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Many elderly patients at the University of South Florida's Memory Loss Clinic come to their first consultation carrying a brown bag full of their medications. Most are on at least three prescription drugs and a fistful of over-the-counter medication.

"We find them to be on either the wrong kind of medication, . . . which has a side effect on memory problems, or they are taking it incorrectly," said center coordinator Kathy Johnson, a registered nurse.

One woman recently brought in a brown bag with 14 prescription drugs. Six were the same antidepressant medication, only with different dosages and different generic names.

It's possible, Johnson said, the woman was taking up to six times as much antidepressant as she should have. No one could tell for sure, of course, because the woman was too confused to say what she was taking. Johnson said she took the woman off everything for a few days, "to dry her out."

Prescription drugs are supposed to help cure or relieve the symptoms of sickness. But for many people - particularly the elderly - the medications are a danger themselves. Sometimes, they can cause confusion, unexpected side effects and even death. And many drugs shouldn't be mixed with other drugs. Several studies suggest as many as 10 percent of all hospital admissions are due to adverse drug effects.

Whose responsibility is it to see that drugs are used properly? Is it the doctor prescribing the medicine, the pharmacist filling the prescription, the company making the drug or the patient taking it? Congressional action and practicality seem to put more of the burden on pharmacists. A major health issue Mistakes with medications have become a major health issue. And as the nation ages, the problem could worsen. Some advocates predict the medical and pharmaceutical establishments won't be ready with a cure.

"There isn't comprehensive or systematic counseling (by professionals) on the way that drugs are used," said Susan Oehme Raetzman, a senior analyst in public policy for the American Association of Retired Persons.

"There are a lot of patients who aren't given enough information on drugs. . . . Studies show doctors are more forthcoming on the benefits of a drug than on its possible side effects. That's just putting the patient at a terrible disadvantage."

Some doctors say the problem is with the patients; people often don't take pharmaceuticals the way they're prescribed. Patient advocates disagree, saying patients aren't being told enough about their medicine by doctors or by the health industry.

When it comes to keeping track of drug use, pharmacists are the natural pick for the job, said David Moulton, an Eckerd district pharmacy manager in west-central Florida. Most older patients are seeing several doctors at the same time but go to one pharmacist, he said.

Many pharmacists already are reviewing every prescription on an individual basis, looking for incompatibility and potentially negative combinations, he said. And most chain pharmacies keep computerized records of their patients' prescriptions and have software programs that can warn pharmacists if there are drug incompatibilities.

"The technology is expanding as we speak," Moulton said. "The (computer) systems are being enhanced to do more." Gatekeepers for medications

Some physicians believe members of their profession should act as primary gatekeepers for all medications, especially since many pharmacies are in large retail outlets that are not conducive to individual consultation.

"Some pharmacists are more active (with patients), but others (pharmacies) are just like supermarkets," said Dr. Stanley L. Slater, deputy associate director for geriatrics at the National Institute on Aging in Washington, D.C.

"When people are confused and they have to rely on somebody else, often that somebody (a pharmacist) else is hard to find."

In 1990, Congress passed the Omnibus Budget Reconciliation Act, which, among other things, contains a provision that would require pharmacists serving Medicaid recipients to offer individual counseling to each one with every prescription. The measure also requires states, through pharmacists, to keep track of

every prescription drug those patients take.

This type of utilization review is supposed to help prevent unnecessary or overlapping medications. Of course, the measure also is expected to save the Medicaid system millions of dollars in hospitalization and pharmaceutical costs.

One major hitch: The federal Health Care Finance Administration has yet to make official rules to carry out the law, which goes into effect Jan. 1. In addition, many states won't be ready to meet the deadline, said Bruce Colligen, vice president of health programs for the National Pharmaceutical Council. He spoke at a drug industry convention in St. Petersburg in September.

In Florida, the Board of Pharmacy is considering making pharmacists extend consulting services to all patients. A number of issues remain unresolved for pharmacists and their retail bosses, including whether it would be necessary to hire more pharmacists and who would pay for the additional service. A public hearing conducted by the state on Nov. 17 in Miami is expected to air some of those issues.

"It's going to really change the way everybody practices pharmacy," Moulton said. "The public definitely is going to benefit." The role of drug companies

Getting pharmacists more involved is only part of the battle, said Raetzman of the AARP. Drug manufacturers have to take more responsibility, too.

Although people 65 and older make up 12 percent of the U.S. population, they buy at least 30 percent of the prescription drugs. This year, prescription drug sales are expected to reach \$50-billion, according to the Pharmaceutical Manufacturers Association.

The AARP has asked the U.S. Food and Drug Administration to change the way drug companies conduct their trials on drugs and to force the companies to provide easier-to-read consumer information with each prescription.

Many drug companies' clinical trials - necessary for FDA approval - typically exclude elderly subjects, instead using men mainly in their 30s and 40s, according to Raetzman. In most cases, these people don't have additional medical conditions and aren't taking other medications, providing an unrealistic testing environment, Raetzman said.

Although the FDA has published guidelines to encourage the use of older subjects, the AARP has asked the FDA to write specific rules requiring it.

Many U.S. drug companies since the mid-1980s have been including older patients in their clinical trials, said Russell Durbin, a spokesman for Merck & Co. Inc., a drug manufacturer in Rahway, N.J. Once initial trials are done, research companies often look into such "sub-populations" and report their results.

The AARP also is pushing for geriatric-specific information for doctors and warnings for patients on drug labels. It is requesting drug companies provide more complete consumer information and warnings with each prescription.

Usually such side effect and basic drug information is included on Patient Package Inserts (PPIs) for doctors and pharmacists. The inserts often are highly technical and confusing, giving patients more information than they would want to know, said Dr. Philip Altus, an internist at USF's Medical Center.

"First of all, most of the time they can't read PPIs, because the print is so small," he said. "If they can read it, it basically would scare most people away from taking anything at all."

Besides, if consumer information excludes something included in the PPIs, that would open the drug companies up to legal liability for not giving patients all the information they gave doctors, said Dr. John R. Siegfried, associate vice president of medical affairs at the Pharmaceutical Manufacturers Association.

Altus said he favors doctors dispensing the information as needed, with patients asking questions.

But relying on doctors alone to do the educating clearly is not working, said Johnson at the memory loss clinic.

Often it is the doctors who are overprescribing, or who are reluctant to take patients off medications when they're not needed, she said. And doctors just don't seem to have the time to be sure patients understand.

"The patient has some responsibility to understand what is going on and to not take medication improperly," Johnson said. "But there's a lot of breakdown in communication between the time a prescription is written and the time the patient takes the pill."