

Overhauling confusing prescription medicine labels

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Northwestern Medicine, Walgreens, Alliance of Chicago community health centers and Merck are collaborating on a study with a deceptively simple goal: provide clear instructions on prescription medicine labels so patients don't make mistakes and overcomplicate taking their daily medications.

"In a prior study, we found that [doctors](#) had 53 different ways to write "Take one tablet twice daily," said Michael Wolf, professor of [medicine](#) at Northwestern University Feinberg School of Medicine, who is leading the project.

"We need to standardize it," Wolf said. "It's unnecessarily complicated, and all this variability contributes to people being confused, forgetting or neglecting to take all their medications. When you think about it, it's really hard to stick with a behavior you have to do eight or nine times a day."

The study, funded by the global health care company Merck, will test a new way for doctors to write [prescriptions](#) and pharmacists to interpret those instructions on medicine labels. The results could prompt change and launch a new national standard in the way prescription labels are written—all to help [patients](#) better adhere to their medicines.

"People can only achieve full benefits from their medicines when they take them as their doctors advise," said Sachin Jain, M.D., Merck's chief [medical](#) information and innovation officer. "Merck is supporting this

research to help remove obstacles preventing patients from achieving the best possible health outcomes. Simplifying patient medication instructions has highly beneficial and far-reaching implications for patients."

Patients taking multiple medications are confused by the way doctors prescribe them and, as a result, may not consolidate medicines and end up taking pills more often than necessary throughout a day, Northwestern research has shown. Patients could be combining medications to take them four times a day or fewer but don't realize that or may be afraid to do that. As a result, people struggle to fit their drug regimen into their daily routine, often forget or just neglect to take all their medications, endangering their health.

"We want to help patients to be efficient and to let their prescribed medication regimen fit into their lifestyle, not the other way around," Wolf said. "It's a lot easier to remember to take all your medicine and maintain that behavior if you find the fewest times a day to take your drugs and to have those time standard every day."

This new study will test whether prescribing medications at four standard intervals of dosing in the morning, noon, evening and bedtime (like a pill box) improves patients' understanding and proper use of medications over time, and if this leads to better management of chronic disease. Wolf and his colleagues have referred to these four standard times as a Universal Medication Schedule (UMS).

This study will focus on individuals with type 2 diabetes and more complex medication regimens. Twelve community health centers affiliated with Alliance of Chicago will be the sites for the study.

Currently, physician practices and pharmacies use different electronic records systems for writing prescriptions and translating them onto the

medicine label. The study will bridge those two systems and seek to make them more consistent.

"Hopefully, this will provide the evidence we need to support a new national standard for the prescribing and dispensing of medications," Wolf said.

Researchers also will work with the clinics to reinforce these UMS standard medication times by sending text reminders at morning, noon, evening and bedtime intervals.

Michael Taitel, senior director of clinical outcomes and analytic services at Walgreens, said, "Being consistent and reducing the variability of prescriptions will benefit patients and providers. Over time, people would become more accustomed to an easier to understand, 'Take one pill in the morning, noon, evening and bedtime' explanation that reduces the chance of confusion. It can only help to improve the proper use of medication."

Taitel said he thought the approach would be more efficient for pharmacists, with fewer label variations to manage.

"Soon to be gone are the days when a doctor pulls out a prescription pad and scribbles some Latin abbreviations that are supposed to be carried to a pharmacy by a patient," Wolf said. "We have the ability to leverage all this new technology to give meaningful information and instructions for patients about their medicine, taking away the guesswork for when twice or three times daily really should be."

The standardized label has been vetted by the Institute of Medicine, recommended by the National Council for Prescription Drug Programs, supported by the U.S. Pharmacopeia and included in a recent law passed

in California.

Provided by Northwestern University

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