# Including indications on prescriptions and medication labels for sensitive medications: a mixed methods study

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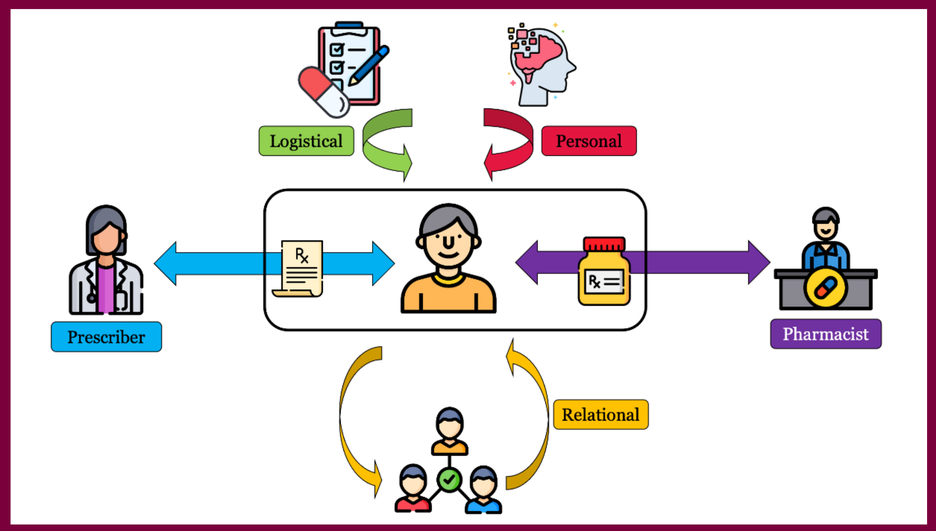



Figure 1, Through the five themes identified through our thematic analysis, we demonstrate the relationship between the patient, theirprescriber, their pharmacist, and the factors that influence their perspectives around RFU inclusion on prescriptions and medication labels.

**The bottom line:** People living with a sensitive illness see the benefit of adding indications on their prescriptions, but have privacy concerns, and want to opt-in to having their data shared.

## BACKGROUND

- Medications are core to modern medicine, however their reason for use (RFU), or indication, are not routinely included on prescriptions sent to pharmacies or on medication labels
- RFU are needed to communicate to clinicians and patients:
  - Why the medication was prescribed
  - What disease or symptoms are treated
- Not including RFU can cause challenges when:
  - Fellow prescribers wish to review medication lists[2]
  - Pharmacists wish to council patients on their medications[3]
  - Patients want to know why they are taking their medications[4]
- Our group has shown that people who use medications which treat commonly stigmatized conditions (eg, mental health illnesses, sexually transmitted illnesses) may have unique concerns when considering the addition of RFU to prescriptions and medication labels[1,4]
- In this study, we wanted to learn the perspectives of people who use a medication to treat a sensitive illness on adding RFU to:
  - 1) prescriptions sent to the pharmacy
  - 2) medication labels that are viewable by others

## METHODS

- We recruited 20 participants using: print posters in pharmacies and clinics, social media posts and the online study participant recruitment tool *Honeybee*
- Surveys and interviews were conducted between May and September 2021.
- Interviews were transcribed and thematically coded by CW and GD using *Taguette*.[5]
- We identified 49 total codes, organized into 5 major themes (Figure 1)
- A convergent mixed methods design was used to integrate the qualitative and quantitative data into a joint display (Results section, Figure 2 and Select Quotes).[6]

## RESULTS

The five major themes identified are in Figure 1. They relate to the flow of RFU (Pharmacist, Prescriber themes), as well as individual factors (Logistical considerations, Personal factors, and Relational factors).




Figure 2. Responses to Likert-scale questions, asking participants to rate the above, A., and if particpants want RFU added on an opt-in or opt-out basis, B. *n* = 20

Select Quotes:

- I don't expect that [pharmacists] have that [RFU] knowledge, because t**he medications can be used for a lot of different things**, … if they do need it, I'm all for them having it, not having to ask… Like for me, it's in a class of antipsychotics, but I'm not using it because I've experienced psychosis. So maybe it might make me feel better to know that my pharmacist knows that that's the reason why… (P03, tic disorder)
- [If the pharmacists know the RFU] already and then they just don't tell me how to take it and what could be maybe the possible side effects, if any, or without going into the actual reasons, like why this was prescribed and all that... So **it's like say sort of mutual understanding**. (P01, depression)
- So you'd be seeing your your diagnosis, your condition invited in front to view more often than you maybe would like to see it. **It could be quite triggering for some people**…I think you, you know, you would really sort of be putting yourself out there, you know, all your vulnerabilities would just be on show. (P20, depression, anxiety, borderline PD, PTSD)
- I think opt-in, because, for opt-out, you're automatically registered. You know **life is busy so you might forget to opt-out**. So, I know personally for me I I just I have an issue so I might not remember. (P10, depression, opt-in)

## CONCLUSION

- Existing literature highlights the value of sharing RFU with different stakeholders[1–4]
- We found the prescription delivery method impacted participants' comfort with RFU included on prescriptions
- Many participants indicated they explicitly wanted to opt-in to RFU being sent to pharmacies
  - These are reflected in the personal and relational aspects of medication use themes and indicate participants' desire to have control over their RFU for reasons both intrinsic (eg, being triggered by seeing RFU) and extrinsic (eg, wanting to eliminate stigma and maintain their privacy)
- Including RFU on prescriptions and medication labels, and sharing it via electronic means and included in electronic health records (EHRs)[7] may improve the ability for clinicians to:
  - understand their patients' medications
  - pharmacists to better council their patients
  - empower patients, their caregivers, and families to better understand their medications
- This work has implications for how RFU can be communicated with patients and amongst a healthcare team

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