

Quality use of medicines: what does it mean for you?

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The 2008 National Medicines Symposium examined the science, policy and practice of quality use of medicines

The concept of quality use of medicines (QUM)¹ was developed in Australia in the early 1990s to promote and support judicious, appropriate, safe and effective use of medicines, including prescription, non-prescription and complementary medicines. The QUM strategy is based on a partnership between consumers, health professionals, the medicines industry and government.

Many practitioners, individuals and organisations have been working for over a decade to embed the principles of QUM into the Australian health system. These include the National Prescribing Service (NPS; an independent, non-profit organisation funded by the Australian Government Department of Health and Ageing) and the Pharmaceutical Health and Rational Use of Medicines (PHARM) Committee (which promotes, reviews and oversees the implementation of QUM strategy in Australia, and provides expert advice to the Minister for Health and Ageing and the Department of Health and Ageing). The biennial National Medicines Symposium, hosted by NPS and the PHARM Committee, provides an opportunity for all partners to meet together to share insight and experiences.

The 2008 Symposium, held in Canberra from 14 to 16 May, brought together 500 delegates representing practitioners in the field, consumers, health professionals, the medicines industry, government and academics. Delegates heard from local and international speakers and saw QUM in action showcased in 118 poster presentations and 14 workshops developed around the theme *QUM — the science, policy and practice*. This report summarises several of the key plenary addresses that highlighted the challenges facing QUM in the 21st century. Full proceedings are available on request from info@nps.org.au.

Global challenges to quality use of medicines

Two international speakers identified global challenges for QUM in the 21st century: confronting commoditisation of health, bridging the access gap to medicines, dealing with diversity in people, and meeting the needs of an ageing population.

In her presentation, *Medicines, consumers and society: trends and challenges*, Professor Anita Hardon (Medical Anthropologist, Amsterdam School for Social Science Research, University of Amsterdam, the Netherlands) identified the issues faced in developing and industrialised countries. She said there is a worldwide trend towards people believing that they need both traditional and modern medicines to stay healthy and treat disease. In many developing countries, modern pharmaceuticals and traditional medicines are aggressively promoted, while all over the world regulatory processes fail to control the circulation of alternative or traditional medicines, which consumers are increasingly using to complement pharmaceutical treatment — at relatively high cost. At the same time, access to medicines is stratified: in industrialised countries, vocal patient collectives call for research on and marketing approval of better and newer medicines, with ever-increasing demands on public health resources, while in resource-poor settings, health systems fail to provide people access to essential life-saving drugs.

After more than 20 years of conducting empirical research into medicines use in Africa, Asia and Europe, Professor Hardon has concluded that it is critical for science to radically reorient towards consumer needs and experiences with medicines. The colour, taste and shape of medicines, past experiences, perceptions related to the “newness” or cost of medicines, and social and economic factors all need to be taken into account. QUM, she said, must be seen in the social context of people’s lives.

An ageing world: implications for quality use of medicines was the theme of Ms Jean Slutsky’s (Director, Center for Outcomes and Evidence, Agency for Healthcare Research and Quality, United States Department of Health and Human Services, Rockville, Md, USA) presentation. The challenge, she said, is to find integrated treatment strategies that meet the needs of an ageing population, especially the needs of patients with multiple comorbidities. The effects of treatment on older people are not always investigated, and current clinical guidelines often do not include recommendations for modifying treatments for older patients with and without multiple comorbidities.

Understanding which medicines exacerbate a comorbidity and which treatment objectives are the most important to meet are at the core of designing a pharmaceutical treatment program that is safe, rational and beneficial, said Ms Slutsky. Innovations in drug therapies need to be evaluated to determine which represent added value, offer minimal enhancements over existing choices, fail to reach their potential, or work for some patients but not others. Consumers need to be involved to ensure that their values and preferences guide decisions about drug therapy and enable them to manage their own care. Both speakers emphasised the importance of communicating the risks and benefits of medicines to consumers.

Quality use of complementary medicines

Herbal and natural remedies are our new first preference was the topic of the presentation given by Ms Margaret Williamson (Manager of Research and Development, NPS, Sydney, NSW), who is leading research to explore the use of herbal and natural medicines in Australia.

In 2006, around 65% of Australians reported using herbal and natural medicines in the previous 12 months,² an increase of 23% since 2004.³ Australians spent around \$1.31 billion on these medicines in 2004.³ Herbal and natural medicines are more likely to be used by women and people who are middle-aged, have post-secondary education, are employed, or have a higher income.

People most commonly report using herbal and natural remedies for promoting health and preventing illness. People with chronic or recurrent illnesses also use them to complement conventional therapy or alleviate the adverse effects of conventional treatment, or as an alternative to conventional therapy. Personal beliefs on life and health are strongly connected to people’s use of herbal and natural remedies. These beliefs include the desire to take a holistic approach to maintaining or improving

health and wellbeing, wanting to exercise control over one's own health, and perceptions that these remedies are natural, risk-free and inherently safe.

Critical to the quality use of complementary medicines, Williamson said, is:

- building the evidence base for their safety, efficacy and quality;
- providing independent, accurate and accessible information for consumers and health professionals;
- improving "pharmacovigilance", ensuring that these products are documented in all health records; and
- improving their regulation to ensure products meet appropriate quality standards.

Active communities for quality use of medicines

Active community engagement was the theme of several presentations and posters. In his presentation, *Revolution or evolution: how do we activate communities for QUM?*, Mr Bill Bowtell (Director, HIV/AIDS Project, Lowy Institute for International Policy, Sydney, NSW) highlighted the lessons learned from the successful Australian approach to preventing HIV/AIDS that could be applied to other health issues, including QUM. This approach, he said, was based on acceptance that:

- evidence-based science is the basis for action;
- HIV/AIDS education could bring about sustained change in at-risk behaviours;
- high-risk groups would educate peers effectively and sustainably;
- government would not resort to punitive measures, sanction, isolation and quarantine; and
- government would tell the truth about HIV/AIDS.

Communities active in QUM were honoured in the biennial QUM Awards, with two awards made in the "Community" category. Through the Good Medicines Better Health Pilot Project run by the Aboriginal Health Council of South Australia, the National Aboriginal Community Controlled Health Organisation and NPS, Aboriginal health workers are being educated and empowered to speak confidently within their own communities about medicines. The Seniors Quality Use of Medicines National Peer Education Program, developed and delivered in partnership with NPS, the Council on the Ageing (COTA) Partnership and the COTA Alliance, provides seniors with the opportunity to become better informed about medicines and improve their skills in discussing health and medicines issues with health professionals.

In conclusion

Is QUM an efficient use of health care resources? was the question asked by Professor Rachel Elliott (Lord Trent Professor of Medicines and Health, School of Pharmacy, University of Nottingham, UK). Economic evaluation of QUM initiatives is necessary to ensure appropriate use of health care resources, she said, and must also include the opportunity cost and the cost of inadvertent effects of QUM initiatives, remembering that even evidence-based, well thought-out policy can have unintended consequences. She also reminded delegates of the importance of understanding that, despite assumptions to the contrary, patients do not always take their medicines. Non-adherence to medicines needs to be understood and addressed if QUM initiatives are to be efficient, she said.

In her closing address, Ms Barb Shea (Vice-President, Canadian Optimal Medication Prescribing and Utilization Service, Canadian Agency for Drugs and Technologies in Health, Ottawa, Ontario,

Canada) congratulated Australia on its leading role on the world QUM stage. The symposium showcased the breadth of QUM projects in Australia and the diversity in the groups involved. Speakers explored the QUM challenges being faced in hospital settings, pharmacy, general practice, residential aged-care facilities and oncology, along with specific medicines issues related to veterans, children, pregnant and breastfeeding women, and people with asthma, diabetes and other chronic conditions. The broad range of delegates in attendance reflected how QUM is integrating across all health sectors and the community, nationally and worldwide.

Competing interests

None identified.

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