Problematic use of over-the-counter (OTC) medication: prevalence, evidence and how to manage people with these problems

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Size of problem

- Worldwide problem
- Unknown, signs are increasing – 30,000
- No reliable figures – DH trying to address now
- Scotland study 5/week potential misusers
- Not much written about it
- On-line pharmacies
Who takes?

- Older adults
- More ‘middle aged’ women
- ‘Respectable addiction’
  - Adolescents
  - Healthcare professionals
Why take?

- Self-medication
  - To treat minor ailment, don’t want to bother doctor
- Start as prescription drug
  - e.g. post-op pain
- Top up prescription drug
  - e.g. not enough for chronic pain
- Back and forth between the two
- Why increasing?
What do people take?

- Codeine based products
- Decongestants
- Cough mixtures
- Antihistamines
- Laxatives
- Combinations: Nytol (diphenhydramine and antihistamine)
- Caffeine and weight loss stimulants
1. Codeine containing OTC drugs used / misused

- Codeine (42 prods) and dihydrocodeine (4) are analgesics and cough suppressants

- Containing in many OTC medicines
  - Codeine 42 products, 36 with paracetamol, 2 ibuprofen, 4 aspirin
  - Dihydrocodeine 4 products, all with paracetamol

- Maximum dose:
  - Codeine 25.6mg / dose (12.8mg / tablet)
  - DHC 14.92mg / dose (7.46mg / tablet)

- Some also in combination with:
  - Caffeine

NB: The body converts codeine into morphine so its effects are similar, if less intense.
Common OTC drugs used / misused

- **Solpadeine Plus**: combination of codeine (8mg) paracetamol (500mg) and caffeine (30mg)
- **Nurofen Plus**: combination of codeine (12.8mg) and ibuprofen (200mg)
- **Generic co-codamol**: codeine (8mg) and paracetamol (500mg)
- **Syndol**: codeine (10mg) paracetamol (450mg) caffeine (30mg) and doxylamine succinate (5mg)
- **Feminax Express tablet**: codeine (8mg) paracetamol (500mg) and ibuprofen lysine (342mg equivalent to 200mg ibuprofen). Used to contain Hyoscine Hydrobromide (0.1mg) and Caffeine (50mg)
Will making codeine more difficult to access help the problem?

- Guidelines by the MHRA on codeine prescribing 3.9.09
  - Indications– Short term only
    - Acute/moderate pain–not relieved by paracetamol/ibuprofen/aspirin alone
- Patient information leaflets– PIL and Labels
  - Short term only, up to 3 days
  - Can cause addiction and/or overuse headaches
- Pack Size– maximum 32, paracetamol 16
- Advertisements
  - Can cause addiction, for 3 days only
  - Removal of any references to pain killing power or strength
Managing your pain effectively using “Over the Counter” (OTC) Medicines

We all know what pain is. Sometimes we hardly notice it. However, other times it is so severe that we ask a doctor or pharmacist for help. Sometimes we take a painkiller (analgesic) to lessen the pain until it goes away.

**Short-term (acute) pain relief**
Most of us have had occasional headaches, muscle or joint pain, or in women, period pain. Short-term pain does not last long and tells the body that something is wrong.

Short-term pain can be treated by painkillers that can be bought "over the counter" (OTC) either from a pharmacy or other shop, such as a supermarket or corner shop.

**Long-term pain relief**
Long-term pain, sometime called chronic or persistent pain, is present everyday or comes and goes. Some people with long-term illnesses need to take painkillers everyday to manage this.

You may find it helpful to read ‘Understanding and Managing Pain’ published by the British Pain Society which can be downloaded from [www.britishpainsociety.org](http://www.britishpainsociety.org)
2. Pseudoephedrine and ephedrine

- Used for illicit manufacture of methylamphetamine
- Limited number of packs / transaction to one
- Major pharmacy chain show 26% drop in number of tablets sold between July 2008 – August 2009
The Layman’s Guide to making Methamphetamine
OTC medications in young people in US

- Caffeine stimulants
- Antihistamines like Benadryl containing diphenhydramine
- Decongestants like Sudafed containing pseudoephedrine
- Weight loss supplements containing ma haung or ephedra
- Sleep aids containing doxylamine, like Unisom, etc.
- Motion sickness treatments with dimenhydrinates, like Dramamine
- Teens think abusing common OTC medicines is safer than using illicit drugs
- 10 percent of teens (2.4 million) report abusing cough medicine to get high
Potential harms

- Psychological – shame
  - hidden problem, unable to get help
- Effect of dependency on self, family and others
  - e.g. depression, loss of work
- Lapse into another addiction
  - e.g. alcohol, opioids
- Physical consequences of active ingredient
  - e.g. codeine, constipation
- Physical consequences of another ingredient
  - e.g. ibuprofen: bleed
Co-morbidity

- Can have dependency along with mental health problems
- Self-medication psychological or physical
- Between 10-25% say start opiates cause of pain
- Prevalence chronic pain is 30-50% in treated substance users, compared with 10-15% of the general population
What happens when go for help?

- Over Count Study
  - those patients who approached their GPs saying that they felt they had a problem didn’t get the help and support they required
Why getting help difficult to get?

- Poorly recognised problem by clinicians and patients
- Misunderstood and hidden problem
- Lack training and guidance
What can we offer in Primary Care?

Three parts:

1. Psychological support
2. Prescribing
3. Groups – local or internet based
1. Psychological support

- CBT
- Motivational interviewing
- Behavioural change
- International Treatment Effectiveness Project (ITEP)
Preparation

- List benefits and adverse things that get from using
- Keep drug diary of use for 1-2 weeks
- Engage with support
- Explain tolerance
2. Prescribing

- Methadone
- Buprenorphine
- Dihydrocodeine
- Codeine
- Morphine (MST, MXL)
2. Equivalents

- Not exact, need to titrate

<table>
<thead>
<tr>
<th>DRUG</th>
<th>EQUIV 10mg METHADONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine</td>
<td>= 2-4mg?</td>
</tr>
<tr>
<td>Dihydrocodeine</td>
<td>= 60-120mg (in 2 doses)</td>
</tr>
<tr>
<td>Codeine</td>
<td>= 40-120mg (divided 2)</td>
</tr>
<tr>
<td>Morphine (MST, MXL)</td>
<td>= 60-90 mg</td>
</tr>
</tbody>
</table>
Prescribing plan

- Detoxification or maintenance

- Same principles:
  - Titrate until steady
  - Reduce at patient speed

- Support same time
Success of different drugs used for detoxification

- Dihydrocodeine and codeine more effective?
- Survey on ‘Overcount’
  - Success rate with methadone / buprenorphine around the 26% mark i.e. 3/4 of people who try or are given this method, fail within the initial 4-6 weeks
  - Structured gradual Withdrawal Programme, based on the actual OTC product which they have been misusing, the success rate rises to over 80%, i.e. 4 out of 5 people succeed in quitting their habit

- All programmes dependant on:
  - length of time that the person has had the addiction
  - daily dose

- Why might methadone / buprenorphine be less successful?
3. Support Groups

- Internet based
  - Codeine-free codeinefree.me.uk
  - Overcount
    myweb.tiscali.co.uk/overcount/index.htm

- Local groups
Conclusions

- Unrecognised problem, size unknown but increasing
- Evidence leaves scope for further research
- Little guidance and training
- But many things can do to help
- Don’t forget: psychological help, prescribing and group support
- And detox if part of the process not the end
- Important GPS, Pharmacists and all health care professionals are educated about this problem
- Need for most help and services for people who have problematic OTC use
Thank you
Case studies post coffee break

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