



The eye of Horus

SOME COMMON PRESCRIPTION ABBREVIATIONS

- aa of each
- ac before meals (food)
- cc with meals (food)
- pc after meals (food)
- bid, bd, bds to be taken TWICE daily
- tid, td, tds to be taken THREE times a day
- qid, qd, qds to be taken FOUR times a day
- qqh every four hours (at four-hourly intervals)
- m & n morning and night
- ex aq with water
- ex lacte with milk
- prn when necessary, when required, when needed
- dol urg when the pain is severe
- hs at bed-time (at night)
- mdu to be taken as directed *NOT* to be used *EVER*
- oh every hour
- om every morning
- on every night
- paa to be applied to the affected parts (areas)

- qs a sufficient quantity of
- ss half
- stat immediately, at once, now

Editor,

I would like to support and add to Professors Vajda and Berkovic re 'generic' brand substitution of anti-epileptic medications (Letters, AJP August, 2005). I totally support their view that brands should not be changed and if a patient has been started on one brand they should stick to that brand. Many other examples apply where switching from one brand to another should not ever be considered. For example, all psychotropic agents, analgesics, warfarin and digoxin. As well as possible variable bioavailability, there is the problem of the nocebo effect (negative placebo effect due to non-specific reactions)^{1,2}.

Experience with Home Medication Management reviews have shown that many older persons suffer adverse events with medications due to the fact that they are doubling, trebling or even quadrupling their dose due to taking two, three or four different brands of the same medication without realising that they are doing so.

Part of the problem has been that with the introduction of 'generics' to reduce costs to the PBS, many of the so-called generic companies have released products with trade names. Companies like to market their unique-looking and sounding products with confusing trade names that often bear no resemblance to anything. The packets are different, often the tablets or capsules are different sizes or colours and of course they have large letters announcing the trade brand. There have been studies showing the effect of colour changes on the perceived efficacy of psychotropic drugs^{3,4}.

It is often difficult to find the approved or generic name of the medicine. So, what we have with generics is a plethora of brands causing confusion in some patients, prescribers and on occasion, even pharmacists.

I believe it is time that the TGA bit the bullet and legislated that so-called generics become just that and that the primary container would be labelled with the generic or approved name with prominent large letters and any trade or brand name (if one is actually needed) should be **under** the approved name and in a font size no larger than one third of the approved name. Many other countries have true non-trade name generics, why can't we do it? As usual, I pose the question, in whose interests do our drug registration authority's work, the consumer or the drug companies?

References

1. Barsky AJ, Saintfort R, Rogers MP. et al. Non-specific medication side effects and the nocebo phenomenon. JAMA. 2002 6;287(5):622-7.
2. Uhlenhuth EH, Alexander PE, Dempsey GM. et al. Medication side effects in anxious patients: negative placebo responses? J Affect Disord. 1998; 47(1-3):183-90.
3. Adams FM, Osgood CE. A cross-cultural study of the effective meanings of colour. J Cross Cult Psychology 1973; 4: 135-56.
4. De Craen AJM, Roos PJ, de Vries AL, et al. Effect of colour of drugs : a systematic review of perceived effect of drugs and their effectiveness. Brit Med J 1996; 313:1624-1626.

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