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List of 5 questions for patients to ask about medications aimed at protecting health

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TORONTO - Trying to keep track of medications can be one of the most challenging aspects of health care for patients, especially when they receive multiple prescriptions from a number of doctors for a variety of conditions.

But it's not only knowing when and how to take their drugs, but also whether one medicine interacts with another, and whether that could lead to a serious adverse event — including death.

To help Canadians navigate the various pharmaceuticals in their medicine cabinets, a coalition of patient safety organizations has developed a checklist of five questions that patients should raise with their physicians to make sure they don't unwittingly put themselves in harm's way.

"Lots of times, people just don't hear what's

being said or forget about it," said Chris Power, CEO of the Canadian Patient Safety Institute (CPSI).

"They're on so many medications, they don't even know the names of them," she said from Ottawa. "They'll call them the pink pill or the white pill."

The 2004 Canadian Adverse Events Study found drug or IV fluid-related events were the second most common type of adverse events in Canadian hospitals, accounting for almost 24 per cent of the total. More than half of Canadians regularly use prescription drugs, with 36 per cent taking two or more medications, according to a 2014 Health Council of Canada report.

Power said patients often assume the health provider "knows best" and they don't question the combination of drugs they've been prescribed or whether they need to continue taking a particular medication.

"They just take what's being prescribed for them," she said.

"So what we're trying to do is heighten awareness and really have patients and families start to take a little more control over their health care, to understand what medications they're on and understand what the medication is doing for them or not doing for them, and any interactions."

That means carrying their list of drugs to all medical appointments, along with this checklist of five questions to pose to their doctor or other care provider:

- Have any medications been added, stopped or changed, and why?
 - What medications do I need to keep taking, and why?
 - How do I take my medications and for how long?
 - How will I know if my medication is working, and what side-effects do I watch for?
 - Do I need any tests and when do I book my next visit?
- The checklist was inspired by Toronto pharmacist Emily Musing, who had created a set of questions for her father when he was in his mid-80s and seeing several different specialists for multiple health issues.

"Because of that, he was on a whole list of medications. I think it was up to 15 or 20," Musing said of her father, who had been dealing with diabetes, high blood pressure and kidney failure, for which he needed regular dialysis, before his death two years ago.

While describing her dad as a very positive and independent person, she said the number of medications he was taking and the numerous interactions he had with different health-care providers could leave him feeling perplexed.

"He was often saying to me, 'You know, Emily, this is very confusing to me. I'm not sure what it is they already know. What do I need to tell them about my medications? And what do I need to ask them?'" said Musing, who's executive director of pharmacy, clinical risk and quality at Toronto's University Health Network.

For instance, changing the dosage of one drug or switching to another in the same class could alter the effects of another medication, making it potentially ineffective or even toxic. In patients with renal disease like her father, balancing many medications at once can be a delicate matter, as drugs are metabolized through the kidneys, she said.

"It really gave him the words to actually ask those questions and to start the conversation," she said of the tip sheet she created for him. "It helped him because he felt more in control ... he wanted to be part of the conversation and decision-making process."

It also helped the doctors, nurses and pharmacists he was dealing with, Musing added, because the questions were phrased in such a way that the health professionals understood what he was asking and could respond to him in language that was understandable for him.

"This sort of thing really helped my dad and I think it would help any other patient."

Maryann Murray wishes such a checklist had existed for her daughter Martha, who died in 2002 at age 22 after taking a medication for bipolar disorder that she shouldn't have been prescribed.

"She was put on lithium and she didn't know that there was a warning in her file that she shouldn't be put on that drug," Murray said from her home in Carlisle, Ont., near Hamilton.

"She had rapid heartbeats, and the local doctor said it must be panic attacks because if you have one psych diagnosis, they think it's all connected.

"They increased the dosage and 13 days later her heart stopped."

Murray said she's sure the physician, who pointed out possible side-effects from lithium like dry mouth and weight gain, was trying to help her daughter. But the one adverse effect she needed to know about was that the drug could potentially cause or worsen a heart arrhythmia.

"These kinds of things are preventable and I think we can do better," said Murray, adding that being armed with the five questions will help patients protect themselves.

"Not only do people need to feel empowered about their own health care, but the medical people need to know that it's their responsibility to pass on the information," she said.

"I think with the questions, you're not only telling people it's OK to ask these questions, you're telling the medical people you need to answer these questions.

"I think those five questions will save people from harm and they'll save some lives."

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