

# IS IT TIME FOR A CHANGE?

Never stop asking how  
your drug regimen  
could be improved

by William Semchuk

**M**edications used to manage chronic diseases are meant to help you live a better life, live a longer life, or ideally both. Unfortunately, an average 50% of people stop taking them, most often without talking to their doctor. Don't be one of them! Make sure you know what your medication's supposed to do, get involved in monitoring its effect on your condition and, if you experience unpleasant side effects, talk to your doctor about how to eliminate them before you ditch a valuable therapy.

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## CHRONIC DISEASES NEED CHRONIC THERAPY

As a pharmacist, I'm routinely asked "When can I stop taking this medication?" The most likely response is one few people want to hear: "never." It's like asking your mechanic when you can stop getting the oil changed in your car. If you stop taking your medications for chronic conditions such as high blood pressure (**hypertension**), high blood sugar (diabetes) and high cholesterol (**dyslipidemia**), you stop benefiting from their effects. However, in some situations, it may be possible to reduce a dose, stop some medications and/or switch to a medication that's easier to stick with.



## HOW DOCTORS DECIDE YOU NEED MEDICATION

Your doctor makes decisions about your need for medication based on a large body of evidence that's distilled into a **clinical practice guideline**. Updates to the Canadian Hypertension Guidelines are published annually, the Canadian Dyslipidemia Guidelines were last updated in 2006, and Canadian Diabetes Guidelines were just updated in the fall of 2008 (see the web resources on page 22 for details on how to find out more). Clinical practice guidelines describe the goals of therapy: what blood pressure and cholesterol levels will best prevent heart attack and stroke, what blood glucose levels will prevent complications associated with diabetes. The sidebars below and on page 12 outline the current recommended targets for the treatment of these conditions.



## CONTROL, NOT CURE

There's no cure for chronic conditions such as hypertension, diabetes and dyslipidemia. Medications

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can control them, but their effect is lost within days of discontinuation, along with their benefit in terms of preventing complications. We know that most blood pressure medications will lower blood pressure 5% to 10%, oral medications for diabetes can lower A1C levels approximately 0.5% to 1.5% and, depending on the particular drug and dose, some medications can lower LDL-cholesterol levels by 30% to 45%. Second, third or fourth medications may be used to achieve better control of a condition.

Knowing how much each medication lowers a given value also tells us how much that blood pressure, cholesterol or blood sugar is likely to increase if a medication is stopped.

## TIME FOR A CHANGE?

While ongoing control of chronic conditions is essential, there's some flexibility in how that control is achieved. Your need for medication may vary, you

## BLOOD PRESSURE TARGET VALUES FOR THE TREATMENT OF HYPERTENSION (2008)

### Condition

### Target blood pressure — systolic and diastolic (mmHg)

In general, BP should be lowered to:

< 140      < 90

If you also have diabetes or chronic kidney disease

< 130      < 80

Source: Canadian Cardiovascular Society



See the glossary on page 23 for a definition.

## RISK CATEGORIES AND CHOLESTEROL TARGETS FOR THE TREATMENT OF DYSLIPIDEMIA (2006)

Risk level	10-year risk of coronary artery disease	Recommendations
High <sup>†</sup>	> 20%	Primary treatment target: LDL-C < 2.0 mmol/L Secondary treatment target: TC/HDL-C < 4.0
Moderate	10–19%	Start treatment when: total cholesterol/high-density lipoprotein cholesterol level (TC/HDL-C) is $\geq 5.0$ or low density lipoprotein cholesterol (LDL-C) $\geq 3.5$ mmol/L
Low	< 10%	Start treatment when: TC/HDL-C $\geq 6.0$ or LDL-C $\geq 5.0$ mmol/L

<sup>†</sup>High risk includes people with coronary artery disease, peripheral artery disease, cardiovascular disease and most patients with diabetes. TC = total cholesterol; HDL-C = high-density lipoprotein cholesterol level; LDL-C = low-density lipoprotein cholesterol

Source: Canadian Cardiovascular Society



may find lifestyle strategies that help control the disease, or you may find **side effects** of a particular medication especially disruptive to your life. There are many good reasons to discuss the possibility of change with your doctor or pharmacist. They can usually work with you to find an acceptable solution that will help you stick with long-term therapy.

### Side effects

Some medications have effects beyond the one you're looking for. These are commonly called side effects. Side effects generally affect quality of life, rather than actual health, so people will tolerate them quite differently. Sometime a change in life situation will make a previously tolerable side effect much less acceptable.

It's important to tell your doctor how much side effects harm your quality of life and to emphasize that you'll stop the medication on your own if he or she doesn't find a way to reduce the effects. In most cases, your doctor will be able to find a suitable alternative.

### Body changes

Changes to your body may result in an altered need for medications. If you were to markedly increase your exercise level, lose a significant amount of weight or dramatically change your diet, your need for medication might change. Age-related and disease-related changes can also produce different medication needs.

If your condition is controlled beyond the goals of therapy, your doctor may decide to decrease the amount of medication you're taking. The aim is to

## TARGETS FOR THE TREATMENT OF TYPE 1 AND TYPE 2 DIABETES (2008)

<b>A1C*</b> (%)	<b>Fasting plasma glucose (mmol/L)</b>	<b>2 hour postprandial (after eating)</b>
$\leq 7.0$ mmol/L	4.0–7.0 mmol/L	5.0–10.0 mmol/L (5.0–8.0 if A1C* targets are not being met)

\*A1C (a laboratory test that indicates how well blood sugar has been controlled over the last three months)

Source: Canadian Diabetes Association

use an amount of medication that can produce the desired therapeutic effect.

### BE AN ACTIVE PARTICIPANT!

Talk to your doctor and pharmacist to understand what each medication is for and how you should take it. See the checklist below for questions you should get answered before you start taking a new medication.

If you understand the goals of therapy and recognize that medication can control but not cure your condition, you'll be better equipped to decide whether the medication is justified.

You can participate in the management of your condition by actively monitoring your own care through the use of home blood pressure monitoring devices (see the article on page 17), self blood glucose monitoring, and by requesting copies of cholesterol levels from your physician. If you keep a log of these results, the effect of the medications will become more apparent and help you see whether it might be possible to reduce your medications.

If you experience side effects, tracking these in your log will enable you discuss them at your next appointment and will help your doctor find strategies to eliminate them or help you cope. 🔄



## BE PREPARED

### MEDICATION CHECKLIST

Here are some questions you may want to ask your doctor when you're prescribed a new medication.

What is the name of the medication?

Why am I taking it?

What does it do?

How should I take it?

How often should I take it?

What are possible side effects?

Will it interact with other medications, herbs or vitamins I take (specify which)?

How long will it take for the medication to have an effect?

What will happen if I don't take the medication?

In addition to taking my medication, are there other things I can do?

Source: In A Nutshell, Spring 2005 *P.A.C.E. Yourself!* by Cathy Kline and Carolyn Saunders of the Division of Health Care Communication, UBC