic medicines-informing patients about multiple brands'

WHAT IS ADHERENCE?

‘The extent to which a person’s behaviour in taking a medicine corresponds with agreed recommendations from a health care provider’

- World Health Organization, 2003

‘Approximately half of patients prescribed a statin will stop taking them within six months of starting the medicine’

‘Non-adherence is the largest single cause of relapse in schizophrenia, especially in young people with recent-onset disease’

EXPLORING NON-ADHERENCE

Types of non-adherence

Inadvertent

- Forgetting to take a medicine
- Lack of understanding of prescriber's intentions
- Physical factors e.g. visual impairment

Intentional

- Denial about condition
- Medicine interferes with lifestyle or is causing unpleasant effects
- Social determinants e.g. cost

REPORTING ADVERSE DRUG EVENTS

- ▶ When a medicine is first registered in Australia, information about its safety and efficacy is usually only available from clinical trials
- ▶ Clinical trials may **not** detect all the possible **adverse effects**
- ▶ Rarer adverse effects may not become apparent until the medicine is used in the wider community

EVERY REPORT COUNTS

2006

- Lumiracoxib is included on the PBS and becomes widely used in Australia

March-
August 2007

- TGA receives 8 reports of serious liver damage in patients taking lumiracoxib
- Two patients die, two require a liver transplant

August 2007

- TGA cancels registration of lumiracoxib and advises consumers to stop taking it immediately
- Health professionals are to review patients for evidence of liver damage



PRESCRIBING COMPETENCIES FRAMEWORK

- ▶ Assessment
- ▶ Treatment options
- ▶ Shared decision making
- ▶ Communicates the treatment plan
- ▶ Monitors and reviews

NPS RESOURCES

ONLINE LEARNING MODULES

- ▶ A dedicated educational design and support team develop a series of online modules
- ▶ Includes the national prescribing curriculum, case based learning for new prescribers including nurse practitioners
- ▶ A series of more general QUM modules RCNA accredited



MEDICINES MANAGEMENT IN AGED CARE

- ▶ A dedicated web site designed for registered nurses in aged care
- ▶ Features DUE (drug use evaluation) modules
- ▶ www.agedcare.nps.org.au



NPS EDUCATION FOR NURSES

The screenshot shows the NPS website interface. At the top left is the NPS logo with the tagline 'Better choices ▶ Better health'. To the right, there are navigation links: HOME | ABOUT US | CAREERS | CONTACT US. Below this is a search bar with the text 'Search our site' and a play button icon, with 'Advanced search' written below it. A secondary navigation bar contains 'I AM ...', 'BROWSE BY A-Z ...', and 'BE MEDICINEWISE ...'. Under 'I AM ...', there are buttons for 'an individual', 'a health professional' (circled in red), 'interested in research', 'in the media', and 'a job seeker'. To the right of this bar are links for 'Order / subscribe' and 'Bookmark + share'. Below the navigation is a breadcrumb trail: Home > Health Professionals > Publications > Nurse Update > Updates > Nurse Update Apr 2012. On the right side of the page, there are icons for printing, font size adjustment (A⁺ A⁻), and email. The main content area features a 'Health Professionals' sidebar with a list of categories: 'What's new', 'Drug & therapeutic topics', 'Flu vaccines', 'Publications' (circled in red), and 'eLearning @ NPS'. The 'Publications' category is expanded to show a list of items, with 'Nurse Update' (circled in red) being the selected item. The main article is titled 'Nurse Update April 2012' and includes a welcome message and a list of featured articles under the heading 'In this issue'. A 'NursesUpdate' graphic with a 'Subscribe for free' button is also present.

NPS
Better choices ▶ Better health

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I AM ... BROWSE BY A-Z ... BE MEDICINEWISE ...

an individual **a health professional** interested in research in the media a job seeker

Order / subscribe | Bookmark + share

Home > Health Professionals > Publications > Nurse Update > Updates > Nurse Update Apr 2012

Health Professionals

What's new

Drug & therapeutic topics

Flu vaccines

Publications

- ▶ Australian Prescriber
- ▶ Factsheets
- ▶ NPS News
- ▶ NPS RADAR
- ▶ Pharmacy Letter
- ▶ Prescribing Practice Review
- ▶ Nurse Update**
- ▶ eLearning @ NPS

Nurse Update April 2012

Welcome to the latest issue of *Nurse Update*, a digest of evidence-based information to help you improve your knowledge of medicines use, prescribing practices and medical tests.

In this issue

- ▶ Depression treatments work best with medicinewise patients
- ▶ New NPS campaign: Antibiotic resistance fighters
- ▶ Shedding light on recent statin warnings
- ▶ Vaccination information hub now available on NPS website
- ▶ National Medicines Symposium (NMS) 24–25 May 2012
- ▶ Latest issue of *Australian Prescriber* out now
- ▶ Feed your competency
- ▶ NPS publications
- ▶ Consumer publications

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WISE

HEALTH PROFESSIONAL EDUCATION



NEWS

79

2012
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Inside ▶

Managing headache

Preventing headache

Case Study 74:
Recul

Headache: Diagnosis, management and prevention

Headache is common. Global 1-year prevalence data show that about 1 in 2 people will suffer a headache; 4 in 10 of these will have a tension-type headache and 1 in 10 will have a migraine.¹ In *NPS News 79*, we focus on headache diagnosis and the role of neuroimaging², management and prevention (including non-drug strategies).

¹ Cluster headache was not reported because there are few population-based studies using international headache society criteria.
² A collective term incorporating computed tomography (CT) and magnetic resonance imaging (MRI) of the head or brain.

Diagnosing headache

There are many different types of headache. Accurately diagnosing headache depends on a comprehensive history.² This issue focuses on the diagnosis of three types of primary headache: episodic tension-type, migraine and cluster (Table 1).¹ People often suffer from episodes of both tension-type and migraine headaches. **There are no diagnostic tests for primary headaches. Most are benign and investigations are not usually needed.**²

Identifying a serious cause of a secondary headache is an essential part of the initial diagnosis. 'Red flag' symptoms and signs (page 2) together with a comprehensive history and careful physical and neurological examination, indicate

the need for investigation, such as ne (e.g. computed tomography [CT] scan, resonance imaging [MRI]).⁴

Once causes of secondary headache have been ruled out, some guidelines suggest using a headache diary (e.g. 4–5 weeks).^{1,14} Patients call as frequency, severity, suspected trigger use, and thus establish a baseline. Diaries are more accurate than a person's recollection.¹⁵ Inform discussion of the impact of headache on quality of life, ensure appropriate follow-up and response to treatment.¹⁴

Table 1: Diagnostic criteria for three types of primary headache in adults

Episodic tension-type	Migraine	Cluster
Headache lasting 30 minutes to 7 days At least two of: • bilateral location • non-pulsating quality • mild to moderate pain intensity • not worsened by routine physical activity Neither of: • nausea and/or vomiting • photophobia and phonophobia (but may have one or the other)	Headache lasting 4–72 hours At least two of: • unilateral location • pulsating quality • moderate to severe pain intensity • worsened by routine physical activity At least one of: • nausea and/or vomiting • photophobia and phonophobia Differentiating between migraine without aura and episodic tension-type headache may be difficult: • without aura: at least 5 attacks • with aura: at least 2 attacks	Headache lasting 15–180 minutes Both of: • unilateral location • severe to very severe, and/or above the eye At least one of: • conjunctival injection and/or lacrimation • nasal congestion and/or rhinorrhoea • eyelid oedema • forehead and facial sweating • constricted pupil and drooping of the upper eyelid • restlessness or agitation At least 5 attacks: from other day up to 8 attacks

Table adapted from the International Classification of Headache Disorders, 2nd edition.¹



RADAR

Rational Assessment of Drugs and Research

www.npsradar.org.au

April 2012

TIMELY, INDEPENDENT INFORMATION ABOUT NEW DRUGS



In Brief

03

- ▶ Apixaban (Eliquis) for preventing venous thromboembolism after knee or hip replacement surgery
- ▶ Sumatriptan fast-disintegrating tablets (Imigran FDT) and substitution with other PBS-listed brands
- ▶ Another dipeptidyl peptidase-4 inhibitor ('gliptin') for add-on therapy in type 2 diabetes mellitus

Update on **NPS RADAR** in prescribing software _____ 07

Coming soon in *Best Practice* and *Medtech 32*.



CASE STUDY 73: Depression in primary care

(for GPs, pharmacists, nurses and other health professionals)

NPS case studies are designed to help you refine your clinical decision-making skills. After you complete and submit the case study, you will receive expert commentaries along with aggregated responses that provide a snapshot of your colleagues' responses.

Scenario

Joe is a 71-year-old man who complains that he is 'not feeling himself'. He is accompanied by his wife who is concerned that he seems always fatigued and she has noticed he is eating less, and has had episodes of crying and hypersomnia in the past 3 weeks. He 'couldn't be bothered' to see friends and has withdrawn even from his wife. Prior to this, he actively socialised with friends. Joe has hypertension and occasional angina relieved by rest and nitrates. His other medicines include an ACE inhibitor and a diuretic. He smokes 10 cigarettes and drinks 1 standard alcoholic drink daily. There is no family history of depression.

Joe's brother passed away suddenly when he was a teenager. He admits to you that he always thought that he should have died instead of his brother. At age 35 and despite a good marriage of 8 years, Joe felt pressured and inadequate as they had not had a child. He lost focus at work and felt he missed out on a promotion, lost weight and withdrew from his colleagues. He was supported through this period by his wife and did not seek professional help. His wife eventually became pregnant and gave birth to a son, after which Joe felt close to being his usual self. Since retirement, Joe worries about the impact of the economic slump on his superannuation. His son moved away and has not communicated with his parents in over a year. His wife, who has always looked after Joe, is also declining physically.

Currently, Joe describes his mood as 'black' and says he just wants to feel better. On presentation, he is untidy and looks despondent. His speech is halting and limited. On examination, his BP = 130/88 mm Hg, cardiovascular and respiratory systems are unremarkable.

CONSUMER RESOURCES



ما الذي يجعل من أختيار دواء تخفيف الألم المناسب لي؟

ورقة معلومات

اختر دواء تخفيف الألم المناسب لك.

الذي يجب أن أعرفه قبل أن أستخدم أحد أدوية تخفيف الألم التي يمكن شراؤها بدون وصفة طبية؟

رفأ ابن نعثر على اسم العنصر الفعّال، يكون اسم العنصر الفعّال كتوباً على علبة الدواء نأكد من عدم استخدام أكثر من دواء واحد عنصر الفعّال ذاته. إذ أن استخدام أكثر من المطلوب من العنصر فعّال ذاته يمكن أن يكون ضاراً. فبعض أدوية البرد والإنفلونزا، لأ تحتوي على الباراسيتامول الذي يشيع وجوده أيضاً في أدوية تخفيف الألم.



ENGLISH - ARABIC - عربي



MEDICINESTALK

No. 36 | Summer 2010

Helping you be medicine wise

INSIDE

4 | Measuring liquid medicines for children

6 | I'm pregnant - can I take it?

8 | Why be medicine wise?

Pain relievers explained

Even though non-prescription pain relievers are widely available, they are still medicines, and can have serious side effects. Before using a pain reliever, consider if there may be a better way to relieve your pain, such as relaxing and managing stress, using a hot or cold pack, or being more active. If you do decide to use a pain reliever, take only the recommended dose.

Main types

The most common active ingredients in non-prescription pain relievers are paracetamol, anti-inflammatory agents and codeine. The active ingredient is the chemical in the medicine that makes it work as intended.

Paracetamol

Paracetamol relieves pain and a high temperature. It is found in many pain relieving medicines, either on its own or combined with another active ingredient, such as codeine or caffeine.

When used at the recommended dose, paracetamol is safe and rarely causes side effects. However, it can cause serious liver damage and even death when used at more than the recommended dose.

Paracetamol is also found in many other non-prescription medicines, including many cold, cough and flu medicines. When using such medicines, check the label of the other medicines you are using to make sure that you are not accidentally taking two doses of paracetamol.

Anti-inflammatories

Aspirin, ibuprofen and naproxen belong to a group of medicines called nonsteroidal anti-inflammatories (NSAIDs), but commonly referred to as anti-inflammatories. Other anti-inflammatories of this type include benzydamine, diclofenac, ketoprofen, mefenamic acid and piroxicam.

Anti-inflammatories relieve pain, reduce inflammation and swelling, and relieve a high temperature.



medicineupdate

Asking the right questions about new medicines

Varenicline (Champix) for quitting smoking

This *Medicine Update* is for people who are taking, or thinking about taking, varenicline.

Summary

Varenicline is a medicine to help people stop smoking. It works by making smoking less enjoyable and reducing cravings. You must be motivated to stop smoking and follow a counselling program to be prescribed varenicline through the Pharmaceutical Benefits Scheme (PBS).

You should start taking varenicline 1 to 2 weeks before your quit date. A course of treatment is 12 weeks, but can this be extended for a further 12 weeks to increase the chances of you quitting in the long-term.

Be aware that varenicline is not suitable for everyone. People with a mental health problem (like depression, schizophrenia or bipolar disorder) or a serious medical condition (like epilepsy) should speak to their doctor about other options to help them quit.

Varenicline is quite new compared with other treatments for quitting, so we don't know as much about its less common side effects, compared with other medicines.

www.nps.org.au/medicineupdate



OUR NURSE ENGAGEMENT WORK

- ▶ Identify ways to better engage nurses in QUM
- ▶ Identify the diverse needs and educational requirements across the profession
- ▶ Create a network of nursing professionals with different backgrounds knowledge and experience
- ▶ To provide input to the design of NPS activities for nurses

QUESTIONS?