

'They see it on the shelves or on TV and think - I'll try that'

A pilot study exploring over-the-counter analgesic use in the SA Aboriginal community

presented by

Prof Charlotte de Crespigny
Ms Coral Wilson - Aboriginal Elder



We acknowledge the traditional
custodians of the Kurna land on which
we meet

In respect of the wishes of the local
Aboriginal people of South Australia the
term Aboriginal is used in this paper.

**Over the Counter (OTC)
analgesic use by
Aboriginal people in
Adelaide**

**Community Report
March 2011**



Aim

To present

- The research team
- Coral Wilson's perspectives
- The need for this research
- An overview of the research
- Methodology and methods
- Findings
- Recommendations

The research team

Dr Charlotte de Crespigny, Professor of Drug and Alcohol Nursing, Joint Chair, School of Nursing, University of Adelaide and Drug and Alcohol Services of South Australia

Coral Wilson - Aboriginal Elder and Cultural Advisor, DASSA

Dr Lynette Cusack Research Fellow (Population Health), School of Nursing and Midwifery Flinders University Adelaide South Australia

Alwin Chong - Senior Research & Ethics Officer, Aboriginal Health Council of South Australia

Scekar Valadian - Senior Aboriginal Project Officer, DASSA (past)

Monica Beshara - Research Assistant, School of Nursing, University of Adelaide.

Coral Wilson's experience in undertaking this research

Other research

Unsafe OTC analgesic use in the general population has serious health outcomes e.g.

- Anaemia
- Asthma
- Kidney failure
- Gastrointestinal disease
- Severe hypokalaemia (low potassium) leading to cardiac complications (Chetty et al 2003; Dutch 2008; (Hersh et al 2000; Fendrick et al 2008).

Other research

A recent study explored use of non-prescription ibuprofen in NT and SA.

Findings

- poor knowledge of risks of OTC analgesics when used **in combination** with other medicines
- seldom read labels/printed directions or sought medical advice regarding their use
- those taking medications known to interact with **ibuprofen more likely to report regular ibuprofen use** (> once a week) than those not taking other medicines (Ngo 2010)

Aboriginal people

- Aboriginal people have significantly poorer health than the general population
 - Life expectancy is about 17 years shorter than general population
 - Extremely high prevalence of chronic illnesses from a young age
- Many have multiple medications prescribed
- OTC analgesics play important role in relieving pain and discomfort caused by their chronic and acute illnesses

Aboriginal people

- Unsafe and ineffective OTC analgesic use poses a *significant additional threat* to their existing poor health and chances of recovery

so far

- There are *serious gaps* in our knowledge about this important issue for Aboriginal people worldwide and locally

Aboriginal people

- Previous **QUMEP** research (2000-2003) identified use of medicines a major safety issue (Kowanko, de Crespigny et al 2003).
- GAP in extant literature about OTC analgesic use amongst **Aboriginal people in particular**
- Serious lack of accessible, culturally appropriate resources for Aboriginal community members
- Aboriginal people have expressed concern

Aim of this study

An exploratory pilot study to learn from Aboriginal people about their knowledge, use, experience and issues regarding their use of OTC analgesics e.g.

- paracetamol, aspirin, NSAIDs and combinations including codeine.

Anticipated findings would indicate Aboriginal people are at risk from OTC analgesic use

Methodology

- Qualitative
 - Participatory Action Research (PAR)
 - Critical theory
- Ethics - AHCSA; Adelaide University; Flinders University
- Participant engagement through Coral Wilson, Aboriginal community members and workers
- Data collection by Aboriginal Elder (Coral) and CI (Charlotte)
- Data analysis by Lynette Cusack CI, Coral Wilson, Charlotte CI

Methodology

- Sampling – purposive with snowball technique
- Inclusion criteria - Aboriginal community members aged 18 + living in metro Adelaide (north/west suburbs)
- All gave informed consent
 - Verbal

All participants and workers involved were provided education and resources about safe use of OTC analgesics

Methodology

- Data collection – focus groups and interview
- Inter-rater reliability - data collectors + another CI
- Analysis - thematic
- Participant feedback on preliminary findings and validation of findings
- Recommendations devised by participants *and* researchers together

Findings

Four focus groups (N=30) and one face to face interview (N=1)

Aboriginal men and women - majority were women

Aged between 20 - 80 years – majority over 40 years

Lived in northern, western and north-eastern suburbs of Adelaide,

Education

Most completed **some primary school** education ranging from grade 4 -7

- few went to high school
- **one completed year 10**

Despite low education levels many had or continued to contribute significantly to their community as

- salaried workers
- cultural advisors in health, welfare, education, court and correctional services.

Employment, community role, daily activities

Weekly activities

- paid employment, unpaid community roles, home duties, babysitting, art and crafts, attending groups

Range of roles and activities

- mothers, fathers, grandmothers, grandfathers, carers, Elders, volunteers, health and community workers.

Transport

Almost all reliant on taxis, community or family for transport

Most found use of public buses and trains very difficult:

- limitations in their physical capacity (e.g. 'bad' feet or feeling unwell)
- having long distances to walk to get public transport.

Health

Most had chronic ill health:

- chronic and acute pain
- sleep problems
- arthritis
- diabetes
- poor eyesight
- heart, liver and kidney problems

Most had **multiple co-existing conditions**

Most found their **ill-health impaired** their ability to engage in various daily activities

Knowledge

Serious deficits in knowledge of prescribed and non-prescribed medicines including OTC analgesics

e.g.

- Action
- Interactions
- Effects
- Side effects
- Contraindications
- Reasons for specific directions on e.g. amount and time of dose/s
- Safe storage etc

Knowledge

Poor knowledge of risks of excessive paracetamol use

- potential of acute overdose and liver failure

Poor knowledge of risks of excessive NSAID use

Concerningly

3 participants or a family member had recently needed **blood transfusions** due to unsafe NSAID use

Barriers

*'if the doctor doesn't tell you we don't ask – we trust in him or her or feel too shy (**shame**) to ask'.*

Poor or no proper advice given by doctors, nurses, pharmacists and Aboriginal health workers

- People therefore **cannot make informed** decisions about selecting and using their OTC analgesics *and other* medicines safely

Barriers

'it gets too hard trying to manage all my medications I get sick of it and every now and then I just stop'.

Their ongoing burden of chronic illnesses and having to take multiple medicines puts people at even greater risk of health crises:

Barriers

'those little tiny blood pressure tablets – I can't see it and often it escapes the dosette and I miss doses'

There are physical barriers to **physically managing** medicines

Sharing

'we share-if it's good for her I take it'.

Many rely on family and friends for advice about, or being provided with, medicines

- part of their culture of sharing and reciprocating
- due to access and financial restraints

Expectations

Elders and Aboriginal health workers (AHWs) should be able to educate their family and community members about safe use of medicines including OTC analgesics

- Elders (like us) and AHWs don't have this knowledge
- AHWs need safe medication use training
- AHWs no longer come to our homes to help us like they used to

Context

'they do not stop to think and ask'

Doctors don't explore or **consider our specific circumstances**
e.g.

- How to store our medicines safely at home
- What our housing and family circumstances are
- Range of medicines we are already taking
- Why we share our medicines with family and friends
- Risks such as medicines being accessible to young children or others

Advertising

'I take panadol because it's the one I remember'

'TV ads influence you in what you take – they have a nice young man or woman and I think... 'they're healthy and I want to be like them'

'They see it on the shelves or on TV and think 'I'll try that'

Many choose particular OTC analgesics because of advertising

- most mentioned panadol® and neurofen®
- advertising strongly influences a belief that OTC analgesics are safe
- advertising methods most talked about were TV commercials and supermarket packaging

Acknowledgements

Funding

From the Centre for Clinical Research Excellence, Aboriginal Health through the Aboriginal Health Council of South Australia.

Hosting

KuraYerlo Community Centre community team
Muna Paendi Community Health Team
Gilles Plains Aboriginal Community Program
Parkes Aboriginal Community Team

Advising

Mr Mark Thompson, Manager Aboriginal Community Services, Drug and Alcohol Services SA (DASSA)
Mrs Helen Murray

We particularly want to thank the Aboriginal people who gave their time and shared their knowledge, experiences and recommendations for change.

Formulation of recommendations

The preliminary findings were presented to a combined community group of participants for discussion, clarification and validation.

Once refined and confirmed the group assisted the team in formulating the final recommendations

These are now presented by Coral Wilson

Ten recommendations

1. Doctors, nurses and Aboriginal Health Workers (AHWs) should ensure their clients
 - fully understand how to take their OTC analgesics (and other medicines) safely
 - are well informed of any risks from taking particular OTC analgesics with other preparations including their prescribed medicines

Recommendations

2. Doctors, pharmacists, nurses and AHWs should educate and encourage their Aboriginal clients to ask for medication reviews in their homes

Recommendations

3. Doctors, pharmacists, nurses and AHWs should take a broad view (holistic) of their client's personal circumstances when discussing, prescribing or advising about medicines, including OTC analgesics

Recommendations

4. Doctors, pharmacists, nurses and AHWs need to educate their clients about the high risks of sharing medicines with others

Recommendations

5. Doctors, pharmacists, nurses and AHWs advising a client about OTC analgesics and other medicines **should write a clearly laid out table listing** all current medicines, simple instructions and which previous medicines are being ceased

Recommendations

6. Elders and AHWs are able to influence positive change in the way OTC medications are used -

Health professionals and policy makers should engage with them, take their advice and involve them in promoting safe use of OTC analgesics and other medicines in their communities

Recommendations

7. Core curriculum of the **AHW training** should include safe medication use

Recommendations

8. Culturally and linguistically appropriate and accessible information about safe use of OTC analgesics and other medicines are urgently required

These should be eye catching colourful and easy to read using pictures showing how to select and use OTC analgesic and other medicines safely.

Recommendations

9. **Further research** on OTC analgesics needs to be conducted with communities in suburban, rural and remote communities.

References

- Hersh E, Moore P, Ross G. Over-the-counter analgesics and antipyretics: A critical assessment. *Clinical Therapeutics*. 2000; 22: 500-548.
- Fendrick A, Pan D, Johnson G. OTC analgesics and drug interactions: Clinical implications. *Osteopathic Medicine and Primary Care*. 2008; 2: 2.
- Chetty R, Baoku Y, Mildner R, et al. Severe hypokalaemia and weakness due to Nurofen misuse. *Annals of Clinical Biochemistry*. 2003; 40: 422-423.
- Dutch M. Nurofen Plus misuse: an emerging cause of perforated gastric ulcer. *The Medical Journal of Australia*. 2008; 188(1): 56-57.
- Ngo S, Stupans L, Leong W, Osman M. Appropriate use of non-prescription ibuprofen: a survey of patients' perceptions and understanding. *International Journal of Pharmacy Practice*. 2010; 18: 63-65.
- Kowanko, de Crespigny and Murray. 2003. ***Better medication use by Aboriginal people with mental health disorders, and their carers. Final report.*** Flinders University and Aboriginal Drug and Alcohol Council SA..