

# The Medical Minute: Talk about prescriptions

October 28 2009, By John Messmer

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Look in your wallet, purse, personal digital assistant or smart phone and you probably have a list of names, phone numbers and addresses. You might even have a file for your passwords or important account numbers, birthdays and anniversaries, bank account numbers and so many more bits of data from your life. Do you have your medication list there, too?

Chances are you take a medication regularly -- about 80 percent of us take a prescription or over-the-counter (OTC) medication, dietary or herbal supplement at any time. A third of us take five or more at a time, and more than half of older Americans take at least three medications. So let's talk about your prescriptions -- or rather, your medications, since some of what you take may not require a physician to prescribe it.

Ideally, every person knows the name and dosage of each medication he or she takes and why it was prescribed or recommended. Having them listed on a card is a handy way to keep them organized but a PDA or other electronic list is great also. If you are treated by multiple medical practitioners, list the name of the prescriber. Consider a list like this:

<b>Medication</b>	<b>For</b>	<b>Dose</b>	<b>When</b>	<b>Prescriber</b>
Lisinopril	blood pressure	10 mg	one in a.m.	Dr. Smith
Lipitor	cholesterol	40 mg	one in p.m.	Dr. Smith

(atorvastatin)

Glyburide	diabetes	5 mg	one in a.m.	Dr. Smith
Betoptic (betaxolol)	glaucoma	one drop	each eye twice a day	Dr. Jones
Alendronate	osteoporosis	70 mg	once weekly (empty stomach)	Dr. Doe
Calcium +D	osteoporosis	500 mg	one twice a day before meals	Dr. Doe
Naproxen	arthritis	500 mg	one twice a day if needed. Take with food.	
Zolpidem	sleep	5 mg	bedtime, if needed	Dr. Smith

Keep the list with you so you can show it any time you are in a medical office, hospital or emergency department. If medications are added or deleted, keep the card updated. One of the more critical times to review the list is on admission to or discharge from a hospital. Some hospitals carry only one drug from a particular class, so while in the hospital, your medication might be changed. If the person with the medication list above were admitted to a hospital, she might be given simvastatin instead of Lipitor, and upon discharge she might be told to take simvastatin. If she does not review the list, she might take two cholesterol medications instead of one and be at risk for [side effects](#).

When she refills her prescriptions, the new pills might be a different shape, size or color from the previous ones if they are generic. Compare the names and doses on your list as well as on the label of any empty containers to be certain the names are the same. If they are different,

you may have received a generic. In the above list, the generic names for drugs are in parentheses if the drug is listed by trade name. If you are not sure, check with your pharmacist or prescribing physician.

Also list herbals, supplements and other over-the-counter medications so your physicians will know to avoid interactions. In the above example, if the patient started taking St. John's wort because she thought it would help her mood and listed it with the other medications, her physician might see that her cholesterol went up and after reviewing the patient's medication list would realize that it's because St. John's wort interferes with the effect of the Lipitor.

Many pharmacies will give you a patient education sheet listing the purpose of the medication, dosing instructions and potential side effects. Most of the listed side effects are rare. Your physician is the best resource to consult as to the risk of side effects, since the patient education sheet will list any side effect that has ever been known to happen, even if it is unlikely. Many physicians will confirm that patients have refused to take extremely useful and safe medications because of fear of rare side effects. Any medication can have side effects, even over-the-counter and "all natural" medications. If using the Internet to read about drugs, be sure to use reliable sites and be wary of sites that include sweeping statements about the dangers of medications.

To get the best care, you must be involved. Discuss your medications with your primary care physician at each visit and have your list available for every encounter with medical care providers. Modern medical care is the result of teamwork among the primary physician, the patient and other [medical](#) personnel. When you ask your physician questions about your OTC and prescription medications, you are not questioning your physician's judgment. Rather, you are increasing your understanding and the likelihood that the desired result will be achieved. So during your next visit, talk about your prescriptions.

Provided by Pennsylvania State University ([news](#) : [web](#))

Citation: The Medical Minute: Talk about prescriptions (2009, October 28) retrieved 23 April 2024 from <https://medicalxpress.com/news/2009-10-medical-minute-prescriptions.html>

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