



Switch-On to Self-Care

Developing an Irish Self-Medication Partnership
for Health, Social and Economic Benefits

self-care.ie


ipha
IRISH PHARMACEUTICAL
HEALTHCARE ASSOCIATION



Self-care is the care taken by individuals relating to their own health and well being. In practice it includes the actions people take to:

- stay fit and maintain good physical and mental health;
- meet social and psychological needs;
- prevent illness or accidents;
- avoid unnecessary risks;
- use non-prescription medicines to treat minor ailments; and
- reduce the risk of long-term conditions.

Consumers want to actively manage their own health and are taking greater individual responsibility for their healthcare and their health choices.

"In the public health domain, citizens are increasingly taking greater control of their own healthcare...they are becoming more demanding and more pro-active in their choices and becoming advocates of their own life".¹

In response to this public demand for increased health choices, **the IPHA urges the State to make the encouragement of responsible self-care and appropriate self-medication an explicit objective of public health policy.** This could help to reduce unnecessary cost burdens on primary and secondary care systems.

¹ European Commission DG Health and Consumer Protection Future Challenges Paper 2009-2014



Health, Social and Economic Benefits

Effective self-medication through the use of non-prescription medicines can help consumers feel better quickly, safely and inexpensively.

Given the demographic and epidemiological trends in Ireland, public expenditure on health will continue to rise in the years ahead. At the same time, continuing research and development will expand the range of possible treatments available. All of this means that the demand for healthcare and personal social services is certain to increase rapidly and the Irish Government, in line with its European partners, must find ways in which healthcare costs can be managed more efficiently.

Governments have turned their attentions to the consumer and have recognised that consumers today want to take an active role in managing their health. The health strategy *'Primary Care – A New Direction'*, published in November 2001, strongly emphasises the importance of self-care and removing the burden from primary and secondary care where possible.

Today, **self-medication** is widely and appropriately available across Europe for many ailments and is a **hidden asset in the primary healthcare system**.

The health, social and economic benefits of responsible self-medication are well known and have been extensively reported²:

Consumers

Consumers benefit due to feeling better, enhanced productivity and improved health in terms of prevention and increased consumer satisfaction as a result of being able to obtain the correct medication directly.

Employers

Employers gain by having employees attend work when they might otherwise have stayed at home.

General Practitioners

Doctors' save time which enables them to better use that time for those patients with complicated, chronic or serious illnesses. A recent report estimated that 51.4 million GP consultations in the UK were solely for minor ailments. It estimated that this represented 18% of a GP's workload. Furthermore it estimated that the total cost to the NHS of these consultations was €2.5 billion and 80% of this cost (€2.15 billion) related to the cost of the GP's time.³ It also presents more of an opportunity for doctors to educate patients about common ailments and diminishes patient expectations of a prescription for every visit.

Pharmacists

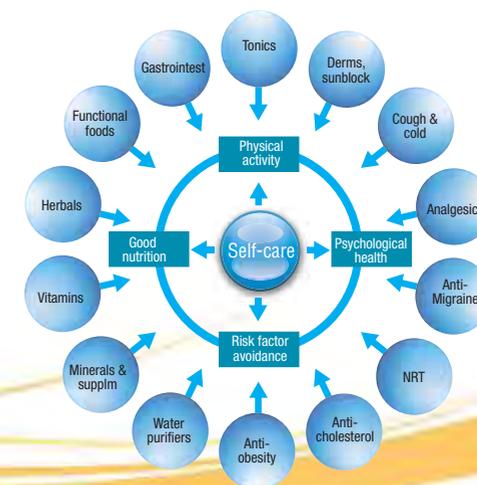
Self-medication allows pharmacists to play a more active advisory role using their skilled knowledge of medicines and expertise in advising on symptoms.

State

The availability of a full range of self-medication products enables consumers to access appropriate treatment for their minor ailments without making unnecessary visits to accident and emergency departments and doctor surgeries as well as reducing the number of prescriptions, most of which are paid for, directly or indirectly, by the State. The State can then redirect scarce resources to other areas of public health need.

The principle way to fully realise these benefits is by increasing the range of medicines available without prescription through switching the legal status of the medicine.

Figure 1. Non-prescription Medicines are 'Tools' for Self-Care



² E.g. Guiding Principles in Self-Medication: WSMI: <http://www.wsmi.org/publications.htm>

³ Minor ailments cost the NHS £2 billion/year. Pharm J 2008; 280:1090

Switching through Partnership

Switching is the reclassification of the legal status of a medicine, typically one with many years of experience of safe usage, from prescription only status to pharmacy-only sale (*i.e. sale under the supervision of a pharmacist*). It also refers to the reclassification from pharmacy sale (*pharmacist's supervision*) to general sale (*i.e. making the product available in supermarkets, grocery stores etc*).

Notwithstanding the range of medicines that have been switched in recent years, Ireland lags behind other European countries in the number of medicines that have been switched.

In some European countries, such as the UK, Governments take a proactive approach to the switch process, working with key stakeholders to identify suitable products for switching and the type of education and information campaigns necessary to facilitate such switches. In Ireland, to date, the onus has been placed on the pharmaceutical industry to propose products for switching.

IPHA calls for a partnership approach involving all the various stakeholders which would help to provide an impetus to appropriate switches thereby increasing the range of medicines available to consumers and, as a result better access for all to the health, social and economic benefits of responsible self-medication.





Case Study: Embracing Partnership in the UK

In early 2001, the Medicines Control Agency, now the Medicines and Healthcare products Regulatory Agency (MHRA), brought together all relevant stakeholders – including the *Proprietary Association of Great Britain*, the *Association of the British Pharmaceutical Industry*, the *Royal Pharmaceutical Society of Great Britain*, the *Royal College of General Practitioners* and *patient associations* – to discuss what steps needed to be taken to make more non-prescription medicines available. This led to the preparation of a list of potential candidates for reclassification, background information and an abridged report which outlined the information and training considerations necessary to accompany any reclassification application.

As a result the medicines outlined opposite are available without prescription in the United Kingdom while they remain prescription-only in Ireland. Through a similar partnership these and many more medicines could be made available to Irish consumers with health, social and economic benefits for all.

Table 1: Prescription-only Medicines to Pharmacy-only Switches

YEAR	ACTIVE INGREDIENT	OTC INDICATION / RESTRICTION FOR OTC USE IN THE UK
2001, 2005	levonorgestrel 0.75mg, 1.5mg	For use as an emergency contraceptive in women aged 16 years and over
2001	fenticonazole nitrate	For external use (but in the case of vaginal use, only for the treatment of vaginal candidiasis)
2001	prochlorperazine maleate buccal tablets	For the treatment of nausea and vomiting in cases of previously diagnosed migraine only in those aged 18 years and over; Max. strength: 3 mg; Max. daily dose: 12 mg; Max. pack size: 8 tablets
2001	fluconazole	Addition to existing indication: For oral treatment of candidal balanitis (penile thrush) in men whose partners have vaginal candidiasis
2001	terbinafine hydrochloride (topical)	Addition to existing indication: Spray/Gel: For the treatment of tinea corporis, tinea cruris, and tinea pedis; Maximum pack size = spray 30 mL/ gel 30 g; Maximum strength = 1%
2001	diphenoxylate with atropine sulphate	For short-term use as an adjunctive therapy to appropriate rehydration in acute diarrhoea in those aged 16 years and over; Max. daily dose: 25 mg; Max. pack size: 20 tablets Max. strength 2.5 mg
2003	griseofulvin 1% spray	For the treatment of athlete's foot. Max. strength 1%; Max. Daily dose 1.2 mg; Max. treatment period: 4 weeks; Max. pack size: 200 mcg
2004	hyoscine transdermal patches	For the prevention of travel sickness symptoms e.g. nausea, vomiting, vertigo. For use in adults and children aged 10 years or over. Max. strength: 1.5 mg per patch. Max. pack size: 2 patches.
2004	adenosine	For oral administration at a maximum daily dose of 750 micrograms in those over 14 years of age.
2004	diclofenac diethylammonium	Addition to existing indication: Extended indications: for the relief of the pain of non-serious arthritic conditions; maximum pack size increased to 50 grams.
2004	omeprazole tablets	For the relief of reflux-like symptoms such as heartburn in adults aged 18 years and over for a max. period of 4 weeks. Max. Strength: 10 mg; max. dose: 20 mg; max. daily dose: 20 mg; max. pack size: 28 tablets
2004	simvastatin 10mg	To reduce the risk of a first major coronary event in people likely to be at a moderate risk of coronary heart disease (CHD)
2005	chloramphenicol 0.5% eye drops	For the treatment of acute bacterial conjunctivitis in adults and children aged 2 years and over. Course of treatment: 5 days. Maximum pack size: 10mL
2006	sumatriptan	For the acute relief of migraine attacks, in those aged 18-65 years of age with or without aura. Pack size: 2 tablet pack.
2006	amorolfine hydrochloride 5% (topical)	For the treatment of mild cases of distal and lateral subungal onychomycoses caused by dermatophytes, yeasts and mould limited up to two nails. Maximum pack size: 3 ml
2006	penciclovir 1% cream	For the treatment of cold sores (herpes labialis). For adults (including the elderly) and children over 12 years old. Pack size: 2g tube
2007	chloramphenicol eye ointment 1%	For the treatment of acute bacterial conjunctivitis. Chloramphenicol 0.5% w/w eye drops

Ensuring Safety

Consumer safety is of the highest priority to the pharmaceutical industry at all times, including when considering switching medicines. Safety is achieved through the regulatory process and the provision of appropriate information about self-medication to consumers.

The basis of responsible self-medication is that the consumer has the appropriate information to select and use non-prescription medicines correctly.

To ensure that they realise that a safe and effective remedy may be available for their minor ailment and do not suffer in silence unnecessarily, appropriate information about non-prescription medicines is provided to consumers through pack information, advertising, public education initiatives and through their pharmacist.

These different information sources complement each other and provide the appropriate safeguards to ensure the safe use of self-medication products.

With their education, training and ready accessibility, pharmacists are an excellent source of advice about minor ailments including which non-prescription medicine, if any, is suitable for a consumer.

IPHA Members

The Irish **Pharmaceutical Healthcare Association (IPHA)** represents the international research-based pharmaceutical industry in Ireland. Its member companies include both manufacturers of prescription medicines and non-prescription or consumer healthcare medicines.

Consumer Healthcare Member Companies

- Bayer Consumer Care
- GlaxoSmithKline Consumer Healthcare
- McNeil Healthcare (a Johnson and Johnson Company)
- Novartis Consumer Health
- Procter & Gamble (Health & Beauty Care) Ltd
- Reckitt Benckiser (Ireland) Ltd
- SSL Healthcare Ireland Ltd
- Wyeth Consumer Healthcare



IPHA

Franklin House
140 Pembroke Road
Dublin 4
Ireland

Tel: (353 1) 660 3350
Fax: (353 1) 668 6672
E-mail: info@ipha.ie

www.ipha.ie
www.self-care.ie
www.feelbetter.ie
www.medicines.ie

