

Chapter 19

Medication Inventory

BACKGROUND

Many older adults use both prescription and non-prescription pharmaceutical products. The use of these products is of interest for several reasons. Their use is an important indicator of overall health, and the nature of the drugs taken is a strong indicator of clinically manifested disease.

METHODS

The appropriate box will be marked under the header to indicate whether this form was administered in-person, via the telephone or by a designated family reporter/Proxy.

All participants are asked to have all prescription and non-prescription medications on hand and in their original containers with medication label for their study visit. If the participant does not have his/her medications available, ask to see his/her medication list. If a list is not available, ask the participant to recall all the prescription and nonprescription medications that s/he has taken during the past two weeks.

Medications include: pills, tablets, drops, salves, injections, creams/ointments, inhalers, suppositories and dermal patches. Non-prescription medications include: vitamins, aspirin, laxatives, dietary supplements, and herbal preparations.

Using the supplied script, ask the participant whether s/he has taken any prescription or non-prescription medications in the **past 2 weeks**. If the participant replies that no medications are taken and you are certain that the participant has understood the question, check NO and move on to the next assessment form. If the answer is "don't know" or "refused" proceed to the next assessment form.

Otherwise, transcribe the complete name, strength and unit(s) of each product onto the Medication Inventory Form, exactly as they appear on the medication label. For tablets and capsules, which are the most common formulations, units are usually provided in mg (milligrams). Use the formulation codes provided on the form to indicate whether the medication is taken orally, topically or via some other route. Under 'Container Seen', check either the Yes or No box to indicate whether the medication container was seen for each entry. An additional line has been provided to document any notes regarding each medication.

Write the name of each medication on a separate line. Do not record medications that have not been taken during the past two weeks. Record the names of all medications.

After the prescription medications have been transcribed, continue on the next line to list the non-prescription (i.e. over-the-counter) medications and supplements that were taken in the **past 2 weeks**. Record the manufacturer's name of all vitamins and herbal preparations. The strength of herbal preparations and multi-vitamins should be coded as not applicable (N). Attach additional pages as needed.

Study Documents Referred to in this Chapter:

- Medication Inventory Data Collection Form