

**KOLL PÅ
LÄKEMEDEL**

WISE RIGHTS

That give you better
pharmaceutical treatment



Authorities and others in the healthcare system issue regulations on how to provide health care. Most of these regulations are aimed at doctors, nurses, pharmacists and administrators. Many of these regulations entail rights for patients, though patients are often unaware of them. “Koll på läkemedel” (“Check your drugs”) wants to change this situation.

“Koll på läkemedel” (www.kollpalakemedel.se) is a collaboration involving the Swedish National Pensioners Organisation (PRO), the Swedish Pensioners Association (SPF Seniorerna) and Apoteket, aimed at improving pharmaceutical treatment for elderly individuals. Part of this initiative involves adapting certain healthcare regulations and raising awareness of them among the elderly to enable them to act as competent patients during their healthcare visits.

Here are some valuable points for older people who take medicines:

- **The National Board of Health and Welfare’s indicators of good pharmaceutical therapy for elderly individuals.**
Addresses topics such as medicines that should be avoided when treating older people.
- **The National Board of Health and Welfare’s provisions for medication management in the healthcare system.**
It addresses topics such as the right of older people to good pharmaceutical treatment.

- **Wise questions – from “Koll på läkemedel”.**

A brochure with good questions to ask when visiting the doctor or during other contacts with the healthcare system.

Information is available at the National Board of Health and Welfare website www.sos.se or the “Koll på läkemedel” website www.kollpalakemedel.se.

Pharmaceutical treatment of older people – big challenges

With rising age, both morbidity and the incidence of conditions that can cause diseases (e.g., high blood pressure, high blood sugar or high blood lipids) increase.

Consequently, many older people are treated with several drugs – multidrug use. It is not uncommon for a patient to have 5 – 10 different medicines, and sometimes even more.

Meanwhile, as a result of both diseases and the aging process itself, the ability of the body to absorb and excrete medicines changes, and may improve or decline. Such changes can be of great significance for the effects and side effects of the treatment.

Many medicines are also associated with an increased risk of drug interactions – how different drugs affect one another, and whether or not they interfere with each other – which may have a negative effect on patients.

In addition, many older patients with different illnesses experience side effects such as impaired balance, which increases the risk of falls and injury. Taken together, these many factors may call into question the treatment benefit.

The situation is also complicated because many patients, especially the elderly, receive drugs prescribed by several different doctors who are unaware of prescriptions from their colleagues. Consequently, no doctor has a comprehensive overview of all medicines that patients take. While each prescribed medicine may be well justified, the overall effect of all of the patient's medicines may nevertheless be unfavourable or even harmful. For this reason, treatment of the elderly and patients with multiple diagnoses poses major challenges and specific problems, for both doctors and patients.

Older individuals with many medicines

Many older people take several different medicines daily, prescribed by different doctors who lack a complete picture of all of the needs and treatment of the patient. But if you take medicines that should not be combined, you are at risk of experiencing undesirable effects.

Moreover, older patients with multiple diagnoses often take more than ten different medicines daily and many receive drugs that are inappropriate for the elderly.

Given that multidrug use can be a major problem, the goal should be to reduce the number of prescribed medications. However, multidrug use has not changed as clearly as the use of inappropriate medicines has changed in recent years.

One way to improve drug treatment for the elderly is to offer regular medication reviews. The National Board of Health and Welfare has decided that all older people over the age of 75 who take more than five medicines are entitled to request a medication review once a year. As a patient you may schedule an appointment with your doctor for such a review.

Olämpliga läkemedel (inappropriate medicines) – that should be avoided by older people

According to the National Board of Health and Welfare's "Indicators of good pharmaceutical therapy for elderly individuals", certain medicines should be avoided when treating the elderly. We call these medicines "inappropriate medicines" because they are associated with a high risk of side effects in the elderly. Knowledge about inappropriate medicines is inadequate among healthcare providers.

A list of medicines that are inappropriate for older individuals can be found on the "**Unwise list**", available at the "Koll på läkemedel" website.





Knowledge of these drugs should be commonly known to reduce their use and thus also reduce unnecessary side effects.

For example, increased awareness is needed about the association between the use of inappropriate drugs and fall accidents among the elderly, which are all too common.

Many elderly individuals still take inappropriate medicines

Older people who take inappropriate medicines are at high risk of side effects. For younger and middle-aged people, the risk of side effects with these medicines is considerably lower. As a result of “Koll på läkemedel” and a number of other measures, use among people over the age of 80 has decreased in recent years, from about 31% with some of the medicines in 2010 to about 15% in 2017. Despite the National Board of Health and Welfare’s recommendations and efforts to reduce such use, it is still significant. Variations between county councils and municipalities are also great; in some municipalities the rate of inappropriate medicine use is still almost 30% in this age group, while others have come down below 10%. It is also worth noting that inappropriate medicines are more common among women than among men. The aim of the “Koll på läkemedel” initiative is for the percentage of elderly individuals who take these medicines to continue to decline and to remain low. Nevertheless, the use of such drugs will never be completely eliminated for medical reasons.

Information and education

More information about medicines for older people is available at the website www.kollpalakemedel.se.

There are also e-training programmes and materials that can be used in conjunction with informational and educational activities for older people about medicines.

THE UNWISE LIST

That is what “Koll på läkemedel” calls the medicines that according to the National Board of Health and Welfare should be avoided when treating elderly individuals and that are usually prescribed. The list is from August 2018. An updated list is also available at www.kollpalakemedel.se or on the National Board of Health and Welfare website www.sos.se/aldre/aldreshalsa/aldreochlakemedel.

Substance name (generic name)	Drug name ¹
DRUGS TO TREAT GASTROINTESTINAL DISEASES AND NAUSEA	
Hyoscyamine	Egazil
Hyoscine	Scopoderm
Dimenhydrinate	Calma
Meclizine	Postafen
Hyoscine Butylbromide	Buscopan
DRUGS THAT AFFECT URINARY BLADDER FUNCTION	
Oxybutynin	Ditropan
	Kentera
	Oxybutynin
Tolterodine	Detrusitol
	Tolterodine
Solifenacin	Vesicare
Darifenacin	Emselex
Fesoterodine	Toviaz
ANALGESICS	
Codeine	Citodon
	Panocod
	Codeine
	Paracetamol/codeine
	Altermol
	Treo Comp
Orphenadrine, combinations	Norflex
	Norgesic
Morphine combination products	Morphine-scopolamine (Sw: Morfin-Skopolamin)
	Spasmofen
Ketobemidone combination products	Ketogan
Tramadol	Dolatramyl
	Gemadol
	Nobligan
	Tiparol
	Tradolan
	Tramadol
DRUGS TO TREAT PARKINSONISM	
Biperiden	Akineton
Trihexyphenidyl	Pargitan

Substance name (generic name)	Drug name ¹
DRUGS TO TREAT AGITATION, ANXIETY AND INSOMNIA, AS WELL AS ANTICONVULSANTS	
Hydroxyzine	Atarax
	Hydroxyzine
Diazepam	Stesolid
Propiomazine	Propavan
Nitrazepam	Mogadon
	Nitrazepam
	Apodorm
Flunitrazepam	Flunitrazepam
ANTIDEPRESSANTS	
Clomipramine	Anafranil
	Clomipramine (Sw: Klomipramin)
Amitriptyline	Saroten
Nortriptyline	Sensaval
Maprotiline	Ludiomil
DRUGS TO TREAT E.G. ALLERGY AND ANXIETY	
Alimemazine	Theralen
Promethazine	Lergigan
Clemastine	Tavegyl
ANTIPSYCHOTICS/NEUROLEPTICS	
Chlorpothixene	Truxal
Prochlorperazine	Prochlorperazine (Sw: Proklorperazin)
Levomepromazine	Nozinan
	Levomepromazine
Clozapine	Clozapine
	Leponex
ANTICHOLINERGICS (not mentioned in other groups)	
Atropine	Atropine
Glycopyrronium	Robinul
DRUGS TO TREAT CARDIAC ARRHYTHMIA	
Disopyramide	Durbis Retard
DRUGS TO TREAT DIABETES	
Glibenclamide	Daonil
	Glibenclamide (Sw: Glibenklamid)

¹ Only the brand name of the drug is given in the table, i.e. not the company name or the different forms of the drug, e.g. extra strength, sustained release, etc. All variations of the drugs with the different substances are listed on the website.



Advice to older people who take medicines

If you are an older person who takes one of these medicines, or if you are a relative of an elderly person who has been prescribed a medicine included in the inappropriate drug list for regular use, it is important to discuss the matter with your doctor. Bring the list with you to the next doctor's visit and ask your doctor whether there is any risk of side effects from the drug.

If you have experienced any of the side effects, it is important to inform your doctor.

You can always find information about various drug side effects in the package information leaflet or by visiting www.fass.se and searching for the package information leaflet for the medicines.

Choose FASS Allmänhet (for the public) and enter the product name in the search field to find the package information leaflet.

The purpose of the National Board of Health and Welfare's regulations is to provide better treatment to older people who take many medicines. Problems associated with multidrug use have become more common as more and more new medicines have become available and the number of prescriptions has increased. The risk of side effects and injuries in older patients is greater than in other age groups and the risk increases when the doctor "treats each illness separately" instead of conducting a comprehensive assessment. Failure to regularly follow up and evaluate initiated treatment is also much too common.

Your wise rights

The National Board of Health and Welfare's regulations cover three different things that older people who take medicines can request:

Simple medication review

1. A simple medication review entails an analysis of all of the medicines that you take, as well as an assessment of whether the treatment as a whole is appropriate and safe. If you are over the age of 75 and take

more than five medicines you can request an annual simple medication review, for example:

- when you visit a doctor in outpatient care (at the primary care centre, etc.)
- when switching type of care, e.g. in conjunction with hospital admission, initiated home healthcare, or when moving into a residential care facility
- at least annually for people who live in a residential care facility or receive home healthcare/home help services

Patients who have had a simple pharmaceutical review should also receive information about potential medicine-related problems discovered at the time of the review, their causes, and what corrective measures should be taken.

Afterwards the patient will receive an updated medication list. If the information cannot be provided directly to the patient, it will be provided to the family.

All measures are documented in the patient chart.

2. In-depth pharmaceutical review

An in-depth medication review is more thorough and more extensive. It is offered to the same group of patients if any problems remain after a simple review. Otherwise, the same applies as for a simple medication review. In-depth medication reviews are also followed up and documented. Individually adapted information about results should also be provided to the patient.

3. Drug history

The drug history lists the prescriptions issued to or changed for patients who were admitted to the hospital and who will continue their treatment on an outpatient basis. It is provided to the patient or a family member at the time of discharge. Information must be transferred to outpatient care (i.e. the patient's primary care centre) on the same day that the patient is discharged from the hospital. The patient or a family member will also receive a copy of the drug history and an updated medication list.

Additional support

You can also receive support and information from the pharmacists at your pharmacy. In addition to the advice you receive when you pick up your medications you can also request:

- **Personal counselling about medications**

A personal counselling session about medications can be scheduled at Apoteket. The service, which is free of charge, involves sitting down with a specially trained pharmacist to review medicines and how they are taken. The pharmacist then provides advice about the medicines based on the needs of the patient.

- **Electronic Expert Support – EES**

As a patient you can request an EES review at your pharmacy.

EES is a system that the pharmacist can use to analyse your prescriptions. The purpose of the system is to improve how medicines are used and to increase patient safety. The system can identify drugs with the same effect, drugs that interact, inappropriate drugs, and dosing errors.

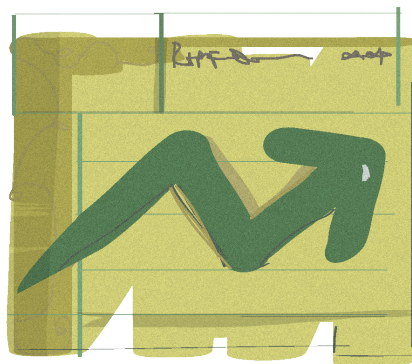
The eHealth agency is responsible for EES. There is also information at the “Koll på läkemedel” website.

Additional advice and support can be found at the website www.kollpalakemedel.se that may be helpful with respect to your pharmaceutical treatment. Visit the “Guider och Råd” section (“Guides and Advise”) and click on “För patienter” (“For patients”). Support and information for family members can also be found there.

Wise Questions

Many problems related to pharmaceutical treatment can be solved in dialogue with the doctor or a pharmacist. As a patient, you should always prepare yourself when you go to the doctor so that you can ask good questions. It is not always easy to remember what questions you may wish to ask. That is why the Wise Questions brochure can be extremely helpful.

It is available at the website www.kollpalakemedel.se, where you can also order it in printed format. Visit the website and click on “Beställ” and you can’t go wrong. You can also email kollpalakemedel@apoteket.se or contact your local organisation within the National Pensioners Organisation (PRO) or the Swedish Pensioners Association (SPF Se-



niorerna).

Summary of your rights

If you are older (especially over the age of 75 and take more than five drugs), you should exercise your rights the next time you visit the primary care centre by requesting to:

- Have a simple medication review.
- Receive written notification of the results of the review and any corrective measures that may have been taken.
- You should no longer take any inappropriate medicines unless there are special reasons for doing so.
- Schedule an appointment to discuss the wise questions about taking medicines that apply to you.

You should also insist that one doctor should **take overall responsibility for all of your medicines** and ensure that this doctor has information about medicines you received from any other doctor or non-prescription medicines/herbal remedies, etc., that you take.

More information and contact details are available
at www.kollpalakamedel.se

This brochure is available on the website
in pdf format.

Contact: kollpalakamedel@apoteket.se

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