

Printed in The Jewish Advocate, 12/13/07

Medication management

By Susan Lewin - Thursday December 13 2007

TOP STORIES

- [A critical opportunity](#)
- [How to define Jewish women](#)

SUBSCRIBE

EMAIL THIS PAGE

PRINT THIS PAGE

EMAIL THE EDITOR

DISCUSS



Did you know that 35 percent of hospital admissions of elderly are related to either medication non-compliance, under-medicating or over-medicating?

Managing medication has always been a concern for elders and those who are responsible for them. Issues surrounding the proper control of medication can often interfere with relationships between children and parents. Children often don't know when to intervene, and elders may not know when to ask for help.

There are many methods people have of dealing with medication management. What works for some may not work for others. I just heard about one woman who keeps her medicine bottles in one kitchen cabinet. As she takes her medicine throughout the day, she places the bottle on the counter below. By the end of the day, every bottle is on the counter, at which point she returns them all to the cabinet. The next day this process is repeated.

Let's talk about some other solutions:

Medication boxes and bubble pack cards come in either daily, weekly or monthly sizes.

Medication boxes can be filled by family, nurses, or even neighbors. Most pharmacies fill both methods for you for a very small additional fee. One concern I have with both methods of packaging is when crushed medication is called for it can get powdery and there is a risk of not getting the full dose.

Another old-fashioned but often-used solution is envelopes or cups, which are arranged on the kitchen table, dresser or countertop in the order that the pills are to be taken, and are marked on the front with dose and time. The problem is that the pills may spill out or get rearranged. Also, if liquid medication is needed, this can become a problem.

I have created medication identification sheets for many clients (if the elder is independent enough to manage). Here is how it works: On a piece of paper, using clear tape, you tape one actual pill as an easily identifiable sample of each medication in the left-hand column followed by its name, use, dose and time to be taken. But, once again, this does not allow for liquid medicine. Beyond these methods, there are pocket-sized daily dispensing machines with timers; monthly dispensing machines and even telephone calls, called "RU OK?," that are sponsored by numerous police departments throughout the state.

In order for any of these solutions to work, an elder who cannot take care of this critical and often complicated task needs someone to be responsible to check on them.

I'd like to leave you with the following important lessons: Always carry an up-to-date list of medications (strengths and doses) and include all over-the-counter drugs; if a stray pill is found, know that you can always call the pharmacy and refer to the letter and/or number stamped on it to find out what the pill is; and try to stay with one pharmacy where the elder's records are to avoid possible contraindications of medicine.

Susan Lewin, LICSW, CMC, Co-Principal of Generations, All About Elders based in Brookline. She can be reached by calling (617) 739 1639.