


Welcome to today's webinar:

***The Value of Pharmacy Reviews***

Your Presenter is Raisa Brostek  
Your Facilitator is Annie Sassin

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**Acknowledgement**



We acknowledge and pay respect to the traditional custodians past and present on whose lands we meet today.

We acknowledge the deep feelings of attachment and the relationship of Aboriginal people to country and respect the cultural authority of the elders in each community.

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## Introduction to Presenter



### **Raisa Brostek**

Raisa is a Clinical Pharmacist at Cabrini Hospital in Melbourne. She has been practising there for over eight years and has a particular interest in the areas of Neurology, Nephrology, Quality Use of Medicines and Medication Safety.

Prior to working in hospital pharmacy, Raisa was a manager of a retail pharmacy for several years. She has also been an accredited pharmacist and has conducted Home medication Reviews.

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## Informed Choice



This presentation has been prepared and is presented by an independent expert.

The views presented are not necessarily the views of Multiple Sclerosis Limited.

Individuals are encouraged to seek further advice regarding the relevance of the information presented for their situation.

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# MEDICATIONS IN MS: The Value of Pharmacy Reviews

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Raisa Brostek  
Clinical Pharmacist  
Cabrini Hospital



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## Overview

- Home medication reviews
- Case study
- How your Pharmacist can help
  - Adherence to medication
  - Cost of medications
  - Side effects of medications
  - Interactions
  - Storage of medications
- Summary
- Questions



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## Home Medication Review

- Each year more than 140,000 Australians have to go to hospital with problems caused by their medicine
- In up to 69% of these cases the problem can be avoided
- Older people and those on a lot of medications are particularly at risk



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## Home Medication Review

- An HMR involves your GP and an accredited pharmacist of your choice
- Your GP sets up the review by writing a referral to the pharmacist
- A pharmacist conducts an interview, preferably in the comfort of your own home, and then writes a report back to the GP



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## HMR may involve:

- showing you how to take your medicines correctly
- explaining why and when to take them
- explaining where they should be stored
- what to expect when taking them
- what problems you should report to the GP

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## HMR may involve:

- checking that prescription medicines, over-the-counter medicines and vitamins are appropriate to take together
- clarifying any confusion with generic medicines
- giving you some help so you can remember to take your medicines
- changing your medicines

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## Who should have an HMR?

- HMRs are particularly useful for people who:
  - take more than five medicines a day
  - have recently spent time in hospital
  - are concerned about their medicines
  - are confused about their medicines
  - do not always remember to take their medicines

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## How much does it cost?

- The pharmacist's review and report is paid for by the Australian government, so it will not cost you anything
- Your GP may bulk-bill or charge you for the GP consultations

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## Case study: Mrs Jones

- Female, 40 years
- RRMS diagnosed at 35 years
- Lives at home with husband and children, 8 and 10 years
- Works part-time
- No known drug allergies



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## Current medications

### List from GP

- Interferon (Betaferon) 250mcg s/c on alternate days
- Oxybutynin 5mg twice daily
- Thyroxine 75mcg daily
- Baclofen 10mg twice daily
- Pregabalin 75mg twice daily

### Patient's own medications

- Iron tablet
- Buscopan
- Fish oil
- Metamucil
- Calcium supplement

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## Current issues

- Has trouble remembering to take medications
- Poor adherence to interferon as doesn't like injections
  - Experiencing a lot of bruising from injections
- Constipation
- Thyroid function tests are inconsistent
- Taking a number of vitamins and complementary medications
- Increasing weakness in legs
- Worried about the cost of medications
- Would like information on antidepressant use in MS

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## How the Pharmacist can help

- ✓ Improve adherence
- ✓ Improve symptom control
- ✓ Minimise side effects of current medications
- ✓ Educate patient on alternative options
  - ✓ Suggest to GP/neurologist
- ✓ Check for interactions with medications
- ✓ Ensure medications are stored correctly
- ✓ Ensure medications are taken correctly
- ✓ Decrease medication load
- ✓ Explain costs of medications
- ✓ Educate on disease management and treatment options

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## Storage of medications

- Store medicines away from heat and damp because these conditions can damage most medicines
- Do not store medicines in the bathroom or near a sink
- Do not leave your medicines in a car
- Always keep out of reach of children

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## Interactions

- Interactions can be caused in many ways, but the most common are:
  - by making your body absorb or get rid of a medicine slower or faster than usual
    - this can mean your usual dose is either too strong or not strong enough
  - by adding together two or more medicines that when combined will give you too strong an effect
    - this can happen if you are taking two medicines that do similar things in your body

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## Adherence to medications

- Importance of adherence
- Barriers to adherence
- Why some patients may be reluctant to take medications:
  - Absence of symptoms
  - Fear of needles
  - Expense
  - Fear of side effects
- Why some patients stop taking their medications:
  - Not feeling any better
  - The side effects are worse than the disease
  - Think that another drug may work better
  - Cost of medications

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## Has trouble remembering to take medications

- Webster pack from Pharmacy
  - Packed by retail Pharmacies
  - Small cost
- Self-packed dosette box
- Medication 'diary'
- Apps for medication adherence
  - NPS MedicineList+
    - Scan in medications
    - Health monitor
    - Free



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## Poor adherence to interferon as doesn't like injections

- Provide education on correct injection technique
- Speak to neurologist about alternate treatments:
  - switch to an alternative interferon
  - switch to an oral agent
  - switch to an intravenous agent



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## Constipation

- Constipation is one of the most common problems in MS
- Faecal urgency and incontinence can also occur

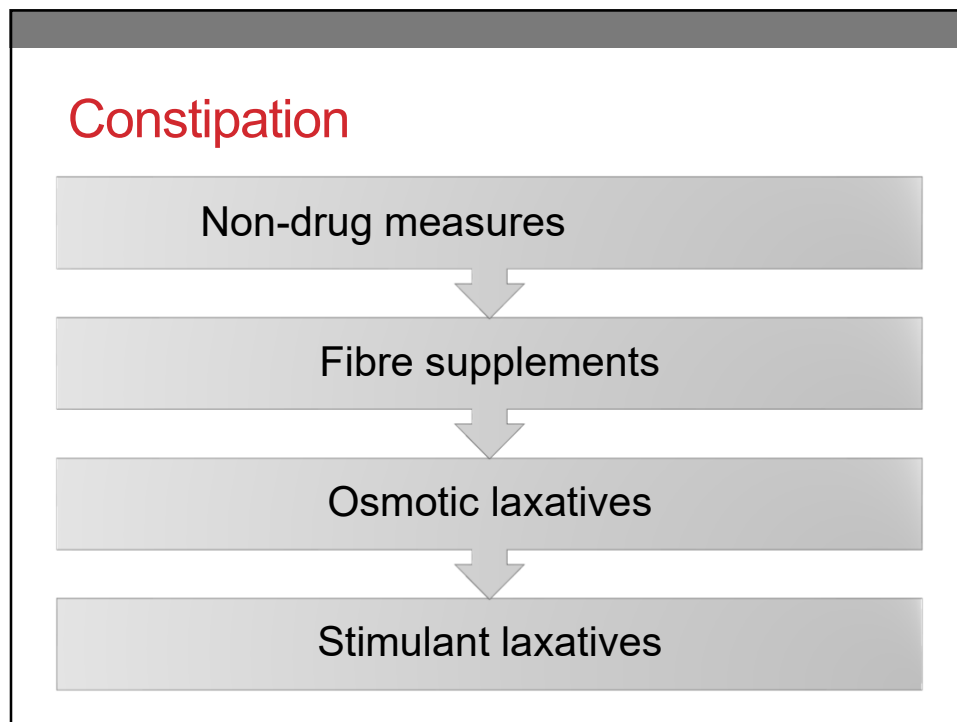
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## 1. Non-drug measures

- Normal stool habit varies widely between individuals
- Timing of bowel motions should be as regular as possible
- The colon moves most after a meal and this is a good time to try
- Avoid postponing if the urge arises
- Increase dietary fibre
  - Recommended 30g
  - Cereals, grains, fruits and vegetables
- Adequate fluid intake
  - May have reduced as a means of managing bladder symptoms
- Increase mobility where possible

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## 2. Bulking agents

- Increase volume (bulk) and consistency of stool
- Stimulates intestinal activity and speeds transit of stool
- Bloating and flatulence can occur
  - Increase by 5g/day each week

Agent	Brand name	Dose	Time to onset
Ispaghula	Fybogel	1 sachet or teaspoon in water	24 hours, maximum effect at 2–3 days
Psyllium (multiple formulations and additives)	Metamucil, various brands	Per packet* – two teaspoons 1–3/day	24 hours, maximum effect at 2–3 days
Sterculia	Normafibre	1–2 teaspoons 1–2/day	24 hours, maximum effect at 2–3 days

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## 3. Osmotic laxatives

- Draw water into the bowel
- Non-absorbable sugars are fermented in the bowel
  - Can cause bloating and flatulence
  - Should not be used in patients with diabetes

Agent	Brand	Dose	Time to onset
<b>Oral</b>			
Lactulose	Lac-dol, Actilax, Duphalac	15–30 mL 1–2/day	1–2 days
Macrogol (PEG 3350) with electrolytes	Movicol, Lax-sachets	1–2 sachets each in 125 mL water, can give up to 8 for faecal impaction	variable

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## 4. Stimulant laxatives

- Stimulate bowel wall to move
- Often combines with stool softeners such as docusate
- Long term use not recommended unless under the supervision of doctor

Agent	Brand	Dose	Time to onset
<b>Oral</b>			
Bisacodyl	Dulcolax	1–2 x 5 mg tablets daily	6–12 hours
Senna/sennosides (multiple formulations and additives)	Coloxyl with Senna	Per packet*	6–12 hours

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## Thyroid function tests are inconsistent

- How is thyroxine being stored?
  - Thyroxine requires refrigeration
  - Tablets may be out of the fridge for up to 21 days
- How is thyroxine being taken?
  - It should be taken on an empty stomach- at least 30 minutes before or 2 hours after food
  - Should not be taken within 2 hours of calcium or iron tablets



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## Vitamins and complementary medications

- Some vitamins and complementary medications can interact with regular medications
  - Mrs Jones' calcium and iron supplements may inhibit the absorption of her thyroxine tablet
  - These may also interfere with some antibiotics
  - Can cause and worsen side effects such as constipation
  - Fish oil may increase bruising risk from injections
- Always check with your Pharmacist first
- Does she need these supplements? What are her iron and calcium levels?
- Sloane Kettering Herbal Medications:  
<https://www.mskcc.org/cancer-care/treatments/symptom-management/integrative-medicine/herbs>

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## Weakness in legs

- Drugs to reduce daytime spasticity should be given in conjunction with physiotherapy
- Spasticity may help to brace weakness of the legs
- Night-time doses won't interfere with daytime activity
- Baclofen should be withdrawn slowly



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## Spasticity and spasms

Drug	Dosage	Common side effects	Comments
Baclofen (Clofen)	Nocturnal symptoms: 10-25mg at night  Continuous symptoms: 5 to 10 mg three times a day	Weakness, drowsiness, dizziness, fatigue, headache, insomnia, confusion, ataxia, frequency, urgency, dysuria, constipation	When ceased, needs to be withdrawn slowly to avoid agitation, delirium and convulsions
Diazepam (Valium)	2 to 10mg three times a day	Drowsiness, ataxia, dependency	May be used as 'add-on' therapy to baclofen
Dantrolene (Dantrium)	Starting dose 25mg daily, may increase up to 50mg four times a day	Muscle weakness, drowsiness, high blood pressure, drooling, enuresis, diarrhoea, nausea	Mainly used for bed-bound patients

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## Cost of medications

- In Australia most medications are covered by the PBS
  - General \$41.00
  - Concession \$6.60
- Safety net threshold for calendar year
  - General \$1486.80
  - Concession \$316.80
- Includes medications for:
  - the partner or de facto partner
  - children under the age of 16 who are in the care and control of the person
  - dependent full-time students under the age of 25
- Consider generic medications



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## Antidepressant use in MS

- Depression and anxiety are common in patients with MS
  - Reaction to diagnosis
  - Reaction to physical consequences
  - Result of effects on relationships and employment
  - Adverse effects of medications
  - Directly due to an attack of demyelination
- Full range of antidepressants are appropriate in MS
- Some adverse effects are more common and as such your doctor may start at a lower dose and increase slowly if required

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## Suggestions for doctor

- Review interferon
- Repeat thyroxine levels in a month
- Perform iron and calcium levels
- Review need for Lyrica (causing constipation)
- Change oxybutynin to morning daily dose only
- Change baclofen to night only

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## Suggestions for Mrs Jones

- Thyroxine
  - Take on empty stomach
  - Storage
  - Space from iron and calcium tablet
- Constipation
  - Education
- Interferon
  - Education on correct injection technique
- Use a dosette box and medications app
- Ask your Pharmacist if you have reached the Safety Net
- Speak to your doctor regarding
  - Need for baclofen during day, oxybutynin at night, pregabalin



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## Medicines Information

- Speak to your doctor or pharmacist
- Consumer Medicines Information
- NPS [www.nps.org.au](http://www.nps.org.au)
- MS Society

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## Summary

- Home Medication Reviews are a valuable service available to you
- Medications should be regularly reviewed
- Check possible interactions with your pharmacist
- Options available to assist with adherence
  - Switching medication
  - Aids to remember to take medicines
- Safety net in place to help with cost

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# Questions?

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**Questions**




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1800 042 138  
[msconnect@ms.org.au](mailto:msconnect@ms.org.au)

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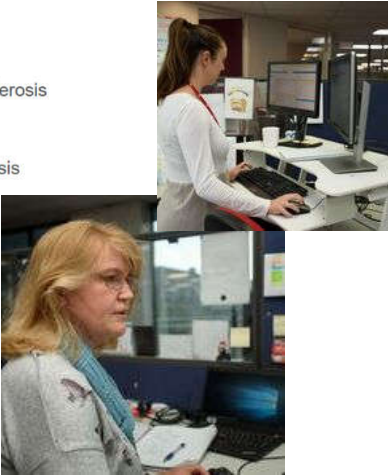
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**MS Connect**



10 reasons to call us:

1. Up-to-date, evidence based information about multiple sclerosis
2. Expert advice on managing symptoms
3. Information about minimising the impact of multiple sclerosis
4. Support for people who are newly diagnosed
5. Information about treatment options
6. Education programs
7. Connections to other people living with multiple sclerosis
8. Referrals to appropriate services in your area
9. Extra support for you and your family
10. Respite options to give families short-term breaks




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## Peer Support

- ❖ 1:1 Phone Support
- ❖ Face to Face groups
  - 2 in the ACT,
  - 9 in Tasmania,
  - 17 in NSW and
  - 40 in Vic
- ❖ Telegroups
  - Currently running 12 telegroups
- ❖ Facebook groups
  - 3 groups – for people living with MS
  - for carers
  - for young carers – up to 25 years of age



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## Get Your Act Together

- Online Tool – designed to help you better manage your multiple sclerosis symptoms
- Focuses on some of the common symptoms of MS – emotions, fatigue, continence, cognition, pain and heat sensitivity
- Designed for people living in the ACT but includes useful information for all people living with MS
- Complete the tool to receive a personalized report (listing services, resources, tips etc)

Visit [www.ms.org.au](http://www.ms.org.au) and search **Get Your Act Together**

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## Employment Support Services

The MS Employment Support Service (ESS) is the only MS specialist employment service for people living with multiple sclerosis in Australia that can help you succeed at work, whether that is staying in your current job or finding new employment.

MS Connect PH 1800 042 138



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## Registered NDIS Provider

MS is a registered NDIS provider in NSW, ACT, Vic and Tas and is approved to provide:

- Assistance with 'Access Request Forms', Access rejections and pre-planning
- Support Coordination – assistance to help make your plan active
- Plan Management
- Short term accommodation (Vic)
- Group activities – yoga, dance for health, exercise (NSW)
- Exercise Physiology (NSW)
- Specialist Continence Assessment (Vic)
- Occupational Therapy (NSW and Vic)
- Physiotherapy (NSW)

Want to learn more?  
Please call  
MS Connect  
1800 042 138

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**My Aged Care** 

**My Aged Care** is an Australian Government initiative, website and phone line to help you find about aged care services.

**Available to people who are 65 years of age and over.**

**Why Contact My Aged Care?**


- ✓ Information
- ✓ Assistance in mapping out your needs
- ✓ An assessment for further supports

**Phone:** 1800 200 422 Free call Australia wide

**Website:** <https://www.myagedcare.gov.au>

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**Thank you** 

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