Title: Symptomatic Management  
Organization: National Prescribing Service - Australia

Summary Descriptive Information

Category: Patient Information Leaflet and Alternative Prescription Pad  
Length: 3 pages  
Word Count: 647  
Branding: Yes  
Colour: Partial Colour

Key information:
This combination document offers symptomatic management alternatives to antibiotics for self-limiting infections that may be caused by viruses.

Evaluative Information

Readability
Evaluation/Commentary: The full document has a total of 13 separate sections. There is consistent use of bullets on pages one and three. Left-only justification, the absence of hyphenation and appropriate line length enhances readability. Colour does not diminish readability and bolding of key words helps to focus the reader on key points.

Flesch Reading Ease Score: 48.2  
Flesch-Kincaid Grade Level: 9.4

Decision Support
Evaluation/Commentary: The material does provide therapeutic information to aid patients or support the physician in avoiding the unnecessary use of antibiotics. Dosing information is evident on the first page. Pricing information is not provided but several obviously low-cost alternatives are provided. Retrieval information is lacking.

Impact
Evaluation/Commentary: It is clear that this leaflet is designed to discourage the use antibiotics for self-limiting infections. Attempts are made to address common misconceptions that may motivate patients to seek antibiotics for these infections. The document contains mainly summary key points that can be captured by the reader in less than 1 minute. Symptomatic management prescription provides an alternative for physicians and patients.

Strengths
- A single page with a clear behaviour target and practical alternatives.
- Delivers message in less than 1 minute with bolding of key words for alternatives.

Weaknesses
- Minor formatting inconsistencies – duplication of information on pages 1 and 3.
- Reading level significantly exceeds the grade 5-6 target.
Symptomatic management

- Acute upper respiratory tract infections – common cold, sore throat, bacterial sinusitis and otitis media
- Acute bronchitis

Paracetamol*
ADULTS: 0.5-1g every 3-6 hours when necessary. Maximum daily dose 6g in divided doses for 2-3 days for acute use; 4g daily in divided doses for chronic use.

CHILDREN: For acute use–15mg/kg weight every 4-6 hours. Maximum daily dose 90mg/kg; single dose of 30mg/kg may be given at bedtime. Be sure to check which paediatric product the child is being given before calculating dose.

Steam inhalations
Caution patients regarding the risk of burns. Not recommended for use in children.

Saline nasal spray (Narium Nasal Mist®, Fess®)
Thins mucosal secretions. Avoids the risk of rebound congestion from use of topical nasal decongestants.

Decongestants
- Keep use of topical drops/sprays to a maximum of 5 days to reduce risk of rebound mucosal congestion.
- Oral pseudoephedrine may increase blood pressure in hypertensive people, increase the risk of hypoglycemia in diabetics and exacerbate prostatic hypertrophy. Adverse sympathomimetic effects (excitability, tachycardia, etc) may be worse than the symptoms.

Throat lozenges/gargles
Anti-inflammatory, antibacterial or anaesthetic lozenges or gargles may provide symptomatic relief only.

Cough products
- Avoid irrational combination products containing cough suppressant and expectorant.
- There is no evidence of efficacy of cough suppressants in cough due to viral URTIs.
- Efficacy of expectorants and mucolytics is not established.

Further information

The material in this pad can be photocopied and used for patient education.
Your symptoms suggest a respiratory tract illness where antibiotic treatment will have little or no benefit.

Patient name: ___________________________ Date: __/__/__

These treatments will help you feel better while your body’s own defences defeat the illness.

☐ Rest:

☐ Plenty of fluids:

☐ Regular paracetamol (or adults may take aspirin):

☐ Steam inhalations or saline nasal spray:

☐ A decongestant:

☐ Ice, throat lozenges or gargles:

☐ Other:

- The medicines recommended can be purchased from your local pharmacy.
- Use medicines as directed by your doctor or pharmacist or follow the directions on the package.
- Stop the medication when the symptoms get better.

Follow up

- Contact your doctor if not improved, if symptoms worsen, if new symptoms develop or if you have other concerns.

- Other:

Signature: ___________________________ Practice stamp:
Most colds, sore throats and bronchitis are caused by viruses that antibiotics cannot kill.

Antibiotics may cause unwanted side effects like stomach upsets, diarrhoea and thrush.

Antibiotics will not stop the infection spreading to other people.

Using antibiotics when they are not needed may make them less effective when they are needed.

Instead of taking an antibiotic:

- Get plenty of rest to help your body’s immune system fight off the viruses.
- Drink plenty of fluids to replace fluids lost from your body. Healthy young adults should drink 7-8 glasses of fluid each day, eg water, diluted fruit juice.
- Avoid smoking or exposure to cigarette smoke.

If needed, use medicines to help make you feel better.

Ask your doctor or pharmacist which medicine and the correct dosage to use.

- Regular paracetamol relieves aches and pains and reduces fever.
- Steam inhalations help clear mucus from blocked sinuses and ease chest tightness. For adults: breathe in steam during a hot shower or place your head over a bowl of hot (not boiling) water using a towel to trap the steam. Do not use for young children: steam can cause burns.
- Saline nasal sprays help clear mucus. Purchase from a pharmacy.
- A decongestant (nasal spray/drops or tablet/mixture) may help “dry” a runny nose or relieve blocked sinuses. Some tablets cannot be used by people being treated for high blood pressure. Use nasal sprays/drops for only a few days.
- Suck ice or throat lozenges or gargle warm, salty water to help soothe a sore throat.

Contact your doctor

...if symptoms persist, become worse or other symptoms develop, eg
- severe headache or neck pain
- light hurts your eyes
- difficulty waking up
- child develops high fever, strange/high pitched cry or skin rash.
Title: My Child Has A Middle Ear Infection: Is An Antibiotic Necessary?
Organization: National Prescribing Service - Australia

Summary Descriptive Information

Category: Patient Information Leaflet
Length: 1 page  Word Count: 463
Branding: Yes
Colour: Partial Colour

Key information:
This patient leaflet highlights the self-limiting nature of otitis media and discusses analgesics and warning signs.

Evaluative Information

Readability
Evaluation/Commentary: The material is divided into many small sections with bullets used except for the text box section. There is left-only justification and the complete absence of hyphenation. Colour does not diminish readability.

Flesch Reading Ease Score: 63.2  Flesch-Kincaid Grade Level: 7.8

Decision Support
Evaluation/Commentary: The material does provide therapeutic information to aid patient in analgesic alternatives. The disadvantages of antibiotics are considered. Warning signs and recommended recall to physician are also included. Practice stamp provides increase linkage with provider. Retrieval information is lacking.

Impact
Evaluation/Commentary: The completeness of the document clouds the behavioural target. All of the side effects and problems with giving antibiotics are provided, but the document allows for an antibiotic prescription (mixed message). If antibiotics are not given, the discussion of the risk of deafness may concern patients.

Strengths
  o Completely covers all sides of this complicated issue.

Weaknesses
  o Completeness may interfere with behavioural target and messaging.
  o The blank space within the “When should I return to the doctor” may not be completed.
  o Slightly exceeds the grade level reading target of 5 to 6.
What is a middle ear infection?
Middle ear infection is an infection in the small space just behind the eardrum that is common in young children. It is also called otitis media and usually causes an earache.
Most children will have at least one middle ear infection by 3 years of age.
Middle ear infections are more common in winter and early spring and often follow a simple common cold.

Will antibiotics help right now?
Middle ear infections can be due to either viruses or bacteria. Most children (80%) recover from the pain of their infection within 24 hours without antibiotics.
Your child’s own immune system will be able to get rid of the infection in a few days in most cases.
Research shows that antibiotics do not relieve earache in the first 24 hours of use but may reduce pain thereafter.

What are the disadvantages of antibiotics?
- Giving your child unnecessary antibiotics can be harmful.
- Using antibiotics when you don’t need them may make them less effective when you really need them.
- Antibiotics can cause unpleasant side effects such as skin rashes, diarrhoea and vomiting.

How can I help my child feel better?
The doctor examined your child and although your child is unwell, no serious illness has been found that needs antibiotics.
Therefore, the doctor has given you advice on how to treat the ear infection and may have asked you to bring your child back if there is no improvement or worsening of symptoms. Your doctor may provide a prescription for an antibiotic at this stage.

MY CHILD HAS A MIDDLE EAR INFECTION: IS AN ANTIBIOTIC NECESSARY?

Your doctor has just told you that your child has a middle ear infection. Some information to help you in the next week or so.

What is a middle ear infection?
Middle ear infection is an infection in the small space just behind the eardrum that is common in young children. It is also called otitis media and usually causes an earache.
Most children will have at least one middle ear infection by 3 years of age.
Middle ear infections are more common in winter and early spring and often follow a simple common cold.

Will antibiotics help right now?
Middle ear infections can be due to either viruses or bacteria. Most children (80%) recover from the pain of their infection within 24 hours without antibiotics.
Your child’s own immune system will be able to get rid of the infection in a few days in most cases.
Research shows that antibiotics do not relieve earache in the first 24 hours of use but may reduce pain thereafter.

What are the disadvantages of antibiotics?
- Giving your child unnecessary antibiotics can be harmful.
- Using antibiotics when you don’t need them may make them less effective when you really need them.
- Antibiotics can cause unpleasant side effects such as skin rashes, diarrhoea and vomiting.

Helping your child during a middle ear infection
1. Pain relief is the best thing for your child.
2. Paracetamol or ibuprofen should be given if the earache recurs. Check the package for the correct dose for your child. Do not exceed the specified dose. Contact your doctor if you need to use it for more than 48 hours unless advised by the doctor.

When should I return to the doctor?
- You should take your child back to the doctor if he/she is not recovering in ________ days.
- You should take your child to the doctor if you feel your child’s ear infection is getting worse.

Is there anything I should look out for?
Should you find that your child becomes sicker or develops any new or worrying symptoms such as swelling or redness behind the ear, contact your doctor.
Sometimes there is a persistent deafness that continues after a middle ear infection. Your doctor may suggest a return visit to check that your child is hearing normally again.

NPS is an independent Australian organisation for Quality Use of Medicines, funded by the Australian Government Department of Health and Ageing.
Level 7, 418A Elizabeth St, Surry Hills 2010
Phone: 02 8217 8700

Practice Stamp

This information sheet may be copied for patient use. It is for parents or carers of children with otitis media who have been seen by a doctor. May 2005.
Patient Information Evaluation

**Title:** Patient Information on Benzodiazepines  
**Organization:** Prescription Information Services of Manitoba (PrISM)

**Summary Descriptive Information**

Category: Patient Information Leaflet  
Length: 2 page  Word Count: 463  
Branding: Yes  
Colour: Full Colour  
Key information:  
This patient leaflet highlights the limitations and alternatives to benzodiazepines.

**Evaluative Information**

*Readability*  
Evaluation/Commentary: The material is divided into 7 sections with the final column too narrow for easy readability. The “Tips for Good Sleep” are in a much smaller font. The document is left justified with limited hyphenation.

*Flesch Reading Ease Score:* 51.2  
*Flesch-Kincaid Grade Level:* 9.1

*Decision Support*  
Evaluation/Commentary: The material does provide common names of medications but variety may exceed patient comprehension. It does prepare patients for stopping or not starting benzodiazepines. Cost is not covered. Peer review and retrieval information are evident.

*Impact*  
Evaluation/Commentary: The behavior targets are relatively evident but not starting benzodiazepine and stopping a benzodiazepine are clearly separate behaviours that may apply to separate patient populations. Key messages are evident but hidden in text making it difficult to extract relevant information in one minute.

*Strengths*  
- The document is a relatively complete reference for patients considering benzodiazepine usage.  
- The content is limited to 1-page.

*Weaknesses*  
- May have worked better as 2 separate documents – not starting and stopping benzodiazepines.  
- Readability has some challenges and reading level significantly exceeds the grade 5-6 target.
What are they?

Benzodiazepines are prescription drugs most commonly used to help people sleep or help people manage their high anxiety. Other conditions these drugs are less commonly prescribed for include seizure disorders, alcohol withdrawal, severe agitation and other psychiatric disorders. There are a number of different benzodiazepines on the Canadian market that differ in how quickly they work and how potent they are. Below is a list of commonly used benzodiazepines and their common name.

<table>
<thead>
<tr>
<th>Benzodiazepine</th>
<th>Common Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>alprazolam</td>
<td>Xanax®</td>
</tr>
<tr>
<td>bromazepam</td>
<td>Lectopam®</td>
</tr>
<tr>
<td>chlordiazepoxide</td>
<td>Librax®</td>
</tr>
<tr>
<td>clobazam</td>
<td>Frisium®</td>
</tr>
<tr>
<td>clonazepam</td>
<td>Rivotril®</td>
</tr>
<tr>
<td>clorazepate</td>
<td>Tranxene®</td>
</tr>
<tr>
<td>diazepam</td>
<td>Valium®</td>
</tr>
<tr>
<td>flurazepam</td>
<td>Dalmane®</td>
</tr>
<tr>
<td>lorazepam</td>
<td>Ativan®</td>
</tr>
<tr>
<td>oxazepam</td>
<td>Serax®</td>
</tr>
<tr>
<td>temazepam</td>
<td>Restoril®</td>
</tr>
<tr>
<td>triazolam</td>
<td>Halcion®</td>
</tr>
</tbody>
</table>

The Good Side

These medications are helpful for the short term treatment of insomnia in patients who cannot be managed on non-drug therapy alone. Use of benzodiazepines for insomnia should last no more than 2-4 weeks. For other indications, like seizure disorders, benzodiazepines may need to be prescribed on a long term basis.

The Bad Side

There are side effects that can occur with taking these medications. The most common side effects include daytime sleepiness, impaired memory, slower mental function, less tolerance for alcohol, other sedatives and narcotics. Some less common, but more serious side effects can include dizziness, restlessness, agitation, confusion and a feeling of unsteadiness on one’s feet. Because of these side effects, benzodiazepines can put people, especially seniors, at a higher risk of falls, fractures and traffic accidents.

What To Remember

- If these drugs make you feel sleepy during the day, avoid driving or operating dangerous machinery
- Take these drugs exactly as prescribed
- Remember that benzodiazepines increase the sedating effects of alcohol
- Don’t take any other prescription or non-prescription drugs (like Nyquil® or Gravol®) without discussing it with your doctor or pharmacist

Stopping Benzodiazepines

You and your doctor may decide that it is time for you to stop taking your benzodiazepine. If you have been on the drug for more than 4 weeks, it is important that your dose is gradually reduce to avoid withdrawal effects.

The most common withdrawal effects include problems sleeping, restlessness, and irritability. Less common effects are depression, blurred vision and nausea.

Remember!

- Only 1/3 of patients have withdrawal symptoms
- Symptoms will not harm you
- Symptoms will go away

Tips for a good sleep

DO’S

- Go to bed and get up at about the same time every day
- Keep the bedroom quiet, cool and dark
- If noise bothers you, play gentle music or run a fan to mask sounds
- Get regular exercise daily (but avoid exercise after 4:00 p.m.)
- Relax before going to bed

DON’T

- Don’t nap during the day
- Don’t go to bed until you feel sleepy
- Don’t read or watch TV in bed
- Don’t drink a lot of fluid before you go to bed
- Don’t eat a large meal before you go to bed
- Don’t have any alcohol, caffeine or nicotine several hours before bed
- Don’t lie awake for more than 20 minutes, get up and do something in another room

Adapted from Continuing Educational material developed by J. Mistri and R. Grymonpre, Faculty of Pharmacy, University of Manitoba
Title: Opioids

Summary Descriptive Information

Category: Patient Information Leaflet – Tear off pad
Length: 1 page    Word Count: 124
Branding: Yes
Colour: Partial Colour

Key information:
This patient leaflet discusses opioids as an option in pain management.

Evaluative Information

Readability
Evaluation/Commentary: The material is divided into the optimal 5 sections with left justification, no hyphenation and good line length to support readability. Black and white text ensures readability. There is effective use of a checklist in the final section.

Flesch Reading Ease Score: 43.3      Flesch-Kincaid Grade Level: 10.1

Decision Support
Evaluation/Commentary: The material does provide some common opioid alternatives but is focussed mainly on side effects of these agents. It does provide helpful advice for avoiding the side effects and information on when to contact your doctor. Cost and retrieval information are not readily evident.

Impact
Evaluation/Commentary: The behavior targets for patient is not clear. There is little to support the positive efficacy of opioids and the document covers mainly the problems with their use. While this is important information the document lacks balance unless the goal is to have patients avoid the use of opioids.

Strengths
- Document provides good information on side effects of opioids and how to avoid them.
- The document is formatted into a 1 page – tear off sheet.

Weaknesses
- Lack of balance on positive aspects of opioid use.
- Reading level (10.1) significantly exceeds the grade 5-6 target.
**Opioids**

**Opioids** are sometimes used in combination with other drugs to relieve pain. Opioids can be addictive, so carefully follow your doctor's directions. These drugs may cause drowsiness so do not drive when taking them.

**Some common products:** codeine (e.g. Tylenol #3), tramadol (e.g. Ultracet), oxycodone (e.g. Percocet), and hydrocodone (e.g. Vicodin).

**Side effects** may include constipation, dizziness, drowsiness, nausea, difficulty urinating, rash, dry mouth.

**Take this medicine** with a full glass of water. To reduce constipation, eat fiber-rich foods, such as vegetables, beans, and whole grains. A stool softener may help as well.

**Tell your doctor if you:**
- have side effects such as mental changes or difficulty breathing,
- are allergic to any drugs,
- are taking other medications or alcohol.

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**Some common products:** codeine (e.g. Tylenol #3), tramadol (e.g. Ultracet), oxycodone (e.g. Percocet), and hydrocodone (e.g. Vicodin).

**Side effects** may include constipation, dizziness, drowsiness, nausea, difficulty urinating, rash, dry mouth.

**Take this medicine** with a full glass of water. To reduce constipation, eat fiber-rich foods, such as vegetables, beans, and whole grains. A stool softener may help as well.

**Tell your doctor if you:**
- have side effects such as mental changes or difficulty breathing,
- are allergic to any drugs,
- are taking other medications or alcohol.
Patient Information Evaluation

Title: Acetaminophen

Summary Descriptive Information
Category: Patient Information Leaflet – Tear off pad
Length: 1 page     Word Count: 100
Branding: Yes
Colour: Partial Colour

Key information:
This patient leaflet discusses acetaminophen as an option in pain management.

Evaluative Information

Readability
Evaluation/Commentary: The material is divided into 4 sections with left justification, no hyphenation and good line length to support readability. Black and white text ensures readability. There is effective use of a checklist in the final section.

Flesch Reading Ease Score: 44.0      Flesch-Kincaid Grade Level: 9.7

Decision Support
Evaluation/Commentary: The material provides information on acetaminophen and its upper level dosing for chronic pain. It provides caution against other sources of OTC acetaminophen. Cost, peer review and retrieval information are not readily evident.

Impact
Evaluation/Commentary: The behavior targets for patient is not clear. There is little to support the positive efficacy of acetaminophen with the document focussed on potential liver damage and avoiding the maximal limit of acetaminophen dosing.

Strengths
  o Document provides good information on potential liver damage and the importance of not exceeding maximal dosing.
  o The document is formatted into a 1 page – tear off sheet.

Weaknesses
  o Lack of balance on potential role and relative efficacy of acetaminophen.
  o Reading level (9.7) significantly exceeds the grade 5-6 target.
Acetaminophen (e.g., Tylenol) helps relieve pain. Many other over-the-counter (OTC) products contain acetaminophen. Taking too much can be dangerous, so check the labels of other OTC drug products. The usual upper limit is 4 grams (4,000 mg) per day, or 3 grams (3,000 mg) for people over age 65.

Side effects are rare, but liver damage can occur at excessive doses.

Take this medicine with a full glass of water.

Tell your doctor if you:
- drink alcohol,
- take this medicine more than directed,
- are taking other medications, including OTC products,
- have had liver disease.
Title: A Step-Down Prescription for Proton Pump Inhibitors

Summary Descriptive Information

Category: Alternative Prescription Pad
Length: 1 page  Word Count: 100
Branding: Yes
Colour: Partial Colour
Key information:
This alternative prescription pad provides a fill-in-the-blank format for the step-down from PPIs to OTC antacids or H\textsubscript{2} receptor blockers.

Evaluative Information

Readability
Evaluation/Commentary: The material is divided into 3 sections with left justification, no hyphenation and good line length to support readability. Black and white text ensures readability. There is consistent use of check boxes and fill-in-the-blanks used throughout the pad.

Flesch Reading Ease Score: 63.5  Flesch-Kincaid Grade Level: 7.4

Decision Support
Evaluation/Commentary: The material provides explicit information on dosage reductions of PPI and general guidance on alternative products. Cost, peer review and retrieval information are not readily evident.

Impact
Evaluation/Commentary: The behavior targets for patient is clear with 3-step directions of limiting the use of acid reducing therapy. Key information is readily obtained in less than 1 minute. Step 3 assumes that symptoms persist but contact with doctor is suggested if symptoms persist.

Strengths
- The document is formatted into a 1 page – tear off “prescription” with clear directions for step-down

Weaknesses
- Assumes success of step-down.
- Reading level (7.4) slightly exceeds the grade 5-6 target.
Three steps to end dependence on your acid-lowering drug ("PPI"):  
- **Aciphex** (rabeprazole)  
- **Nexium** (esomeprazole)  
- **Prilosec** (omeprazole)  
- **Protonix** (pantoprazole)  
- **Prevacid** (lansoprazole)

1. **For the first 2 weeks: _____ to _____**  
   **Reduce your dose by half.**  
   - If you were taking one pill a day, take one pill every other day.  
   - If you were taking two pills a day:  
     - Take one pill a day for a week,  
     - and then take one pill every other day for the following week.

2. **For the next 2 weeks: _____ to _____**  
   **Stop the PPI.**  
   If you have abdominal symptoms:  
   - For immediate relief, take an antacid such as Maalox, Mylanta, Tums or a generic.  
   - You can also take an over-the-counter H2 blocker such as ranitidine (Zantac), famotidine (Pepcid), or cimetidine (Tagamet).

3. **Over the next 2 weeks: _____ to _____**  
   **Slowly decrease the dose of H2 blocker or antacid to the lowest amounts needed to control your symptoms.**

Contact your doctor if symptoms persist.

**Physician signature:**
Patient Information Evaluation

Title: Nonsteroidal Anti-inflammatory Drugs

Summary Descriptive Information

Category: Patient Information Leaflet – Tear off pad
Length: 1 page  Word Count: 125
Branding: Yes
Colour: Partial Colour
Key information:
This patient information leaflet discusses the use of NSAIDs for inflammatory pain.

Evaluative Information

Readability
Evaluation/Commentary: The material is divided into the optimal 5 sections with left justification, no hyphenation and good line length to support readability. Black and white text ensures readability. Check bullets are used in 2 of the 5 sections.

Flesch Reading Ease Score: 51.1  Flesch-Kincaid Grade Level: 9.4

Decision Support
Evaluation/Commentary: The material provides information on the general use and side effects on NSAIDs. Celebrex® is the only agent that appears without its generic name. Cost, dosage information, peer review and retrieval information are not readily evident.

Impact
Evaluation/Commentary: The behavior targets is unclear. At 125 words, it is possible to read the document in less than 1 minute. The document provides general information on NSAID use.

Strengths
- The document is formatted into a 1 page – tear off sheet.
- Provides general information of the use of NSAIDs.

Weaknesses
- The behavior target is unclear.
- Reading level (9.1) significantly exceeds the grade 5-6 target.
Nonsteroidal anti-inflammatory drugs (NSAIDs) help relieve pain, swelling, stiffness, and inflammation. NSAIDs are available both by prescription and over the counter. Your doctor may ask you to take NSAIDs every day or just when you need them.

**Common NSAIDs**: ibuprofen (e.g. Motrin, Advil), naproxen (e.g. Aleve), diclofenac, Celebrex.

**Take this medicine**:  
- with a full glass of water,  
- with food, milk, and/or an antacid to reduce stomach discomfort.

**NSAIDs side effects** include stomach ache, diarrhea, dizziness, or headache.

**Tell your doctor if you**:  
- have these or other side effects,  
- have heart, kidney, or stomach problems, or a history of bleeding,  
- take other medications, including over-the-counter products, or drink alcohol,  
- have had reactions to other drugs.
Patient Information Evaluation

Title: Heartburn Prescription

Summary Descriptive Information

Category: Alternative Prescription Pad
Length: 2 page   Word Count: 163
Branding: Yes
Colour: Partial Colour
Key information:
This alternative prescription pad provides information on the prevention of heartburn and OTC management of the problem if prevention fails.

Evaluative Information

Readability
Evaluation/Commentary: The material is divided into readable sections with a list of 6 suggestions on prevention and 5 options on the OTC prescription. There is consistent use of tick boxes. Left justification, no hyphenation, good line length and black and white text all support readability.

Flesch Reading Ease Score: 70.3   Flesch-Kincaid Grade Level: 5.4

Decision Support
Evaluation/Commentary: The material provides clear and simple directions on prevention of heartburn and several staged alternatives to treatment when heartburn occurs. Some prevention activities are more achievable than others. Cost is indirectly considered in prevention and first treatment option. Dosage information, peer review and retrieval information are not readily evident.

Impact
Evaluation/Commentary: The behavior targets are relatively clear and clouded only by the relatively large number and complexity of achieving some behaviors (quit smoking, lose weight). There is effective use of key points in a document.

Strengths
  o Alternative prescription format with room for prescriber signature.
  o The document is written at an appropriate grade level.
  o Deals effectively with prevention and initial treatment.

Weaknesses
  o Inability to deal with complexity of some of its behaviour targets.
To prevent heartburn:

☐ Stay away from food and drinks that can cause acid reflux:
  o Chocolate
  o Citrus fruits
  o Tomatoes
  o Coffee
  o Alcoholic beverages

☐ Maintain a healthy weight.

☐ Stop or decrease smoking.

☐ Don’t lie down for 2-3 hours after eating.

☐ Avoid tight-fitting clothes.

☐ Elevate the head of your bed with blocks or phone books.

Balanced data about medications
To treat your heartburn when it flares:

☐ Drink a large glass of milk or water. This often brings relief – and it’s nearly free!

☐ Take an antacid for relief in 5 – 15 minutes. This will cancel out the “burn” of acid in the stomach.
  ○ Some antacids are Tums, Rolaids, Maalox, and Mylanta; many generics (store brands) work just as well.
  ○ Liquid antacids may provide relief more quickly.

☐ Try an H₂ blocker for relief in about 1 hour. These drugs reduce acid made in the stomach.
  ○ Some H₂ blockers are ranitidine (Zantac), famotidine (Pepcid), and cimetidine (Tagamet).

☐ If you do not get relief from these suggestions, see your doctor.

☐ Other ______________________________
________________________________________________________________________

Physician’s signature __________________________
Patient Information Evaluation

Title: Put Out The Fire

Summary Descriptive Information

Category: Patient Information Brochure
Length: 2 page  Word Count: 824
Branding: Yes
Colour: Full Colour

Key information:
This patient information brochure provides information on heartburn, its prevention and treatment choices.

Evaluative Information

Readability
Evaluation/Commentary: The material is divided into 7 readable sections. Tables are used consistently and effectively. The use of colour enhances the fire theme but does present some minor reading challenges. Left justification, no hyphenation, and good line length support general readability.

Flesch Reading Ease Score: 63.1  Flesch-Kincaid Grade Level: 7.7

Decision Support
Evaluation/Commentary: The material provides a clear and stepwise examination of the options for the prevention and treatment of heartburn. Dosing information and cost issues are fully considered. Given the OTC elements of heartburn therapy, supporting patient decisions are key to a proper management. Retrieval information is not readily evident.

Impact
Evaluation/Commentary: The behavior targets are well established but numerous. Summary and key information is added by the selective use of bolding of key phrases. Delivery of the main messages takes longer than 1 minute only because of the layers of the stepwise to the management of heartburn.

Strengths
- Stepwise approach dealing with non-pharmacological and OTC management of heartburn.
- Relatively full descriptions of medication choices, doses and costs.

Weaknesses
- Reading level is slightly above the target of grade 5-6.
- Fire colour theme presents readability challenges.
Balanced data about medications

Acid is produced to break down food in the stomach. Heartburn is a sign that acid has escaped from your stomach and traveled back up towards the mouth. How does it escape? A muscle at the entrance to the stomach normally opens and closes to let food in. Sometimes, this muscle gets weak or opens at the wrong time, so that food and stomach acid can back up. This causes the burning feeling known as heartburn.

PUT OUT THE FIRE

WHAT IS HEARTBURN?

Acid is produced to break down food in the stomach. Heartburn is a sign that acid has escaped from your stomach and traveled back up towards the mouth. How does it escape? A muscle at the entrance to the stomach normally opens and closes to let food in. Sometimes, this muscle gets weak or opens at the wrong time, so that food and stomach acid can back up. This causes the burning feeling known as heartburn.

STOP HEARTBURN BEFORE IT STARTS

You can take several specific steps to help prevent heartburn:

- **Stay away from food and drinks that can cause heartburn.** These include chocolate, coffee, alcoholic beverages, tomatoes, and citrus fruits like lemons, oranges, and grapefruit.

- **Stop or decrease smoking.** Tobacco weakens the muscle that keeps acid where it belongs, down in the stomach.

- **Maintain a healthy weight.** Carrying extra weight puts pressure on the stomach, forcing food and acid back up.

- **Wear loose fitting clothes.** Tight clothing can press on the stomach, pushing the acid back up.

Proton Pump Inhibitors (PPIs) continued

- PPIs are expensive, but there are cost differences among them. Talk with your doctor or your pharmacist to see which PPI would have the lowest cost for you.

One PPI is available without a prescription, at a much lower cost: Prilosec OTC.

If you don’t have health insurance or coverage for prescription drugs, Prilosec OTC is the least costly PPI and will work as well to treat heartburn.

### Summary of heartburn relief options

<table>
<thead>
<tr>
<th>Lifestyle Changes</th>
<th>time until symptom relief</th>
<th>available without a prescription?</th>
<th>cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antacids</td>
<td>5-15 minutes</td>
<td>Yes</td>
<td>$3</td>
</tr>
<tr>
<td>H2 blocker</td>
<td>30-60 minutes</td>
<td>Yes</td>
<td>$10</td>
</tr>
<tr>
<td>PPI: Prilosec OTC</td>
<td>1-4 days</td>
<td>Yes</td>
<td>$20</td>
</tr>
<tr>
<td>PPI: all others</td>
<td>1-4 days</td>
<td>No</td>
<td>$111</td>
</tr>
</tbody>
</table>

*Approximate cost is based on www.drugstore.com prices for the lowest priced drug in each drug class for a 30-day supply.

PUT OUT THE FIRE

A patient’s guide to heartburn prevention and treatment

Over 60 million Americans experience heartburn—a burning pain in the middle of the chest that may move up to the neck. Some people have the feeling that food is “coming back up,” producing an acid or bitter taste. Heartburn is painful and unpleasant, but there are steps you can take to reduce or get rid of it.

Balanced data about medications

Balanced data about medications
WARNING SIGNS

See your doctor if you have:

• Chest pain.
• Nausea or vomiting, or if you vomit blood or material that looks like coffee grounds.
• Pain with exercise or pain that goes into your back, neck or arm; these may be signs of a heart problem.
• No relief after trying both the lifestyle suggestions above and non-prescription medications.

OTHER MEDICATIONS

If your heartburn does not improve when you take an over-the-counter medicine and use the prevention suggestions above, or if you have heartburn more than twice a week for over a month, talk to your doctor to see if you need a prescription for a proton pump inhibitor (PPI).

Proton Pump Inhibitors (PPIs)

PPIs work by preventing acid from being made in your stomach.

Some PPIs are: esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), and rabeprazole (AcipHex).

• It can take 24 hours or more before you will get full relief after taking a PPI.
• All PPIs work about the same, and no PPI is better than another.

HOW CAN I TREAT MY HEARTBURN?

If you do get heartburn, there are several treatments to consider. Two kinds of medicines are available without a prescription (over-the-counter): antacids and H2 blockers.

Using these over-the-counter medications and the suggestions above to prevent heartburn, 70% of people will be able to manage their heartburn without needing a prescription.

OVER-THE-COUNTER MEDICATIONS

Antacids

These medications work by neutralizing the acid in your stomach.

Some antacids are Tums, Rolaids, Maalox, and Mylanta, plus generics: store brands work just as well. Liquid antacids may provide relief more quickly.

• Antacids work fast. Many patients feel relief in 5-15 minutes.
• They can be purchased without a prescription.
• Most antacids work as well as any other. Pick one based on the cost and taste, and whether you prefer tablets or liquid.

H2 blockers

H2 blockers work by decreasing the amount of acid your stomach makes.

Some H2 blockers are: nizatidine (Axid), famotidine (Pepcid), cimetidine (Tagamet), and ranitidine (Zantac).

• It takes about 1 hour to get relief from your heartburn after taking an H2 blocker. For this reason, some people take these pills before a meal to prevent heartburn after eating.
• They can be purchased without a prescription.
• They often work well if you take one dose at night before bedtime.
• All H2 blockers work about the same. You can pick one based on the cost. The brand name versions are much more expensive and are not any better than the non-brand (generic) versions. Here is a price comparison for a month’s supply at the dose recommended for heartburn:

<table>
<thead>
<tr>
<th>name brands</th>
<th>cost</th>
<th>non-brand (generic) version</th>
<th>cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pepcid 10 mg</td>
<td>$10</td>
<td>famotidine</td>
<td>$4</td>
</tr>
<tr>
<td>Zantac 75 mg</td>
<td>$10</td>
<td>ranitidine</td>
<td>$4</td>
</tr>
<tr>
<td>Aicid 75 mg</td>
<td>$15</td>
<td>nizatidine</td>
<td>not available</td>
</tr>
<tr>
<td>Tagamet 200 mg</td>
<td>$16</td>
<td>cimetidine</td>
<td>$9</td>
</tr>
</tbody>
</table>

Stop heartburn before it starts continued

• Put 6-inch blocks under the head of your bed to reduce night symptoms.

Placing your bed at a slight incline encourages acid and food to stay in the stomach. Just raising your head with pillows won’t work, because it causes you to bend at the waist and puts extra pressure on your stomach.

• Don’t lie down for 2 – 3 hours after eating.

Staying upright until your dinner is digested will help prevent it from moving back up out of the stomach.
**Title:** Treating Depression  
**Organization:** National Prescribing Service (Australia)

**Summary Descriptive Information**

Category: Patient Information Leaflet  
Length: 2 page  
Word Count: 838  
Branding: Yes  
Colour: Partial Colour  

Key information:  
This patient information leaflet provides general education on the treatment of depression.

**Evaluative Information**

*Readability*
Evaluation/Commentary: The material is divided into too many sections (15) to optimize readability. There is consistent use of bullets for lists and some graphics help to break up the text. Left justification and lack of hyphenation also support readability. Column width is occasionally too short.

**Flesch Reading Ease Score:** 54.9  
**Flesch-Kincaid Grade Level:** 9.3

*Decision Support*
Evaluation/Commentary: The material provides a general discussion of the proper use of antidepressants. There is clear information on retrieval and multiple sources for supporting information. Dosing and pricing information are absent but justified by variety of agents available.

*Impact*
Evaluation/Commentary: The behavior targets are not clearly evident. Summary and key information are not easily abstracted from this 3-page document.

*Strengths*
- Linked with phone and web support for additional information.

*Weaknesses*
- Reading level is significantly above the target of grade 5-6.  
- Behavioural target is not clear.  
- Difficulty abstracting key messages quickly.
Treating your depression

This leaflet is for people who have been diagnosed with depression and prescribed an antidepressant medicine.

About depression

Around 1 person in every 7 will experience at least a short period of depression at some stage in their life.

Your doctor will have discussed the symptoms of your depression with you. For most people, these include at least some of the following:

- depressed mood (feeling down)
- not being interested in, or not wanting to do, the things you usually enjoy
- having guilty feelings
- disturbed sleep (sleeping too much or not enough)
- being tired all the time
- not being able to concentrate
- not being able to enjoy things, or
- thinking a lot about death or suicide.

These can all make it hard to do things you would normally do.

Treatment for your depression

Treatment will help you recover faster from depression.

The two main treatments are ‘talking therapy’ and antidepressant medicines.

Using ‘talking therapy’ along with an antidepressant medicine is often the best way to treat depression.

Talking therapies aim to treat depression by helping change the way you think about and react to situations and relationships.

Antidepressant medicines can also help relieve depressed feelings.

Antidepressant medicines

There are many different antidepressant medicines and these all work as well as each other. Your doctor will discuss these choices with you.

However, some people will respond better to one antidepressant medicine than another.

How long will it take for my antidepressant medicine to work?

It may take 4 to 6 weeks before you notice the full effect, but some people respond earlier.

- Ask your doctor about making regular appointments so you can talk about your progress.

How long will I need to take antidepressant medicine for?

- You will need to take the antidepressant medicine for 6 months or more to make sure you are well again.
- You must talk to your doctor before you decide to take less of (or stop) your antidepressant medicine.

Consumer medicines information (CMI)

The CMI will give you more information about your antidepressant medicine.

- You can get a CMI from your pharmacist or doctor, by calling the NPS Medicines Line on 1300 888 763 (free call) or by going to www.nps.org.au/consumers.
Taking your antidepressant medicine

The dose and number of times each day you will need to take an antidepressant medicine will depend on which one is prescribed for you.

Antidepressant medicines work best when taken every day at about the same time(s).

If you forget to take a dose, either talk with your doctor or pharmacist, or consult the CMI.

'Side effects' of antidepressant medicines

All antidepressant medicines have side effects. These are any unusual things you notice after you start taking your antidepressant medicine (such as feeling drowsy or sick, or having a dry mouth) and may affect you more, or less, than other people.

Most side effects usually settle down after 1 or 2 weeks of treatment.

- Talk with your doctor:
  - about what side effects you might expect
  - if you are experiencing side effects.

If you and your doctor decide that you need to change to another antidepressant medicine, you may need to have a few days when you don't take any antidepressant medicine at all. (Your doctor will talk to you about this.)

What about my other medicines?

Sometimes it is not safe to take other medicines (including herbal and natural medicines) with your antidepressant medicine; for example, St John's wort and many cough and cold preparations.

- Tell your doctor and pharmacist about all other medicines you take, including those prescribed by any other health professional and those you've bought without a prescription.

Other things you ought to know

- Make sure you keep appointments with your doctor so that you can talk about how you feel.
- Talk to your doctor about all the things you can do to treat your depression.
- You can also get information and help from the services listed in the next column.

See your doctor if...

- you think you are experiencing side effects
- you are not feeling better
- you feel worse, or are thinking about suicide or harming yourself
- you have any other questions.

Try to

- do things you usually enjoy
- continue your normal routines
- reduce your stress by relaxing
- exercise regularly — make this something you find enjoyable (e.g. swimming, walking)
- eat healthy foods.

Where can I find more information?

If you need to talk to someone about your depression (or are caring for someone with depression), call: Lifeline 131 114 (24 hours, 7 days a week).

For information about medicines, call: NPS Medicines Line 1300 888 763 (free call 9am to 5pm, weekdays).

For general information, call: The Lifeline Mental Health Information Service 1300 131 114 (free call 9am to 5pm, weekdays).

Some useful websites

- www.depression.net.com.au
- www.bluepages.anu.edu.au
- www. beyondblue.org.au
- www.crufad.unsw.edu.au
- www.blackdoginstitute.org.au
- www.sane.org
- www.moodgym.anu.edu.au

Websites provide general information. Always discuss any specific questions or concerns with your doctor or pharmacist.
Patient Information Evaluation

Title: About your medications ….Sleeping Pills
Organization: Community Drug Utilization Program (British Columbia)

Summary Descriptive Information

Category: Patient Information Leaflet
Length: 2 page Word Count: 838
Branding: No
Colour: Partial Colour

Key information:
This patient information leaflet describes the proper use and limitations of sleeping agents.

Evaluative Information

Readability
Evaluation/Commentary: The material is divided into too many sections (8) to optimize readability. Left justification, lack of hyphenation, and column width support readability. Text boxes and tables also serve to enhance readability.

Flesch Reading Ease Score: 54.9 Flesch-Kincaid Grade Level: 9.3

Decision Support
Evaluation/Commentary: The material provides a general discussion of the proper use of sleeping agents. Relative cost information is provided. There is a lack of detailed information on the non-drug measures.

Impact
Evaluation/Commentary: Behavior targets are evident but there are several (non-drug use, short-term use, discontinuing long term use). Key messages are evident and can be obtained in less than 1 minute.

Strengths
- Clear key messages.
- Inclusion of pricing information.
- Discussion of efficacy limitations of both prescription and non-prescription products.

Weaknesses
- Reading level is significantly above the target of grade 5-6.
- Lack of detail on non-drug measures.
About your medications ....

Sleeping Pills

This newsletter discusses the effectiveness, safety and costs of the most commonly used sleeping pills available by prescription. It also answers some of your most frequently asked questions about sleeping pills.

Almost everyone has trouble sleeping once in a while and this is seldom a problem. If you suffer from insomnia, you have difficulty sleeping on a regular basis. As a result, you are not able to function as you normally would in the daytime. Many factors may cause insomnia including shift work, travelling, stress, pain, grief, depression, caffeine, or alcohol.

What are the goals of therapy?

The goals of therapy are to:
• promote sleep;
• reduce impaired functioning during the day due to a lack of sleep.

What treatments are available for insomnia?

Insomnia can be treated with non-drug measures or with medication.

Do sleeping pills have side effects?

All sleeping pills may make you feel drowsy in the daytime. They can also cause confusion and impair your memory.

Sleeping pills can be “habit forming.” If you take sleeping pills regularly and then stop using them suddenly, you may develop a “withdrawal reaction.” This may include anxiety, tremor, irritability, restlessness and insomnia. These symptoms may last for several days.

A withdrawal reaction is more likely to occur, and more likely to be severe, with long-term use of sleeping pills at high doses. But you can also have withdrawal reactions even with low doses and short-term use.

Even if you have been using sleeping pills for only a couple of weeks, you should expect to have one to two nights of poor sleep after you stop taking them. That’s because your body has become used to taking sleeping pills. It does not mean that you must continue to take them to get a good night’s sleep. Your body will readjust after a few nights. If you continue to sleep poorly, see your doctor.

What is the best way to stop taking sleeping pills?

If you have been taking sleeping pills regularly for a long time, or if you have been taking high doses, you should decrease the dose gradually over several weeks under the supervision of your doctor.

Non-drug measures may include establishing a regular bedtime routine, relaxation exercises and avoiding caffeine or alcohol in the evenings. Ask your doctor or pharmacist for more information on getting a good night’s sleep without using medication.
Do sleeping pills have any different effects on the elderly?

If you are 65 years or older, you are more likely to experience side effects. That’s because medications leave your body more slowly as you get older. Your doctor may start you with a small dose (1/2 of a tablet) to reduce the risk of side effects.

How long can sleeping pills be used?

Sleeping pills often lose their effectiveness if they are used daily for more than a couple of weeks. Your body develops a tolerance to them. You can prevent this by taking sleeping pills only occasionally.

Sleeping pills are meant to be used only for short periods of time (no more than two or three weeks). The safety and effectiveness of their long-term use have not been evaluated. If sleeping pills are needed for longer periods, it is best to take them only two or three times per week.

What are the differences between sleeping pills?

All prescription sleeping pills provide similar relief. They differ in how long the effect lasts. Since the goal of treatment is to promote sleep and improve daytime functioning, the ideal sleeping pill should help you sleep during the night and not cause daytime drowsiness. Short-acting sleeping pills come closest to this ideal. At recommended doses, they are less likely to cause daytime sleepiness than long-acting sleeping pills.

Doctors no longer recommend long-acting sleeping pills for insomnia. Their use has been associated with an increased risk for falls and hip fractures in the elderly. Some of these medications are used for other medical reasons. If you are using any of them for insomnia, you should discuss it with your doctor.

Another difference between sleeping pills is their cost. Oxazepam (Serax®) is the least expensive, while zopiclone (Imovane®) is the most expensive. See the following table for more information.

<table>
<thead>
<tr>
<th>Sleeping pills</th>
<th>Cost* for 30 tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-acting</strong></td>
<td></td>
</tr>
<tr>
<td>Oxazepam (Serax®)</td>
<td>&lt;$1</td>
</tr>
<tr>
<td>Lorazepam (Ativan®)-tablets</td>
<td>$2</td>
</tr>
<tr>
<td>-sublingual tabs</td>
<td>$4</td>
</tr>
<tr>
<td>Triazolam (Halcion®)</td>
<td>$2</td>
</tr>
<tr>
<td>Bromazepam (Lectopam®)</td>
<td>$4</td>
</tr>
<tr>
<td>Temazepam (Restoril®)</td>
<td>$7</td>
</tr>
<tr>
<td>Chloral hydrate (Noctec®)</td>
<td>$2</td>
</tr>
<tr>
<td>Zopiclone (Imovane®)</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Long-acting</strong></td>
<td></td>
</tr>
<tr>
<td>Diazepam (Valium®)</td>
<td>&lt;$1</td>
</tr>
<tr>
<td>Chlordiazepoxide (Librium®)</td>
<td>&lt;$1</td>
</tr>
<tr>
<td>Flurazepam (Dalmane®)</td>
<td>$1</td>
</tr>
<tr>
<td>Nitrazepam (Mogadon®)</td>
<td>$6</td>
</tr>
<tr>
<td>Clorazepate (Tranxene®)</td>
<td>$8</td>
</tr>
</tbody>
</table>

* medication cost only (does not include dispensing fee)

What about non-prescription sleeping pills?

Non-prescription sleeping pills (such as Nytol®) are of little value in treating insomnia. They also have many side effects, such as daytime drowsiness, dry mouth and blurred vision.

Summary

- Sleeping pills should be used in combination with non-drug measures to promote sleep.
- Ideally, sleeping pills should be taken only for short periods (two to three weeks).
- All prescription sleeping pills are equally effective.
- All sleeping pills may cause daytime drowsiness and confusion.
- Low doses of short-acting sleeping pills have a lower risk for side effects.
- Sleeping pills can be “habit-forming.” You should expect one to two nights of poor sleep when you stop using them.
Title: Antibiotics Are Not For Viral Infections
Organization: Community Drug Utilization Program (BC)

Summary Descriptive Information

Category: Patient Information Leaflet
Length: 4 page  Word Count: 507
Branding: Yes
Colour: Partial Colour

Key information:
This patient information leaflet supports the non-use of antibiotics for viral infections.

Evaluative Information

Readability
Evaluation/Commentary: The material is divided into too many sections (8) to optimize readability. Left justification, lack of hyphenation, and column width support readability. Text is chunked and there is ample use of blank space to enhance readability. The actual quality of the text and the blue colour make document harder to read.

Flesch Reading Ease Score: 50.7  Flesch-Kincaid Grade Level: 10.1

Decision Support
Evaluation/Commentary: The material provides information to support the decision not to use antibiotics and includes a discussion of the unnecessary cost of antibiotics. Non-drug measures are listed, but OTC agents for symptomatic measures are not discussed in detail. Retrieval mechanisms and referencing are not readily evident. Peer review is suggested by the message coming from a physician group.

Impact
Evaluation/Commentary: The behavior targets is clearly evident. Document length may prevent key messages from being abstracted in less than 1 minute.

Strengths
  o Good use of text spacing and graphics to enhance readability.
  o Message from a physician group – implied peer review.

Weaknesses
  o Reading level is significantly above the target of grade 5-6.
  o Text colour and quality of type.
  o Lack of detail on non-drug measures.
For:  

From: Dr.  

Date:  

A Message From:

North Shore Family Physicians,  
Pediatricians, and Lions Gate Hospital Pharmacists

Antibiotics

Are Not For

Viral Infections

The educational material in this pamphlet is intended to explain why antibiotics should not be used to treat viral infections. It also offers suggestions to help relieve some of your symptoms.
I feel sick. Why didn’t my doctor prescribe an antibiotic?

Many common infections (such as colds, the flu, some ear infections and sore throats) are caused by viruses. Your doctor has determined that your infection has been caused by a virus. In a viral infection, an antibiotic won’t help and may do more harm than good.

Why won’t an antibiotic help?

An antibiotic is a drug that is used to treat infections caused only by bacteria. Antibiotics do not work in viral infections.

But I feel terrible. Won’t an antibiotic make me feel better?

You may feel terrible, but an antibiotic won’t relieve any of your symptoms. An antibiotic won’t shorten your recovery time, nor prevent you from becoming sicker.

What harm can it do if I take an antibiotic for a viral infection?

Using an antibiotic to fight a viral infection may make you feel even worse. The improper use of antibiotics exposes you unnecessarily to side effects such as an upset stomach, diarrhea and rashes.

The unnecessary use of antibiotics also results in the development of resistant bacteria. Resistance means that antibiotics do not work when we need them. The overuse of antibiotics has already resulted in some resistant bacteria making a number of infections very difficult to treat.

Unnecessary antibiotics are also a waste of money.
But a friend who had the same symptoms received an antibiotic.
Why can’t I?

Even though your friend may have the same symptoms, their infection may be different from yours. Viral and bacterial infections sometimes have similar symptoms. Only your doctor can determine the type of infection you have.

Antibiotics can be very useful drugs when they are used appropriately — to fight infections caused by bacteria. We must take special care to preserve their effectiveness so that they continue to be useful for future generations.

If I don’t need antibiotics, what can I do to get rid of my viral infection quickly?

While no medicine has been shown to help speed up recovery in viral infections, there are a few things you can do that may help you feel better and get well faster:

• Get plenty of rest;
• Maintain your fluid intake;
• Keep warm;
• Eat a balanced diet.
Is there any medication a doctor can recommend to help me feel better?

If you have specific symptoms that are particularly troublesome (such as sore throat, cough, headache, stuffy or runny nose or fever) ask your doctor or pharmacist for advice on non-drug measures or for an over-the-counter-product* to help you.

When will I start to feel better?

Viral infections generally last about seven to 10 days. However, if you do not start to feel better in three or four days, or if your symptoms get worse, please see your family doctor.

Doctor’s Recommendations:

* Some medical conditions (such as diabetes, high blood pressure, heart disease, thyroid disease) may be worsened with some over-the-counter medications. Please consult your doctor or pharmacist before taking any medication.

Developed by: Community Drug Utilization Program
Patient Information Evaluation

Title: Antibiotics Are Not For Viral Infections
Organization: Community Drug Utilization Program (BC)

Summary Descriptive Information

Category: Poster
Length: 1 page   Word Count: 36
Branding: No
Colour: Full Colour
Key information:
This poster challenges patient driven demand for antibiotics for viral infections.

Evaluative Information

Readability
Evaluation/Commentary: The poster has short readable chunked text. There may be some challenges with reading this material as a poster. It may not be large enough to be read from a distance.

Decision Support
Evaluation/Commentary: The material simply states that antibiotics are not for viral infections and the physician decides what is causing the infection. The document alone does not provide decision support and was intended to be used along with a patient information leaflet.

Impact
Evaluation/Commentary: The behavior targets is clearly evident and message can be delivered in less than 1 minute.

Strengths
   o Key message – challenges patient expectations of antibiotics for all infections

Weaknesses
   o Size of poster – may not be possible to read from a distance
BACTERIA can cause: sore throat, cough, headache, earache, stuffy nose, fever...
but these are more often caused by a VIRUS

Antibiotics are NOT for VIRAL Infections

LET YOUR DOCTOR DECIDE what is causing YOUR symptoms!
Title: Why AM I Taking So Many Pills After My Heart Attack  
Organization: RxFiles and Health Quality Council (Saskatchewan)

Summary Descriptive Information

Category: Patient Information Leaflet  
Length: 2 page  Word Count: 586
Branding: Yes  
Colour: Full Colour

Key information:
This patient information leaflet reviews the agents commonly prescribed in patients after a heart attack and attempts to quantify the value of these therapies to support patient compliance.

Evaluative Information

Readability
Evaluation/Commentary: The information is divided into 2 main sections. There is sufficient contrast between text and background colour to ensure readability. Line length is a little long in for a few lines and lack of left justification does impede readability and flow.

Flesch Reading Ease Score: 66.5  
Flesch-Kincaid Grade Level: 7.6

Decision Support
Evaluation/Commentary: The material provides support for the use of the medications required after a heart attack. Dosage and pricing information is absent but the names of all relevant medications are provided. There may be some confusion in the overlap between drugs used in reason #1 and reason #2. The decision aide (happy faces) effectively supports the patient decision process. Referencing is available on request. Contact and website information supports retrieval.

Impact
Evaluation/Commentary: The behavior targets are clearly evident and key message can be delivered in less than 1 minute.

Strengths
  o Patient decision support for risk reduction concepts  
  o Patient involvement in risk reduction goals

Weaknesses
  o Reading level is slightly above the target grade 5-6 level.  
  o Minor readability challenges – centralized text.
There are TWO main reasons you are taking pills after your heart attack:

**Reason #1: To treat “risk factors” that cause repeated heart attacks**

The risk factors below cause heart attacks. The closer you can get to the “targets” the lower your risk. Some people take pills to help them meet these targets (especially for blood pressure and cholesterol).

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>TARGET</th>
<th>MY GOAL</th>
<th>HOW AM I DOING?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Smoking</td>
<td>Increases risk by 3 times or more</td>
<td>No smoking</td>
<td></td>
</tr>
<tr>
<td>2. Blood pressure</td>
<td>Increases risk by 2 times or more</td>
<td>Less than 140/90 (130/80 for diabetics)</td>
<td>BP=</td>
</tr>
<tr>
<td>3. Cholesterol</td>
<td>Increases risk by 2 times or more</td>
<td>LDL (“bad”) cholesterol less than 2.5 HDL (“good”) cholesterol more than 1.0</td>
<td>LDL=</td>
</tr>
<tr>
<td>4. Exercise</td>
<td>Decreases risk by 15-30%</td>
<td>30 minutes of exercise 3-5 days per week (i.e. walking, cycling, swimming)</td>
<td></td>
</tr>
<tr>
<td>5. Weight</td>
<td>Obesity increases risk by up to 60%</td>
<td>Different for everyone (ask your doctor about your healthy weight).</td>
<td></td>
</tr>
<tr>
<td>6. Diet</td>
<td>Decreases risk by 30% or more</td>
<td>Ask your doctor, dietician, or visit <a href="http://www.heartandstroke.ca">www.heartandstroke.ca</a> for more information on a heart-healthy diet.</td>
<td></td>
</tr>
<tr>
<td>7. Diabetes</td>
<td>Increases risk by 2 times or more</td>
<td>Hemoglobin A1C less than 7%. Fasting glucose (FG) 4-7.</td>
<td>A1C= FG=</td>
</tr>
</tbody>
</table>

**Reason #2: To protect your heart and help prevent a second heart attack.**

Even if you are able to meet the targets listed above without the help of pills, you will still benefit from certain “heart pills”.

**WHY?**

The pills on the next page are proven to help prevent repeated heart attacks even if you have normal blood pressure and cholesterol. If you had a heart attack you will benefit from these life saving pills!
What does this mean for **YOU** in the next 10 years?

On average, your risk of a 2nd heart attack within the next 10 years is about **30%**. This means that if there were 20 people just like you, about **6** of them would have another heart attack. The “happy faces” crossed out are the people who will have another heart attack.

---

**Life Saving Drugs**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Description</th>
<th>Effectiveness</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aspirin (ASA)</strong></td>
<td>Lowers the risk of a 2nd heart attack by about <strong>30%</strong> by preventing blood clots.</td>
<td>If these 20 people took aspirin, only about <strong>4</strong> of them might have a 2nd heart attack</td>
<td></td>
</tr>
<tr>
<td><strong>ACE inhibitors</strong></td>
<td>A heart pill that lowers the risk of a 2nd heart attack by about <strong>20%</strong> (even if you have normal blood pressure). - Some examples are: ramipril, enalapril, lisinopril, perindopril, trandolapril, captopril</td>
<td>If these 20 people took an ACE inhibitor, only about <strong>5</strong> of them might have a 2nd heart attack</td>
<td></td>
</tr>
<tr>
<td><strong>Statins</strong></td>
<td>A cholesterol pill that lowers the risk of a 2nd heart attack by <strong>25%</strong> (even if you have normal cholesterol). - Some examples are: atorvastatin, simvastatin, rosuvastatin, pravastatin</td>
<td>If these 20 people took a statin, only about <strong>4</strong> of them might have a 2nd heart attack</td>
<td></td>
</tr>
<tr>
<td><strong>Beta-blockers</strong></td>
<td>A heart pill that lowers the risk of a 2nd heart attack by about <strong>25%</strong> (even if you have normal blood pressure). - Some examples are: metoprolol, atenolol, carvedilol, propranolol, timolol</td>
<td>If these 20 people took a beta-blocker, only about <strong>4</strong> of them might have a 2nd heart attack</td>
<td></td>
</tr>
</tbody>
</table>

---

**Combined Benefits**

You will get the most benefit if you take all 4 pills. While we don’t know exactly how much the combination reduces the risk of a heart attack, some estimates* suggest that if these 20 people took all 4 pills, only **2** of them might have a 2nd heart attack.

---

- These benefits are **ON TOP OF** the effects of the lifestyle changes on the previous page and are **REGARDLESS** of whether or not you have high cholesterol or high blood pressure.
- These pills are often recommended as life-long treatments. (Not all people are able to take all four.)

---

If you have had a heart attack and you are not on all four of these life saving pills, please discuss this with your doctor or pharmacist.

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*For sample calculations and list of references please contact: Derek Jorgenson (Email: djorgenson@hqc.sk.ca; Tel: 306-668-8810)
Patient Information Evaluation

**Title:** Divide and Share

**Organization:** The Harvard Incentive Trial (British Columbia)

**Summary Descriptive Information**

Category: Patient Information Leaflet  
Length: 2 page  
Branding: Yes  
Colour: Full Colour  
Key information:  
This patient information leaflet supports the use of tablet splitting of statins to save money.

**Evaluative Information**

*Readability*
Evaluation/Commentary: This patient information leaflet includes 3-step guide to split and a chart indicating the savings. There is ample use of white space and graphics to enhance readability.

*Decision Support*
Evaluation/Commentary: The material provides full dosage and pricing information for statin products. The limitations and challenges (tablet shape and hardness) are not discussed. Combined with detailed directions on tablet splitting there is ample support for the patient decision to split tablets.

*Impact*
Evaluation/Commentary: The behavior targets is clearly evident and key message can be delivered in less than 1 minute.

*Strengths*
- Clear visual directions on the mechanics of tablet splitting.
- Full description of all statin products and the potential savings from splitting.

*Weaknesses*
- Limitations and challenges of tablet splitting not discussed.
# Divide and Share

A way to help patients and taxpayers save money on prescription drugs

<table>
<thead>
<tr>
<th>Statin</th>
<th>Brand Names</th>
<th>Target Dose</th>
<th>Recommended Tablet</th>
<th>Photos</th>
<th>Annual savings for one patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atorvastatin</td>
<td>Lipitor®</td>
<td>10 MG</td>
<td>20 MG split once</td>
<td></td>
<td>$240</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>40 MG split twice</td>
<td></td>
<td>$421</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 MG</td>
<td>40 MG split once</td>
<td></td>
<td>$362</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>80 MG split twice</td>
<td></td>
<td>$586</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40 MG</td>
<td>80 MG split once</td>
<td></td>
<td>$448</td>
</tr>
<tr>
<td>Fluvastatin</td>
<td>Lescol®</td>
<td>20 MG</td>
<td>20 MG whole</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>40 MG whole</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Lovastatin</td>
<td>Mevacor®, generic</td>
<td>20 MG</td>
<td>40 MG split once</td>
<td></td>
<td>$39</td>
</tr>
<tr>
<td>Pravastatin</td>
<td>Pravachol®, generic</td>
<td>10 MG</td>
<td>20 MG split once</td>
<td></td>
<td>$155</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>40 MG split twice</td>
<td></td>
<td>$240</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 MG</td>
<td>40 MG split once</td>
<td></td>
<td>$169</td>
</tr>
<tr>
<td>Rosuvastatin</td>
<td>Crestor®</td>
<td>10 MG</td>
<td>20 MG split once</td>
<td></td>
<td>$195</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>40 MG split twice</td>
<td></td>
<td>$339</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 MG</td>
<td>40 MG split once</td>
<td></td>
<td>$287</td>
</tr>
<tr>
<td>Simvastatin</td>
<td>Zocor®, generic</td>
<td>5 MG</td>
<td>10 MG split once</td>
<td></td>
<td>$8</td>
</tr>
<tr>
<td></td>
<td>Prices: Zocor generic</td>
<td></td>
<td>20 MG split twice</td>
<td></td>
<td>$111</td>
</tr>
<tr>
<td></td>
<td>5 mg $0.73</td>
<td>10 MG</td>
<td>20 MG split once</td>
<td></td>
<td>$206</td>
</tr>
<tr>
<td></td>
<td>10 mg $1.41</td>
<td></td>
<td>40 MG split twice</td>
<td></td>
<td>$362</td>
</tr>
<tr>
<td></td>
<td>20 mg $1.69</td>
<td>20 MG</td>
<td>40 MG split once</td>
<td></td>
<td>$312</td>
</tr>
<tr>
<td></td>
<td>40 mg $1.68</td>
<td></td>
<td>80 MG split twice</td>
<td></td>
<td>$476</td>
</tr>
<tr>
<td></td>
<td>80 mg $1.56</td>
<td>40 MG</td>
<td>80 MG split once</td>
<td></td>
<td>$323</td>
</tr>
</tbody>
</table>

Savings are based on the average claimed cost per tablet in the British Columbia PharmaNet Database in 2003.

How do you split a medicine tablet?

Devices known as “pill splitters” easily divide medicine tablets into two equal parts. These devices are inexpensive and are readily available in pharmacies.

**Step 1: Position the tablet in the device.**
- Open the device and place the tablet in the V-shaped area.
- The ends of the tablet should be snug against the sides.

**Step 2: Split the tablet.**
- With one hand, hold the device so it remains steady.
- With the other hand, close the lid with the sharp dividing blade down onto the tablet, pressing firmly. You will hear a small “pop” as the tablet splits into two pieces.
- Be sure to keep your fingers away from the sharp dividing blade.

**Step 3: Remove the tablet.**
- Open the device by lifting the lid.
- Remove the tablet that has been split in half.
Patient Information Evaluation

**Title:** The Value of Drugs for Cholesterol (Statins)
**Organization:** The Harvard Incentive Trial (British Columbia)

Summary Descriptive Information

Category: Patient Information Leaflet  
Length: 2 page  
Branding: No  
Colour: Partial Colour  
Key information:
This patient information leaflet supports the use of tablet splitting of statins to save money and the limitation of statin efficacy in primary prevention.

Evaluative Information

**Readability**
Evaluation/Commentary: The Price Speedometer page of the document has relatively limited text and effectively uses graphics to convey pricing and tablet splitting information. This page is very readable and easily understood. The “Dear Patient” page requires physician involvement to circle relevant sections to ensure that points relevant to an individual patient are understood.

**Decision Support**
Evaluation/Commentary: The dosage and savings from tablet splitting are clearly supported. It is not clear that the speedometer deals with differences in the in statin potency (i.e. are equivalent dosages being compared?). Referencing has been included within the document but peer review has not. Risk reduction in various sub-groups is discussed but may require interpretation in patient interview to ensure relevance and comprehension.

**Impact**
Evaluation/Commentary: Tablet splitting target is clear and well supported with key messages delivered in less than 1 minute. The risk reduction behaviour target is less clear and not easily interpreted.

**Strengths**
- Tablet splitting as a cost reduction strategy.
- Attempt to communicate relative efficacy data for statins in lower risk sub-populations.

**Weaknesses**
- Information will likely require interpretation by a health care professional for many patients (this may be an advantage if it facilitates patient-prescriber discussion of this issue).
Dear Doctor: Please circle bars for this patient’s choices.

Objectives: To involve patients in optimizing use of statins.
To give patients value-for-money information.

Dear Patient: Here is what scientific studies* show about statins...

If you never had a heart attack or stroke, then your chances of not having an event in the next 5 years are...

- if you take a statin… chances of staying alive = 95.4%
  ... no heart attack = 96.1%
  ... no stroke = 97.1%

- if you don’t take it… chances of staying alive = 95.0%
  ... no heart attack = 94.4%
  ... no stroke = 96.8%

If you have diabetes, but not a heart attack or stroke,

- if you take statin, chance of no heart attack, stroke = 94.9%
- if you don’t, chance of no heart attack or stroke = 91.7%

If you have had a heart attack or stroke, then your chances of not having an event in the next 5 years are...

- if you take a statin, chances of staying alive = 88.8%
  ... no heart attack = 89.3%
  ... no stroke = 96.2%

- if you don’t take it, chances of staying alive = 86.7%
  ... no heart attack = 85.5%
  ... no stroke = 95.1%

Do you pay for drugs out of pocket? □ Yes □ No □ Don’t know
Here is a “Speedometer” of prices for some common drugs (see over.)

With statins, you can save over $100 by splitting tablets.
You can help your wallet, insurance company or Pharmacare (see over.)

There is no savings to splitting generic fluvastatin.
Patient Information Evaluation

Title: Asthma Action Plan
Organization: Health Quality Council – Rx Files (Saskatchewan)

Summary Descriptive Information

Category: Patient Clinical Guidance Form
Length: 1 page
Branding: Yes
Colour: Full Colour
Key information:
This patient clinical guidance form is designed to provide basic disease management information in the form of an action plan for asthma patients.

Evaluative Information

Readability
Evaluation/Commentary: The document is divided into readable chunks with the use of graphics to guide the reader. Colour supports the document structure. There is consistent use of symbols and check boxes. There is a lot of information presented in one page and this may challenge patients when viewing the document for the first time.

Decision Support
Evaluation/Commentary: In combination with directions from the prescriber, the document provides good therapeutic support for asthma patients. Referencing, pricing and peer review information are not evident.

Impact
Evaluation/Commentary: Many key messages are evident and the document itself is a behaviour plan. The density of the document may make it difficult to obtain all of the key messages in less than 1 minute.

Strengths
- 1-page plan to support action plan for symptom management in asthma.
- Supports joint planning between healthcare professional and patient.

Weaknesses
- Density of information may challenge patients not familiar with the document.
- Small font in some sections impedes readability.
Asthma Action Plan

Asthma Triggers
The most important part of your asthma management is avoiding asthma triggers. Circle all clouds that trigger your asthma:
- Dust mites
- Pets
- Perfumes
- Dust
- Cigarette smoke
- Air pollution
- Molds
- Pollen
- Weather changes
- Cleaning products
- Colds / Flu
- Exercise
- Heartburn
- Stress, anxiety
- Food: __________________________
- Occupational: ___________________
- Other: _________________________

Stable Asthma
YOUR ASTHMA IS WELL-CONTROLLED IF YOU:
- Can take part in normal physical activity
- Are using your "reliever" puffer no more than 3 doses / week (plus up to 1 dose/day before exercise)
- Are having NO asthma symptoms while sleeping
- Have not missed any school or work due to asthma

Asthma Caution
THE FOLLOWING SYMPTOMS SUGGEST THAT YOUR ASTHMA IS WORSENING:
- Using your “reliever” puffer more than 3 doses / week (not including 1 dose/day before exercise)
- Having any asthma symptoms while sleeping
- Missing any school or work due to your asthma
- Unable to do usual activities / sports
- Feeling the onset of a cold / flu

IF YOU ARE EXPERIENCING ANY OF THESE SYMPTOMS YOU MUST FOLLOW THESE INSTRUCTIONS TO PREVENT YOUR ASTHMA FROM GETTING DANGEROUSLY WORSE:

1. ENSURE THAT YOU ARE
   - Taking your medications regularly as prescribed
   - Using your inhalers correctly
   - Avoiding your asthma triggers

2. TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER (SELECT ONE OR MORE OPTIONS BELOW):
   - Increase dose* of my __________________________ to ________ puffs ________ times daily only until symptoms are stable again (see above).
     (inhaled steroid/preventer)
     * Evidence suggests that if patient is taking regular medications as prescribed, doubling of dose is not effective. An increase of 3-4 X may be necessary.
   - Start taking PREDNISONE tablets at __________ mg daily* until symptoms are stable again (see above).
     * Usually will take a minimum of 5 days of treatment (common doses = 30-60 mg /day for adults; 1-2 mg /kg /day for children).
   - Other ________________________________

   It may take a few days for symptoms to improve after making these medication changes.

Asthma Alert!
IF YOU ARE EXPERIENCING ANY OF THESE SYMPTOMS YOU ARE IN DANGER OF A POTENTIALLY LIFE-THREATENING ASTHMA ATTACK:
- Unable to speak
- Experiencing constant shortness of breath (even at rest)
- Lips and / or fingernails are blue
- “Reliever” medication is not helping
- Previous experience tells you this is a very severe attack

Contact my doctor (or go to a walk-in clinic):
- If I am not sure what to do
- If I am feeling worse
- If I am not getting better

See "Asthma Alert" below about when to call 9-1-1.

Proceed to the nearest emergency department
Do not drive on your own (call 9-1-1 if necessary)
Use your "reliever" puffer as often as you need until help arrives

www.RxFiles.ca