

2011

August

Vision for

Better Prescribing



Government Medical Officers' Association

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Better Prescribing

National Drug Information System

Government Medical Officers' Association

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Message from the Minister of Health

It is with great pleasure that I endorse the launching of the “National Drug Information system “. This is a fulfillment of a long felt need.

Sri Lanka is one of the few countries that provide health care free of charge at the point of delivery. I believe that by investing in free healthcare, we can produce healthy work force that can contribute positively towards the development of the country. As a major proportion of health expenditure is on drugs, the content of this publication is extremely important. This publication as the initial step of ‘National drug information system’ achieving good prescription practices among doctors and improving the accessibility to information regarding medicines that will significantly contribute towards the better management of patients in the healthcare system of Sri Lanka. I would like to thank Government Medical Officers’ Association for their initiations and enthusiasm shown in improving quality healthcare in Sri Lanka. I consider it my duty to support such quality improvement attempts.

I hope that this will bridge the information gap in the area of pharmaceutical management between relevant stakeholders. This will also support the functions of National Medicinal Drug Policy which is already in process at the Ministry of Health.

Hon Maithripala Sirisena
Minister of Health

Message from the Secretary of Health

GMOA has always stood firm on principles and have contributed in a very constructive manner to the national health system.

Let me take this opportunity to express my warm appreciation for the tremendous effort made by GMOA towards achieving excellence in health care provision by working with the Ministry of Health to improve the health system of Sri Lanka. Updating the doctors and other health professionals is a very important component to achieve a quality patient care.

As the significant step of improving the health information system in Sri Lanka distribution of the updated BNFs is a timely action in order to strengthen the drug information system. This project is highly appreciated and will be facilitated to the fullest extent by the Ministry of Health.

I wish GMOA success in its all endeavors.

Dr T R C Ruberu
Secretary,
Ministry of Health

Message from the President - GMOA

Government Medical Officers' Association (GMOA) has always strived to achieve optimum working environment for the doctors. We believe by doing so, the health service is propelled forward towards excellence in quality and care making the people the ultimate beneficiary. As a meaningful and practical step we want to develop a Drug information system in Sri Lanka in order to provide up dated and correct information to the doctors at all the patient care levels.

An updated National Formulary doesn't exist in Sri Lanka. As the first step we would like to distribute British National Formularies (BNF) as a trusted source of reliable drug information. By distributing formularies, we sincerely believe the patients will receive safe, efficacious medications.

Secondly, we want to strengthen the National Drug Information System by developing a 24 hour National Drug Information Centre, which can be accessed by health care workers as well as the general public, providing drug information including the prices of the drugs.

Through these projects the GMOA would like to achieve the ultimate goal of excellence in healthcare delivery by enhancing the competence, dedication to work and professionalism.

Thank you.

Dr Anuruddha Padeniya

President

Government Medical Officers' Association

Vision

To formulate a sustainable mechanism to develop the access to information on drugs and related products making enhanced quality of health care.

Mission

- To find out modes of drug information
- To facilitate availability and access to information
- To enhance the sustainability of the project to assist continuous updating on drug information

Objectives

1. Circulation of BNF among government hospitals as the trusted drug information source.
2. Reactivation of the drug information centers.
3. To emphasize the importance of updating the Sri Lankan National Formulary.
4. Establishing an essential drug list for Sri Lanka and dissemination it among the primary care centers.
5. To ensure annual publication of drug index.
6. Developing guide-lines for doctors in prescribing.

Better Use of Medicines

“A medicine is a chemical formulation plus the information for its correct use”.

In Britain in 1981 and in Sri Lanka in ...

In 1981 this principle was acknowledged when the First Edition of the current version of the British National Formulary (BNF) was published. However Professor Bibile acknowledged and implemented the principle in 1959 by publishing the Ceylon Hospital Formulary, one of the first formularies of modern medicine.

The 50 year Heritage of drug Information

You are therefore bearers of a heritage over 50 years of Drug Information but with the modern tool of the British National Formulary. It is both an auspicious and scientific beginning to their career in medicine. The Government Medical Officers Association must be congratulated on focusing on this critical professional issue.

The BNF will be a badge

The BNF is the Gold Standard of Drug Information; the latest edition can be accessed after registering at www.bnf.org and the BNF for Children is available too. However a BNF published within the past 2 years would be more than sufficient to practice medicine in Sri Lanka. With the unbiased, authoritative drug information of the BNF, the batch can change the way that medicine is practiced. If you were to refer to indications, doses, adverse effects and contraindications

before you prescribe an unfamiliar drug; you have done your professional duty. Yes, that will result in a smudged, scribbled, underlined, notes on the margin BNF – a badge of your competence and care in the use of medicines and therefore of a good, caring and compassionate doctor.

“Yes, we can”

Some time ago, an intern took the trouble to find out the range of ACE inhibitors available and their costs and prescribed in generic name, with the brand name of the most cost-effective one written in brackets. The consultant noticed this and the intern gave his explanation. The next week the Consultant started prescribing the same brand; as interns “Yes, we can” change the way that medicines are prescribed.

Will you complete the circle?

Finally if you understand the importance of good drug information, they will then demand and bring pressure on publishing a Sri Lankan National Formulary, thus beginning the completing a circle begun 50 years ago.

Dr Krishantha Weerasuriya

Former Professor of Pharmacology

Faculty of Medicine, University of Colombo.

National Drug Information System

The national health policy of Sri Lanka is directed at consolidating the earlier gains as well as adopting new policies to raise the health status of the people. Improving the quality of health care to a level acceptable to both the community and service providers is one of the ultimate targets planned to achieve with the national health policy.

This is to be achieved by:

- Improving the existing medical facilities and develop additional services to meet a wider range and level of medical needs including rehabilitation and continuing care, both institutional and community base
- Developing and implementing a National Drug Policy for the rational use and distribution of drugs
- Supporting and strengthening of human resource development programmes in keeping with contemporary needs

To provide efficacious, safe, and cost effective treatment and access to good quality drugs and drug information is vital to strengthen the aforesaid National Health Policy. However, provision for accurate and up to date drug information to medical officers is not feasible to acquire solely utilizing our resources.

This project has been initiated to address the lacuna in the current health care system of Sri Lanka to provide reliable source of drug information & to improve prescribing.

Introduction

Health professional throughout the world consider, the British National Formulary (BNF), which is updated biannually, as a trusted source of drug information. The British Medical Association and the Royal Pharmaceutical Society of Great Britain under the authority of the Joint Formulary Committee publish the BNF jointly. The BNF reflects current best practice as well as legal and professional guidelines relating to the use of medicines. It is intended for use by prescribers in many countries as well as by pharmacists, nurses and other health-care professionals.

The paediatric version, British National Formulary for Children (BNFC) provides essential practical information to help healthcare professionals prescribe, monitor, supply, and administer medicines for childhood disorders. Sri Lanka is yet to publish an equivalent version of it.

BNFs and BNFCs are not freely available in Sri Lanka. They are valued at Rs 7,500 and Rs 14,000 respectively.

This endeavour of distributing BNFs in government medical institutions will improve the access to unbiased drug information leading to an improvement in quality of care, at these institutions. It will also promote the professional development of medical officers by increasing their competence in rational drug prescribing.

Project Details

Collection of BNF & BNFC

This project began years ago with the initiation of collecting BNFs & BNFCs at individual and institutional level in United Kingdom for the re-distribution in Sri Lanka. The donations were solely based upon the good will of English medical practitioners and institutions. The Sri Lankan doctors showed great commitment in finding donations, collecting the books and transporting them back to Sri Lanka.

Once a donation reached Sri Lanka, mainly Government Medical Officers' Association (GMOA) under the facilitation of Ministry of Healthcare and Nutrition took over the donations. The BNFs & BNFCs were selected categorized according to the editions and were donned in transparent protective covers. The damaged and the outdated were discarded.

Circulation of the Formularies

The formularies will be distributed with the inaugural ceremony by officially handing over the books to the Ministry of Health.

They will be distributed to medical and paediatric wards and clinics in hospitals throughout the country. The hospitals and wards will be selected with the collaboration of the Ministry of Health in order to maintain an unbiased dissemination of formularies throughout the country.

They will be distributed to the selected government hospitals through the Ministry of Health.

Future Endeavours in the Project

In order to maintain the sustainability of the service provided by this project, the GMOA has suggested following action plans to be completed in future.

1. To setup a steering committee comprising of representatives of Sri Lanka doctors in United Kingdom, a representative of Ministry of Healthcare and Nutrition and a project coordinator from GMOA.
2. Distribution of the BNFs and BNFCs throughout the country in a systematic, organized and transparent manner.

Drug & Poison Information Centre

In the year 2005 it was identified that there existed a dire need of a poison and drug information centre, which would be an immense help to the patients, prescribers, medical administrators and the general public. A committee was appointed with the collaboration of the Ministry of Health for the purposes of establishing the same.

The information centre was designed to provide 24 hour poison and drug information with regards to names of generic / brand drugs, availability of drugs, cost of drugs, treatment of adverse reaction and poisoning.

The project was abandoned due to unavoidable circumstances. As a result the poison information centre at the National Hospital of Sri Lanka remains as a toxicology information centre, which operates only during the office hours. This unit is maintained by two doctors only working during the morning hours and by two research officers working in the afternoons. Information is provided by this unit to patients, prescribers, medical administrators and the general public by referring from BNFs, text books and the internet. Queries are made over the telephone, by e-mail or by visiting the centre. The centre receives three to four telephone calls per day and most inquiries relate to pesticide, plant and drug poisoning.

It's timely to reactivate the drug and poison information centre, in order to provide accurate efficient service to the healthcare officials which need to keep abreast with the rapid development in the field of pharmacology.

Essential Drug List

“The concept of Essential Medicine is the basis for the medical supply system in Sri Lanka for many years. WHO's Model of Essential Medicines List (EML) was introduced in 1977. Even before this initiative Sri Lanka had taken action to secure access to essential medicines making it a pioneer country in this field. In spite of these initiatives over time, problems have been encountered with regard to aspects such as equal access, quality etc. To overcome this situation a National Medicinal Drug Policy was developed facilitated by the WHO Country Office and it was approved by the Cabinet in 2005.”

[WHO Sri Lanka]

The national medicinal drug policy has been established in order,

- To ensure the availability and affordability of efficacious, safe and good quality medicines relevant to the health care needs of the people in a sustainable and equitable manner.
- To promote the rational use of medicines by health care professionals and consumers.
- To promote local manufacture of essential medicines.

The fulfillment of the above objectives the National Medicinal Drug Policy includes selection of essential medicines, ensure affordability and equitable access, financing options, supply systems and donations, regulation and quality assurance,

quality use of medicines, research, human resources, ensure viable pharmaceutical industry and monitoring and evaluation.

The first Sri Lankan medicine list was created in 1958. In addition the Ceylon Hospital Formulary was published by Professor Senaka Bibile in 1959.

The essential drug list is selected according to clinical needs and disease prevalence together with evidence of efficacy and safety.

Guidelines for Prescription Writing

Medicines should be prescribed only when they are necessary, and in all cases the benefit of administering the medicine should be considered in relation to the risk involved. This is particularly important during pregnancy, when the risk to both mother and fetus must be considered.

It is important to discuss treatment options carefully with the patient to ensure that the patient is content to take the medicine as prescribed. In particular, the patient should be helped to distinguish the adverse effects of prescribed drugs from the effects of the medical disorder. When the beneficial effects of the medicine are likely to be delayed, the patient should be advised of this.

Compliance with drug treatment occurs regardless of age. Factors contributing to poor compliance with prescribed medicines include:

- prescription not collected or not dispensed;
- purpose of medicine not clear;
- perceived lack of efficacy;
- real or perceived side-effects;
- patients' perception of the risk and severity of side-effects may differ from that of the prescriber;
- instructions for administration not clear;
- unattractive formulation (e.g. unpleasant taste);

- complicated regimen.
- physical difficulty in taking medicines (e.g. with swallowing the medicine, with handling small tablets, or with opening medicine containers);

The prescriber and the patient should agree on the health outcomes that the patient desires and on the strategy for achieving them ('concordance'). The prescriber should be sensitive to religious, cultural, and personal beliefs that can affect patients' acceptance of medicines.

Taking the time to explain to the patient (and relatives) the rationale and the potential adverse effects of treatment may improve compliance. Reinforcement and elaboration of the physician's instructions by the pharmacist also helps. Advising the patient of the possibility of alternative treatments may encourage the patient to seek advice rather than merely abandon unacceptable treatment.

Simplifying the drug regimen may help; the need for frequent administration may reduce compliance, although there appears to be little difference in compliance between once-daily and twice-daily administration. Combination products reduce the number of drugs taken but this may be at the expense of the ability to titrate individual doses.

Prescribers should avoid creating their own compound names for the purposes of generic prescribing; such names do not have an approved definition and can be misinterpreted. Special care should be taken to avoid errors when prescribing compound preparations; in particular the hyphen in the prefix 'co-' should be retained. Special care should also be taken to

avoid creating generic names for modified-release preparations where the use of these names could lead to confusion between formulations with different lengths of action.

Security and validity of prescriptions

- In particular, prescription forms should:
- not be left unattended at reception desks;
- not be left in a car where they may be visible; and
- when not in use, be kept in a locked drawer within the surgery and at home,

Prescriptions should be written legibly in ink or otherwise so as to be indelible, should be dated, should state the full name and address of the patient, and should be signed in ink by the prescriber. The age and the date of birth of the patient should preferably be stated, and it is a legal requirement in the case of prescription-only medicines to state the age for children under 12 years.

The following should be noted:

- (a) The unnecessary use of decimal points should be avoided, e.g. 3 mg, not 3.0 rag. Quantities of 1 gram or more should be written as 1 g etc. Quantities less than 1 gram should be written in milligrams, e.g. 500 mg, not 0.5 g. Quantities less than 1 mg should be written in micrograms, e.g. 100 micrograms, not 0.1 mg. When decimals are unavoidable a zero should be written in front of the decimal point where there is no other figure, e.g. 0.5 mL, not .5 mL. Use of the decimal point is acceptable to express a range, e.g. 0.5 to 1 g.

- (b) 'Micrograms' and 'nanograms' should not be abbreviated. Similarly 'units' should not be abbreviated.
- (c) The term 'millilitre' (ml or mL) is used in medicine and cubic centimetre, e.c., or cm should not be used.
- (d) Dose and dose frequency should be stated; in the case of preparations to be taken 'as required' a minimum dose interval should be specified. When doses other than multiples of 5 mL are prescribed for oral liquid preparations the dose-volume will be provided by means of a measuring spoon.
- (e) The names of drugs and preparations should be written clearly and not abbreviated, using approved titles only. Prescribers should avoid creating their own compound names for the purposes of generic prescribing; such names do not have an approved definition and can be misinterpreted. Special care should be taken to avoid errors when prescribing compound preparations; in particular the hyphen in the prefix 'co-' should be retained. Special care should also be taken to avoid creating generic names for modified-release preparations where the use of these names could lead to confusion between formulations with different lengths of action.
- (f) The quantity to be supplied may be stated by indicating the number of days of treatment required in the box provided on NHS forms. In most cases the exact amount will be supplied. This does not apply to items directed to be used as required--if the dose and frequency are not given then the quantity to be supplied needs to be stated.

Sri Lankan National Formulary

We, the GMOA feel that it's timely that we have our own national formulary which is tailor-made to the specific needs of Sri Lanka. Therefore we strongly believe that an attempt compile a sustainable formulary which is updated at least biannually would contribute to uplifting the country's health sector.

Our next goal is to initiate the process for the publication of the Sri Lankan National Formulary.



Government Medical Officers' Association