MEDICATION INVENTORY

1. Introduction

During Visit 8, we will be using a different type of format for collecting medication information than in previous SOF Visits. We are still specifically interested in how individual medications are actually <u>taken</u> rather than how they are prescribed or intended to be taken. We want to collect information on both prescription and non-prescription medications that are taken by the participants.

2. Equipment and Supplies

- Medication Inventory Form
- Supplemental Medication Inventory Form
- Medication Code Database (on SOF Website)
- Computer
- Black ball-point pen
- Plastic Bag for Medications
- Medications participant has been taking in the last 30 days

3. Procedure for Data Collection

At Visit 8, we will collect the name of the medication used, the duration of use (using categories), frequency (regular or intermittent), whether the medication is prescription, and if the medication is used for sleep. In addition, the Pittsburgh clinic will also collect information on medication use the day prior to polysomnography (the field 'PSG 24 hr' is to be used ONLY by Pittsburgh for those participating in the PSG cohort, all other clinics should leave this field blank).

The participant will be instructed to bring all prescription and non-prescription medications used within the preceding four weeks (30 days) with them to the visit. A bag for the medications and instructions for bringing medications into the clinic will be sent to the participant with the SAQ prior to their clinic visit.

- Ask the participant if they brought ALL medications that they have taken in the last 30 days to the clinic with them. If yes, fill in the bubble at the top of the Medication Inventory Form and record the number of medications (including prescription and non-prescription, as well as vitamins) in the given box. The number of medications indicated at the top of the page should reflect the number of medications listed on the Medication Inventory Form and all Supplemental pages. If the participant indicates that there are additional medications that they are currently taking but did not bring them with include them in this number. If you need to contact a participant at a later time because they can not give you all of the necessary information while in the clinic, record the number of medications that they brought in and then change this number after you follow-up.

- If they indicate that they have not brought all medications arrange for a telephone call to collect the appropriate information and fill in the bubble next to 'no'. **When a participant forgets to bring in one or more medications, each site is responsible for developing a mechanism to gather the information via telephone or return visit.** We recommend calling the women 1-2 days after the visit to obtain the missing information. DO NOT send the data to the Coordinating Center until after you have collected all of the medication information from them over the phone. After you have collected all medication information over the phone put a line through the 'no' bubble and fill in the 'yes' bubble, circle the answer, and initial and date the correction. Record the total number of medications that the participant is taking in the box. Send all pages of the Medication Inventory in at the same time.

- If they do not bring any medications into the clinic and state that they have not taken any, ask "Are you sure you took no prescription or non-prescription medications over the last four weeks?" Indicate that they have not taken any medications in the last 30 days by filling in the bubble next to 'took none'.

The recording of medications can be completed while the participant is having measurements taken or is completing other exams. The first four medications should be recorded on the Medication Inventory Form (Page 5 of the Clinic Interview). All additional medications should be recorded on Supplemental Medication Inventory Forms, found on the website in the list of In-Clinic forms. After the medications are recorded the participant should be questioned regarding duration of use and the purpose for use.

a) Med Name

   Record only medications used within four weeks (30 days) of the visit. Medications which were prescribed but not taken, or those taken greater than four weeks ago, are not recorded. The name of the drug should be filled in, one letter per box, on the Medication Inventory Form. Dosage information is not going to be collected at Visit 8, so for example their will be no distinction necessary between 200mg Ibuprofen, 400 mg Ibuprofen, and 800 mg Ibuprofen. The staff member should simply record 'IBUPROFEN' in the 'Drug Name' field and use this name when looking for the medication code in the database. The name of the medication will then be entered into the Medication Code Database and the appropriate 7 digit code that corresponds to the drug will be entered into the 'Med Code' field on the Medication Inventory Form. If you do not find an exact match for the drug that you have entered put '0000000' in the 'Med Code' box.

   If the participant did not bring in any Tums or calcium supplements, ask her "Do you take TUMS or any other type of calcium supplement regularly?" If she responds positively, then set up a time to call her at home to collect this information.

Some combination medications contain two or more drugs in a single pill or tablet, and if present on the label the trade name should be recorded (for example, Dyazide is a combination of hydrochlorothiazide and triamterene). If a trade name is not present, record the components of the medication separated by a slash (for example, hydrochlorothiazide/triamterene). Suppositories should include the word "suppository" in the name (for example "phenergan suppository").

Record only non-prescription medications used within four weeks (30 days) of the visit. <u>Do not record the brand names unless it specifically describes the medication.</u> For example, it is acceptable to transcribe "Os-cal" as that name specifically identifies that medication.

NOTE: There is a small number of medications that we need to know the formulation for (tablet, cream, liquid, etc.). The medications requiring this extra information are asthma medications, nitrocglycerin, sex hormones, eye medications, and cortocosteroids. These medications come in various formulations. For example for asthma medication a participant may either have albuterol tablets or albuterol inhalational solution or for sex hormones a participant may be taking premarin tablets or premarin injections. For these medications the drug name should be recorded as usual and then followed by the formulation, a letter indication may be used for the formulation (ex. T-tablet, C-cream) if space on the medication inventory form is an issue. The letter used to indicate the formulation should be something that will make sense to whoever looks up the drug code in the database to complete the 'med code' field. When looking for the drug code for the specified medications be sure to find the code that corresponds to the appropriate formulation (as indicated in the drug code database). A list of the groups of medications where a formulation is required is included in Table 1.

b) Duration of Use

We are only interested in collecting the most recent, uninterrupted, duration of use. Therefor, if a participant was taking a specific medication from January, 1992-Septemeber, 2001, discontinued the medication from September, 2001 to November, 2001, and began taking the medication again in January, 2002 we are only interested in the duration of use from January 2002 to the present. The frequency of use is not important in this visit. If the participant only takes the medication once a week but has taken it for 7 years and has taken it within the last 30 days the '>5 years' response should be filled in.

c) Use as a Sleep Medication

We are interested in if the participant is using the medication for a sleep related problem or condition. We are not recording the reason for use in any other circumstances. If they use the medication for sleep, code as 'Yes', if not, code as 'No'. If they are not sure that they use the medication for sleep, code as 'No'.

d) Frequency

We want to record whether the medication is taken on a regular basis or taken on an as needed basis, but not on a regular schedule. For example, someone may have taken Tylenol or Aspirin within the last 30 days but only takes it when they have a headache. This would be recorded as 'int' for intermittent use. Any medication that has been prescribed to take daily or on a set schedule or any over the counter medication or vitamin/herbal that the participant takes regularly would be recorded as 'reg' for regular use. Medications can be taken on a regular basis only 1 or 2 days a week (some may even be once a month, but they take the medication or receive a therapy on a monthly schedule), any medication that the participant takes on a regular basis should be coded as 'reg'. Daily use is not the only use that should be recorded as regular.

e) Prescription

Indicate whether the medication is a prescription medication or not. The following definitions will help in determining how to code a medication:

- Prescription medication: A medication for which a prescription was written by a physician, dispensed by a pharmacist or physician, and taken by the participant during the four weeks prior to the visit. Prescription medication may include eye drops, pills or tablets, solutions, creams/salves, dermal patches, and injections.

- Non-prescription medication: A medication, vitamin, or dietary supplement that may be purchased without a physician's prescription.

- Some non-prescription medications may also be obtained with a prescription. For example, coated aspirin may be bought over-the-counter, but many physicians write a prescription for it. If a prescription is written for the medication, even if it is available without one, it should be considered a prescription medication.

- When a physician recommends an over-the-counter medication, but does not write a prescription for it, it is considered non-prescription. Examples of medications frequently recommended by physicians but obtained without a prescription include vitamins, aspirin, and calcium supplements.

Quality Assurance
- Read and study manual
- Practice looking up medication codes in the Access database

Table 1. Medications requiring indication of formulation.

ASTHMA

2014004	ALBUTEROL INHALATION SOLUTION
2014005	ALBUTEROL TAB
2014002	VENTOLIN INHALER
2014009	VENTOLIN TAB
305003	CROMOLYN INHALER
305008	INTAL INHALER
305005	INTAL CAPS
109007	ISOPROTERENOL TABS
710001	ISOPROTERENOL SULF/CALCIUM IODIDE SYRUP
291002	ISOPROTERENOL INHALER
748003	ISOPROTERENOL/PHENYLEPHRINE HCL INHALER
730001	ISUPREL COMPOUND ELIXIR
109005	ISUPREL INJ
109004	ISUPREL TABS

SEX HORMONES

212036	PREMARIN CREAM TOPICAL
212028	PREMARIN TAB
212034	PREMARIN INJECTION
212032	PREMARIN VAGINAL CREAM
7058001	PREMARIN VAGINAL CREAM W/FOLIC ACID
836009	PREMARIN W/METHYLTESTOSTERONE TABS
9999651	PREMPHASE TABS
1337001	PREMPRO TABS
1116003	TESTOSTERONE CYPIONATE INJECTION
1015002	TESTOSTERONE ENANTHATE INJECTION
3792001	TESTOSTERONE TOPICAL
662002	TESTOSTERONE PROPIONATE BUCCAL TAB
416013	CLIMARA TRANSDERMAL
416020	VIVELLE TRANSDERMAL
416005	ESTRACE TABS
416009	ESTRACE VAGINAL CREAM
213001	OGEN VAGINAL CREAM
213011	OGEN TAB
416002	ESTRADIOL TRANSDERMAL
462004	ESTRADIOL CYPIONATE INJECTTION
2020003	ESTRATEST TAB
212039	ESTROGEN CREAM
1337004	ESTROGEN/MEDROXYPROGESTERONE TAB
836010	ESTROGENS AND METHYLTESTOSTERONE TAB
211005	ESTERIFIED ESTROGENS TAB
742001	ESTROGENS/MEPROBAMATE TAB
332001	ESTRONE TAB
213012	ESTROPIPATE TAB
9999762	ESTROVEN CAPS
7078001	ESTROVIS TAB
212021	CONJUGATED ESTROGENS TAB
212007	CONJUGATED ESTROGENS CREAM
212008	CONJUGATED ESTROGENS INJECTION
212018	CONJUGATED ESTROGENS VAGINAL CREAM
211005	ESTERIFIED ESTROGENS TAB
265011	EPINEPHRINE HCL INJ
266014	PRIMATENE INHALER
604003	PRIMATENE TABS

EYE MEDS

264012	ATROPINE OPHTHALMIC
264018	ATROPINE SULFATE OPHTHALMIC
264025	ATROPINE SULFATE INJECTION

CORTICOSTEROID

183020	CORTEF INJ
183069	HYDROCORTONE TAB
755001	TERRA-CORTRIL OINTMENT
755003	TERRA-CORTRIL AEROSOL
755002	TERRA-CORTRIL OPHTH/OTIC
259009	DIAMOX INJ
259006	DIAMOX TABS/CAPS
210007	DIETHYLSTILBESTROL TABS
210017	DIETHYLSTILBESTROL LOTION
210016	DIETHYLSTILBESTROL VAGINAL SUPP
178005	CORTISONE INJ
178001	CORTISONE TAB
178003	CORTISONE ACETATE OPHTH
193024	TRIAMCINOLONE CREAM
537002	TRIAMCINOLONE INJ
193014	TRIAMCINOLONE TAB
184021	HYDROCORTONE INJ
183069	HYDROCORTONE TAB

NITROGLYCERIN

165001	ANGIBID CAPS
165046	DEPONIT TRANSDERMAL NITROGLYCERIN
3615025	MINITRAN PATCH
3615026	NITREK TRANSDERMAL
3615001	NITRO/TRANSDERM
165018	NITRO-BID TOPICAL
3615002	NITRODISC TRANSDERMAL NITROGLYCERIN
3615005	NITRO-DUR TRANSDERMAL NITROGLYCERIN
165052	NITROGARD TRANSMUCOSAL NITROGLYCERIN
165002	NITROGLYCERIN TOPICAL
165025	NITROL TOPICAL
165041	NITROLINGUAL
165040	NITRONG SUSTAINED RELEASE CAPS
165015	NITROPRN TABS
165017	NITROSPAN CAPS
165024	NITRO-TD CAP
165030	NTG INJECTION
165036	TL-NITRO SR CAPS
3615011	TRANSDERM-NITRO
165057	NITROQUICK SUBLINGUAL TABS
165007	NITROSTAT SUBLINGUAL TABS