



Dr. Andrea Murphy, Assistant Professor, School of Nursing, Dalhousie University; Research Associate, Sun Life Financial Chair in Adolescent Mental Health
Dr. David Gardner, Associate Professor, Department of Psychiatry & College of Pharmacy, Dalhousie University
Dr. Stan Kutcher, Professor of Psychiatry; Sun Life Financial Chair in Adolescent Mental Health and Director, WHO Collaborating Center in Mental Health Training and Policy Development, Dalhousie University

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Name:

Phone Number:

(____) _____

Medication Education for Promoting Mental Wellness:

A Guide for Young People and Those Who Care for Them

Contact list:

i call this person when i have:	name	1	2
health questions			
medication questions			
to make an appointment for health			
to get a medication filled or refilled			

in an emergency call:	name	1	2

This **Med Ed Booklet** is very important to someone. The information in it is private. If you find this booklet please contact the person whose name and phone number is on the opposite page.



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Before you go further ... read this!

Who is this booklet for? What is this booklet for?

This booklet is called Med Ed because it is about **medication** education. Med Ed is written for the person who takes medications for **mental illness** or **mental symptoms** (the term mental symptoms will be used in Med Ed to mean problems with feelings, mood, thinking, or behaviour). It can also be used by other people such as parents, **caregivers**, guardians, people working in facilities (e.g. group homes, residential or day treatment programs), teachers, and **health providers**. There is also a smaller booklet that comes with Med Ed called **Med Ed Passport**. The Passport is like a diary and you should use it regularly. The Passport should be used at ALL health care provider appointments (e.g. doctors, nurses, pharmacists, counsellors). Use the Passport at these appointments to help you get the information you need about your medications. If you help someone take medications for mental illness or mental symptoms, you can use Med Ed to help you get more information about medications.

The Med Ed booklet has questions that you should ask about medications, and information about how to tell if a medication works for you or causes **side effects**. There are also some very important tools to help you get more information about medications. It is important to get the answers to any questions that you have before you take medications. It is your right to know about these medications and you need to know about them! They are being given to help you get well and stay well. If you are ever unsure about your medications, or have questions about them, you should talk about this with your **health providers** (e.g. doctors, nurses, pharmacists, etc).

This booklet is to help you learn about your medications. It does not replace information from your doctors, nurses, pharmacists, or other health providers.



There are many things to think about before you decide on any treatment. It is very important that you know as much as possible, because agreeing to a treatment means you become a partner with your health providers in working to make your health better. You need to make your decisions based on the best information you have and on the advice of people you trust — people who know what is good about the treatment as well as any problems there might be with it.



As you read the booklet, you will see some words that are coloured blue. This means that you can find a short definition of the word at the back of the booklet in the glossary.

Who helped to make this book?

In partnership with the Provincial Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario, Med Ed and the Med Ed Passport were prepared by a team of two pharmacists, Drs. Andrea Murphy and David Gardner, and a psychiatrist, Dr. Stan Kutcher, who have worked for many years with mental illness medications. The authors acknowledge the Ontario Ministry of Children and Youth Services (MCYS) who are credited for initiating the development of these tools and supporting the process. The art in the booklet is by Shannon O'Halloran of O'Halloran Design. Janet Pringle in Calgary provided an external review of the Med Ed booklet and Passport. Special thanks goes to Laing House members and staff (Halifax), youth and staff of the IWK Adolescent Centre for Treatment (Halifax), and members of the IWK Hospital Inpatient Mental Health team (Halifax) who helped test Med Ed and its Passport.



The thoughts in Med Ed and the Med Ed Passport are those of the authors. While all the information in this publication has been carefully reviewed by qualified health professionals, it may change over time. So this information should not replace that provided by the doctor, pharmacist, or other health providers. More medication information can be found in the Compendium of Pharmaceuticals and Specialties or the Physicians Desk Reference.

Taking & giving medications: frequently asked questions

1. Why has this medication been prescribed?

- This booklet has information on medications for mental symptoms and illnesses on pages 23 to 34.
- If you do not know why a **medication** is prescribed, you should ask your **prescriber**. It is a person's right to know this. Everyone should understand why they are taking a medication.
- A medication for **mental illness** or **mental symptoms** is prescribed because the brain is working differently than normal. It is the same when people take medications for other parts of their bodies because they don't work normally. For example, people with asthma take medications when their lungs don't work as they should.
- Prescribers give medications to help with symptoms caused by or related to mental illnesses and to help people get back to their regular activities.
- Someone with asthma needs to use medications to help to control breathing problems. The medications do not cure asthma. The same is true for medications used to treat mental symptoms or mental illness. They help to treat and control symptoms but they are not a cure.
- Many medications, including those used to treat mental illness, can have other uses. For example, the same medication can be used to treat a **mood disorder** or problems with anger. It is also important to know that a medication can be used to treat symptoms in a person who does not have a mental illness.
- Sometimes a **health provider** like a pharmacist will ask "Why has this medication been prescribed?" They do this when the medication has several uses. If you tell them why you take a medication they will be able to give more information about it that is important to you.
- Keep in mind that medications for mental illness or mental symptoms are not a "quick fix" and are not the only way to get help. People with symptoms of **mental illness** often need other supports such as **counselling**.

- It is important to know that if one medication does not help your symptoms or illness, there are usually other medications to try.

2. How long will it take for the medication to help me feel better?

- The time it takes for a [medication](#) to help can depend on what the medication is and what the symptoms are.
- Medications for [mental illness](#) or [mental symptoms](#) do not work quickly like Tylenol® or Advil® do for a headache or toothache.
- Many medications used to treat mental symptoms or mental illnesses can take days and sometimes weeks to work. Some symptoms improve faster than others.
- You should discuss with your [health providers](#) how long it will take for your medications to work.

3. What can I expect when I start a medication?

- You can expect that your [prescriber](#) and pharmacist will talk about the good things like improved symptoms and bad things like [side effects](#) that can happen with the [medication](#).
- How well a medication works when you first start it can depend on the kind of symptoms you have and how strong they are. Talk to your [health providers](#) about when things should improve.
- Medications may cause [side effects](#) and this can happen before your symptoms get better. Keep in mind that not everyone gets side effects. Talk to your [health providers](#) about side effects and how to get help if they happen.
- Expect to visit health providers more often when you start a medication. This lets them see if the medication helps, does nothing, or causes problems.
- Getting used to taking medications can be difficult at the start, especially when your schedule changes from day to day. You may need to develop a system that helps you remember to take your medications as prescribed.

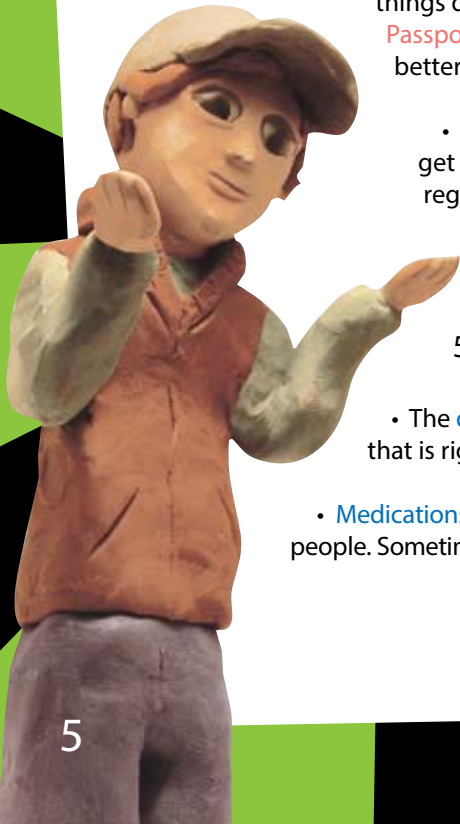
4. How do I know if a medication is working?

- Before you can tell if a **medication** is working, it is important to know what your medication is being used for. Maybe it is for **mental illness** (e.g. **depression**) or **mental symptoms** (e.g. sleep problems). Maybe it is to help you get back to your regular activities (e.g. playing sports, hanging out with friends).
- You and your **prescriber** should come up with a plan to help you know if the medication is working for you. This plan should be made before you start the medication.
- You and your prescriber need to talk about what symptoms and activities are better, the same, or worse while you take the medication.
- It can be hard from day to day to tell if a medication is helping. Writing things down like on pages 41 to 52 or in your **Med Ed Passport** can help show if symptoms and activities get better, stay the same, or get worse with medication.

- In general, a medication is working if your symptoms get better or go away and you can get back to your regular activities. Keep in mind that this often happens slowly, over several weeks.

5. How do I know which dose is right for me?

- The **dose** that is right for one person may not be the dose that is right for another person.
- **Medications** leave the body at different speeds for different people. Sometimes this can affect how much medication a person needs.



- The right **dose** is the one that improves symptoms and helps you get back to your regular activities.
- The right dose is also the one that causes few **side effects**.
- In general, scientists do **research studies** to look for the good and bad effects of different doses.
- Each medication usually has several doses to choose from.
- If a person has symptoms after taking a medication at a typical dose for a period of time, the **prescriber** may give a bigger dose to see if it helps. This can work for some people but not all. Bigger doses can sometimes cause more side effects so it is important to come up with a plan to watch for these.
- Here is a short list of things that can affect a person's medication dose.
 - >> How strong the symptoms are
 - >> What the person wants to be able to do while taking the medication
 - >> How their medication is given (e.g. pill, injection)
 - >> Side effects

6. How does my prescriber know which medication to give?

- The decision to prescribe a **medication** is a complex one.
- Different medications can be used to treat the same symptoms. For example, there are many antidepressants that can treat the symptoms of **depression**. It is not uncommon for a person to try more than one medication in order to find the one that is right for them. There is no way to know which medication will work for what person.
- Many people can have a part in making decisions about your medications. The most important person is you. It's your choice so you need to learn about medicines so you can choose wisely. See page 36 for a list of questions to ask your prescriber about your medication and treatment choices.

- Other people such as family and **caregivers** could take part in helping make decisions around medications.
- Before giving a medication, your **prescriber** should think about **research studies** with different age groups (e.g. youth) and different symptoms (e.g. feelings of sadness, **hallucinations**) or illnesses (e.g. **depression, schizophrenia**). They will look at how well the medications worked and how safe they were in people like you.
- Here is a short list of other things that your **prescriber** will think about before giving you a medication. It does not include everything. For more information, talk with a doctor, pharmacist, nurse, or other **health providers**.

- >> Allergies
- >> Previous experience with medications (e.g. good and bad effects)
- >> A family member's response to the same medication
- >> Side effects
- >> Medication cost and if you have a drug plan
- >> Other medications you are taking
- >> Other conditions you have (e.g. asthma, seizures, sleep problems)
- >> How the medication has worked for other people they prescribed it for
- >> Formulation (e.g. liquid, tablet)
- >> How you feel about taking medication



Some pharmacies have counselling rooms where you can talk to your pharmacist about your **medications** in a quiet, private place. If your pharmacy does not have a private room and you want privacy while talking, tell your pharmacist you will call them to talk about your medications over the phone.

7. How long do I need to take this medication?

- How long you could take a **medication** can depend on many things such as the kind of symptoms or illness you have. If symptoms have caused a lot of problems in your life and stopped you from doing things you normally like doing, you may stay on medications long-term.
- Many medications for **mental symptoms** or illness are taken for several months or years.

- Sometimes a person can stop their medications with the help of [health providers](#) when they have not had any symptoms for some time. The person will work closely with health providers to tell them how they feel after stopping the medication. If the person feels worse or has symptoms come back after stopping a medication, they may decide to go back on the medication. That may be better than stopping it and becoming unwell again.
- You can live a long and healthy life while you take medications for [mental symptoms](#) and [mental illnesses](#).



A written [prescription](#) has information like the [medication](#) name, [dose](#), how to take it, and number of refills. The reason a medication is prescribed is often not written down. Telling your pharmacist why your medication is prescribed will help them to provide better information such as how a medication can work for symptoms and the potential [side effects](#) that can happen.

8. Will taking a medication affect my relationship with my boyfriend/girlfriend?

- [Mental symptoms](#) and illnesses can make it hard for you to meet new friends or stay close to old ones. When you feel well it is easier to have good relationships. Medications can help you to get well, stay well, and have good relationships.
- It can be hard to tell friends about your medications, especially new boyfriends or girlfriends. The people you tell should be people you trust. It is up to you to decide who you tell about your medications and when.
- Some medications found in Med Ed can cause [sexual problems](#) or sexual side effects. Most people do not have these side effects. If you are sexually active please let your [health provider](#) know. If you become pregnant you will need to have a confidential discussion with your health providers about what to do with your medications.

> [See also](#): Everyone keeps talking about side effects - what are they?
page 9

9. Everyone keeps talking about side effects – what are they?

- **Side effects** are also known as adverse reactions. **Adverse reactions** can also be called a medication's unwanted effects. Not everyone who takes a medication will get a side effect from it.
- It is important to ask a few key things about a medication's side effects. These include:
 - >> When does it happen?
 - >> What will I notice?
 - >> What do I do if it happens?
 - >> How serious is it?
 - >> Does it go away after the medication is stopped?
- When **health providers** tell people about how often side effects happen, they may use words like rare, uncommon, and common.
- Health providers can also help explain risks by using pictures. Here are examples of pictures that could be used to explain how often side effects happen.

Side effect risk is 1 in 10:



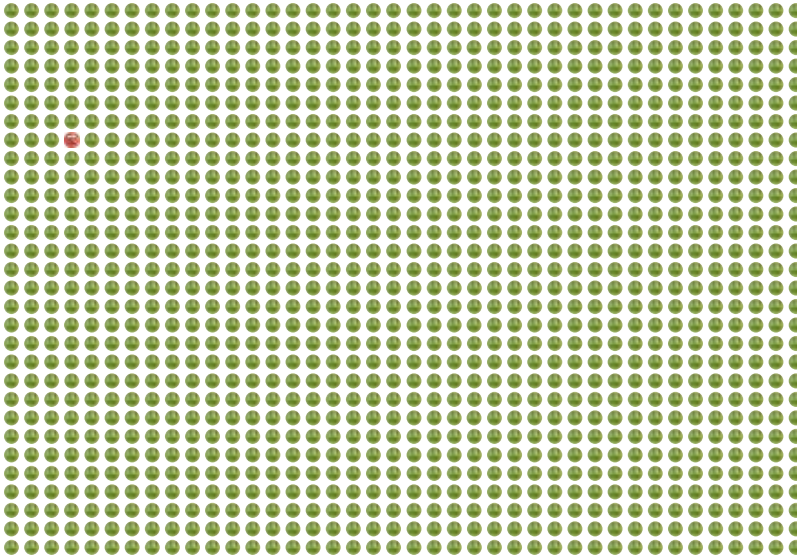
- For every 10 people who take the medication, 1 will get the side effect and 9 will not.

Side effect risk is 1 in 100:



- For every 100 people who take the medication, 1 will get the side effect and 99 will not.

Side effect risk is 1 in 1,000:



- For every 1,000 people who take the medication, 1 will get the side effect and 999 will not.
- **Side effects** can be the same or similar for medications if they are in the same group or class, but this is not always true.
- If you have a side effect from one medication it does not always mean you will have the same side effect when you take similar medications.
- Some side effects go away on their own even if you stay on the medication. Other side effects can get worse if you stay on the medication. Discuss this with your **prescriber** and pharmacist to find the best way to deal with different side effects.
- Pharmacy side effect information sheets will not have all of the information you need. They will have the kinds of side effects caused by the medication but will not say how often they happen or how serious they are. Talk to the pharmacist about the medication and avoid using only printed sheets for information.

- Tell your [prescriber](#) and pharmacist if you have [side effects](#). These people will know if the side effect is from the medication and if it is dangerous. They can also prevent and treat side effects caused by medications. Sometimes a side effect can be helped by changing the dose or changing to a different medication. There are often several medication choices to treat [mental illness](#) and [mental symptoms](#).

10. Is it o.k. to take over-the-counter products with my medications? What about alcohol, caffeine, or street drugs?

- Many [non-prescription medications](#) can cause problems if taken with [prescription](#) medications. Serious and maybe even deadly effects are rare but still possible.
- Some people use caffeine to help with drowsiness, which is a side effect caused by some medications. Caffeine does not often affect other medications but it can affect you. You need enough sleep to keep your mind and body healthy. Using too much caffeine can keep you from the sleep you need and can affect your mental health.
- Some people think [natural health products](#) or herbal remedies are safe because they are “natural” or “come from plants” but these products contain chemicals that can affect the body and other medications. For example, Health Canada sent out a warning about the dangers of using St. John’s Wort with certain prescription medications. Another “natural” plant treatment for anxiety was banned in Canada because of reports of serious liver problems.
- Legal drugs (e.g. alcohol) and illegal drugs (e.g. marijuana, cocaine) can cause problems if you take them with medications. These substances alone or mixed can also worsen or cause [mental illness](#) symptoms.
- Your pharmacist does not keep information about [over-the-counter](#) medications you use unless you ask for them to be recorded. The pharmacist should be aware of all medications you take. It is the pharmacist’s duty to check for [drug interactions](#) with all medications including those for [mental illness](#).

- You should talk to your **prescriber** or pharmacist before taking any other medication, alcohol, or any other substance with your **prescription** medication. It is very important that your **health providers** know about everything you are taking.
- All medications including “over-the-counter” medications should be written down on your up-to-date medication list on pages 59 to 64 . **Also see pages 31 to 38 in the Med Passport.**

11. Keeping track of how I am doing on medications — whose job is it?

- YOU are the best person to know if a **medication** helps, does nothing, or causes problems.
- The **prescriber** must always look for the good and bad effects of a medication.
- All people who care for you should watch for signs that your medication helps, does nothing, or causes problems.
- Pharmacists are also helpful. They can keep track of how someone is doing on a medication. Look for a pharmacist that you like and one who can give you the answers you need to your questions. It is a good idea to talk to your pharmacist about your medications regularly.
- Other people like teachers, coaches, and friends, can see if a medication is doing good (e.g. helping attention in school) or bad (e.g. sleepiness in school) things.



12. I am feeling better. Should I stop my medication?

- It is normal to want to stop your [medication](#) when you feel better, but this is not the time to stop. You may be feeling better because the medication has helped and if you stop it your symptoms could come back.
- Talk to a [health provider](#) before you stop any medication. The decision of when to stop a medication depends on many things.

> [See also](#): How long do I need to take this medication? page 7

- Medications should be stopped very, very slowly with the [dose](#) getting smaller as time goes by (that is called tapering).
- There are very few medications for [mental illnesses](#) that can be stopped quickly with no chance of [side effects](#). Sometimes medications are stopped quickly in an emergency.
- If a medication is stopped quickly, a person can get sick. This usually happens because symptoms come back or their body withdraws from the medication.
- Symptoms often return after stopping a medication. Some symptoms can come back within days and others can come back in weeks or months. Your [prescriber](#) should tell you how likely it is that symptoms will return.
- Sometimes [withdrawal reactions](#) can occur even if you are stopping a medication with the help of your health providers. This reaction may or may not be the same as side effects of the medication. You need to have a plan to know what to do if a withdrawal reaction happens.

13. What happens if I skip or miss doses of my medication?

- Some people can have [side effects](#) from skipping or missing one or a few [doses](#) of [medication](#).

- People who miss many **doses** can sometimes end up stopping the medication altogether. This could cause symptoms to come back.
- **Prescribers** and pharmacists can make a plan for what to do when a dose is missed.
- Talk about why (e.g. **side effects**, can't remember) you miss doses with your prescriber and pharmacist. Some people need help to figure out why doses are missed and how to avoid it.
- If you cannot take your medication at the regular time (for example, if you get home late), it is usually okay to take the dose within a few hours of when you were supposed to. However, you should never “double-up”, which means taking the missed dose at the same time as the next dose. This could cause side effects.

14. Why are some medications to be taken only “as needed”?

- Most **medications** are taken regularly everyday to treat symptoms or to prevent them from coming back.
- Some medications can be taken just when you need them to help quickly with symptoms. For example, some medications can be taken to treat a **panic** attack when it starts or to help when you can't sleep.
- If you are prescribed a medication to be used only “as needed” but you use it daily or several times a day it is important to talk to your **health providers** about this. Using more medication than prescribed can mean that your symptoms are getting worse. It can also be serious because if you stop the medication after taking it regularly, a **withdrawal reaction** could happen.



People who take medications for **mental illness** or **mental symptoms** can lead a long, healthy, and happy life.

15. Who can prescribe medications for mental illness?

- Anyone who can legally prescribe a **medication** is called a “**prescriber**”.
- Medications for **mental illness** are most often prescribed by doctors (e.g. psychiatrists, family doctors, pediatricians).
- In some places, nurses and pharmacists can write **prescriptions**. Other **health providers** may be able to prescribe medications in some countries.
- A prescription medication does not always come from a pharmacy. Sometimes a **prescriber** may give a sample medication.

> **See also:** Medication samples – what are they and when are they used?
page 19

- Although a prescriber is the person who writes the prescription for a medication, they could get information from you and other **health providers** that will affect which medication they prescribe. This is why it is important for you to have information about your medication, such as how it makes you feel and which medications you have already tried.

> **See also:** Keeping an up-to-date medication list – why is it important?
page 18

16. Why are some medications taken by mouth and others by injection?

- Most people take **medications** as pills but for some people injections with a needle are given. For example, for some antipsychotic medications there are pills and injections that have the same ingredients.
- Injections are almost always given by nurses or doctors.
- Some people get injections of antipsychotic medications called “depot injections”. Depot means that the medication can last for a long time such

as 2 to 4 weeks. It is injected into a muscle and the medication leaks out of the muscle slowly as time goes by and into the person's bloodstream.

- Injections of medications can be used for many reasons. For example, depot injections can last for weeks and the person does not have to remember to take a pill daily. Sometimes depot injections are used when taking pills by mouth is not helping with symptoms.
- A person may not want to take a medication by mouth or by injection, even though health providers have recommended it. If this happens, all treatment options must be discussed with the person.
- It is possible to switch from one form of medication to another. If you take a medication by mouth or injection and would like to change this, talk to your [health providers](#).

17. What's in a name? Generic names, trade names, and class or group names of medications.

- [Medications](#) can have several names. It can be helpful for the person who takes the medication to know both the generic and trade name.
- When a medication first comes on the market, it often has a "trade" name. This is a name given by the company that makes the medication.
- A generic name is the name of the main ingredient of the medication. For example, Tylenol® is a trade name and its generic name is acetaminophen.
- A generic medication is usually cheaper than the trade name version of the medication.
- Generic medications are made to be the same as the trade name product.
- The generic form of a medication often looks like the trade name product. This is not always true for all generic medications. If your medication looks different in size, shape, or color from other refills, ask the pharmacist why.
- All medications fall within classes or groups. As an example, Tylenol® and Aspirin® could be grouped as pain relievers but they also have other uses,

like Aspirin® for preventing heart attacks.

- Medications for [mental illness](#) and [mental symptoms](#) can be grouped based on how they work and what they are used for (e.g. antidepressants, antipsychotics).

> **See also:** Medications for Mental Symptoms and Illnesses, pages 23 to 34

- Mental illness medications can have many uses. The name of the medication does not always relate to its use. For example, “antipsychotic medications” can be used by people with [bipolar disorder](#) or with [schizophrenia](#) but for different reasons. They can also be used for aggression in people without bipolar disorder or schizophrenia.



Use your [Med Ed Passport](#) to track your questions, symptoms, activities, [side effects](#), [medications](#), and appointments. When your Med Ed Passport is full ask for a new one.

18. Why do some medications come in different shapes and sizes?

- Some [medications](#) are made in several forms such as pills, wafers, liquids, and injections.
- The way a medication is made can depend on things like the ingredient and who it is made for (e.g. small children often like liquids).
- Pills of the same medication can come in different shapes and sizes for different [doses](#).
- Sometimes a pill (such as a tablet or capsule) can be too big for some people to swallow. Talk to your [prescriber](#) and pharmacist if this is a problem. Sometimes medications can be crushed and mixed with a liquid or prescribed as a liquid.

19. What do I need to think about if I take more than one medication?

- If you take more than one **medication** your **prescriber** and pharmacist will check for **drug interactions** before you start a new medication.
- People who take more than one medication are sometimes asked to watch for and write down changes in their symptoms or **side effects**. This is most important when a new medication starts or the **dose** changes.
- If 2 or more medications with similar **side effects** are added together, they can cause more of the same side effects. For example, taking 2 medications that cause drowsiness together can lead to extreme drowsiness.
- If you take more than one medication, it can be difficult to remember how (e.g. with food) and when (e.g. twice a day and at bedtime) to take each medication. **Health providers** can help you if this is a problem.

20. Keeping an up-to-date medication list – why is it important?

- People can have many changes to their **medications**. An up-to-date list can show **health providers** recent changes in your medications.
- Keep an up-to-date medication list with the names, **doses**, and directions of how to take the medication in a safe place (e.g. wallet). Allergies should also be put on the list. This type of Medication List is on pages 59 to 64, and in the **Med Ed Passport** (see pages 31 to 38).
- **Prescription** medication packages or vials are not always up-to-date and should not be used as the only source for a medication list. **Prescribers** can sometimes tell you to change the dose of your medication but do not give you a new prescription at that time. For example at an appointment or over the phone, a prescriber might tell you to “cut down your dose from 2 tablets at bedtime to 1 tablet at bedtime”.

- Your **prescriber** may or may not have computerized medical records, where it is easy to find your medication history or current list.
- Medication lists are not always shared from one prescriber to another. Never take it for granted that one prescriber knows about medications that other prescribers have given.
- Pharmacy computer systems are not always connected from one store to another. If you have **prescriptions** filled at more than one pharmacy, the pharmacist may not have your complete list of medications.
- You should show your medication list to all prescribers and pharmacists whenever you get your medications changed or get a new medication.
- If you are not able to tell others about your medications for some reason, such as being in an accident, you could get treatments that cause problems with your medication.

21. Medication samples – what are they and when are they used?

- **Medication** samples are just that – samples of medications.
- Many **prescribers** keep medication samples in their offices. Samples of medications are often given to prescribers by medication manufacturers.
- Samples are small amounts of a medication in a package (e.g. box) that will last for a short time.
- Sample medications are not available for all medications.
- Prescribers can give medication samples so a person can try a medication before a larger amount is prescribed. This is like a “test drive” of the new medication. You and your prescriber can see if the sample medication has good or bad effects.
- Samples are not usually on your pharmacy file and other prescribers may not know you take them. Tell all other prescribers and pharmacists if you are taking sample medications so they have a complete list of your medications. This way they can make sure there are no potential problems.

- Sample medications should be written down on your up-to-date medication list on pages 59 to 64, or in the **Med Ed Passport** (see pages 31 to 38 in the Med Ed Passport).

22. How are my medications paid for?

- Some people have a drug plan that pays for some or all of their **medication** costs.
- Some people have a paper or plastic card from their job or from the government (e.g. health card) that will have information about their medication coverage.
- Medication costs should be discussed before a medication is prescribed if you do not have a drug plan or if the drug plan does not cover some medications.
- Pharmacists can also help explain medication coverage.
- If you do not know if you have medication coverage talk to your **prescriber** before going to a pharmacy.

23. “Approved indications” and “off label use” – what do they mean?

- An “approved indication” tells the **prescriber** what health problem the **medication** can be used to treat. The list of indications for a medication includes the illnesses that the medication has been researched for and that the government has approved.
- “Off label use” of medications means that the government has not given approval for use in treating the condition or illness. It can also mean that the medication does not have approval for use in certain people (e.g. age less than 18 years, pregnant women).

- Many medications can be safely and effectively used “off label” but need to be properly researched. If your **prescriber** is using a medication “off label” it is a good idea to ask about the studies for this type of use.

> **See also:** How does my prescriber know which medication to give? page 6

24. What is a “black box” warning?

- A “black box” warning is information about the safety of a **medication**. These boxes are found on a medication package or in the information given to **prescribers**.
- Black box warnings have been added to some antidepressants and stimulant medications in recent years.
- It is important to discuss black box warnings with the prescriber and pharmacist if there are questions about the safety of a medication.
- It is important to not only talk about black box warnings but also all the benefits and risks of medications.

25. What about medications and travel?

- Even if you travel within your country, ask your pharmacist before you leave if there is anything that you need to think about for your **medications**.
- If you fly or drive across borders, tell your **prescriber** and pharmacist so they can talk to you about any special things to think about (e.g. how to store your medication, or letters to take with you from your prescribers).
- You may not always be able to get the same medications in other countries that you get at home. Talk to your prescriber and pharmacist before you travel.
- If you were started on a medication when travelling, talk to your **prescriber** and pharmacist when you get home to see if you can get the same medication locally.

- Medication costs can be different in other countries and even when you travel from one part of a country to another. Talk to a pharmacist or **prescriber** about medication cost before you travel.
 - Make sure you have enough medication for your travels.
- > **See also:** What happens if I skip or miss doses of my medication? page 13

26. Can I trust medication information from the Internet?

- Many people use the Internet to find health information, including information about **medications**. But not all information on the “web” is accurate or reliable.
- You need to know if you can trust the information from a website before you use it.
- When someone feels unwell due to illness, the promise of a “cure” on the Internet can look like the answer to their problems. These promises of a “cure” are often too good to be true.
- Ask **health providers** about reliable websites for medications.
- Ask the pharmacist or prescriber to look at websites you have found for the medication prescribed.
- The Canadian Health Network (<http://www.canadian-health-network.ca>) gives helpful tips on how to tell if you can trust a website.



Medications for mental illnesses and mental symptoms are not **addictive**. They do not control people, make them someone they are not, make them weak, or cause brain damage. Talk to **health providers** if you worry about these or other medication myths.

medications for mental symptoms and illnesses

This table gives a “big picture” look at the classes or groups of medications and examples in each group. It is not a complete list. The medications are colour coded by group. Talk to your prescriber or pharmacist for more information on medications not on this list.

Classes of drugs	Common group names	Common examples	
		Generic name	Trade name
Antianxiety and sleep medications	Benzodiazepines Antihistamines Antidepressants Natural Health Products Other	alprazolam clonazepam diazepam lorazepam oxazepam temazepam diphenhydramine trazodone melatonin zopiclone	Xanax Rivotril Valium Ativan Serax Restoril Benadryl Desyrel Melatonin Imovane
Antidepressants	Selective serotonin reuptake inhibitors (SSRIs) Tricyclic antidepressants (TCAs) Others	citalopram escitalopram fluoxetine fluvoxamine paroxetine sertraline amitriptyline clomipramine imipramine bupropion duloxetine venlafaxine mirtazapine	Celexa Ciprallex Prozac Luvox Paxil Zoloft Elavil Anafranil Tofranil Wellbutrin Cymbalta Effexor Remeron
Antipsychotics	Conventional (typical) antipsychotics Modern (atypical) antipsychotics	chlorpromazine flupenthixol haloperidol loxapine perphenazine pimozide zuclopenthixol clozapine olanzapine paliperidone quetiapine risperidone ziprasidone	Largactil Fluaxol Haldol Loxapac Trilafon Orap Clopixol Clozaril Zyprexa Invega Seroquel Risperdal Zeldox

medications table continued...

Classes of drugs	Common group names	Common examples	
		Generic name	Trade name
Mood stabilizers	Anticonvulsants Other	carbamazepine lamotrigine oxcarbazepine topiramate valproate divalproex valproic acid lithium	Tegretol Lamictal Trileptal Topamax Depakene Epival Carbolith Duralith
Stimulants and related medications	Stimulants Others	dextroamphetamine/ amphetamine salts methylphenidate modafinil atomoxetine clonidine	Dexedrine/Adderall Ritalin, Concerta, Biphentin Alertec Strattera Catapres



Remember –
medications are used
to help you get better.
You need to know about how they can
help and what problems they might
cause. It is your body and your mind!

antianxiety and sleep medications

Commonly used for:

Problems with sleep, anxiety, and agitation. These **medications** can also be used to treat some **side effects** caused by antipsychotics.

How these medications work:

Antianxiety and sleep **medications** have been found to work on several chemicals (or “neurotransmitters”) and their targets (or “receptors”) in the brain. The main chemical many of these drugs affect is called GABA. GABA has a “calming” effect and this effect is increased by benzodiazepines and a similar medication called zopiclone.

How do I know if it is working?

Before you start to take an antianxiety or sleep **medication** you should talk to your **prescriber** about the symptoms you have (e.g. nervousness, lack of sleep, **panic** feelings) and when your symptoms should start to improve. Your prescriber and other **health providers** should come up with a plan of how to track these symptoms with you (see pages 41 to 46 as well as your **Med Ed Passport**). It is a good idea to write down your symptoms and activities so that you and your **health providers** can tell if the medication is helping.

side effects:

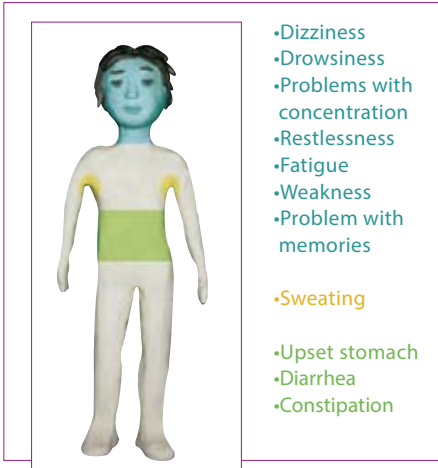
Common: The picture on the next page shows some common **side effects** that can occur with antianxiety and sleep **medications**. Show this picture to your **prescriber** and discuss the side effects that may apply to the medication prescribed for you. Ask your prescriber to tell you about any uncommon but potentially harmful side effects that can happen. Talk about when and how to watch for side effects and about what to do if side effects happen. You can make notes about this information in your **Med Ed Passport**.

Uncommon but could be serious or harmful:

Withdrawal reactions can happen if you take an antianxiety or sleep **medication** regularly and then stop it suddenly.

Seizures and confused thinking are rare problems that can happen if the medication is stopped suddenly after it has been used for a long time.

antianxiety and sleep medications



- Dizziness
- Drowsiness
- Problems with concentration
- Restlessness
- Fatigue
- Weakness
- Problem with memories

•Sweating

- Upset stomach
- Diarrhea
- Constipation

When and who to ask for help:

You should ask for help any time you have a question about your illness, symptoms, or **medication**. It is very important that you ask for help if you think you are having **side effects** or feel that medications are not working. If you take an antianxiety or sleep medication, you should ask your **health providers** about a plan for regular appointments to see how you are doing on your medication. You should also ask about who to call in an emergency.

Important things to consider about these medications:

If these **medications** have been taken on a regular basis, they can produce **side effects** or a **withdrawal reaction** when stopped quickly.

Taking these medications with alcohol can lead to serious problems including slowness of your mind and body, intoxication, and difficulty with common sense and thinking.

Any other activities in which you need to think and react quickly (e.g. driving, bike riding, snowboarding, skateboarding, etc.) can be very dangerous while taking these medications.

Talk to your **health providers** about any activities in which you need quick mind and body responses. They can tell you if and when you can do these activities.



Commonly used for:

Problems with mood (e.g. [depression](#)), anxiety disorders (e.g. generalized anxiety disorder, [obsessive compulsive disorder](#), [panic disorder](#), post traumatic stress disorder), [eating disorders](#), and sleep problems. These [medications](#) also have many other uses. Please talk to your [prescriber](#) or pharmacist for more information on other uses.

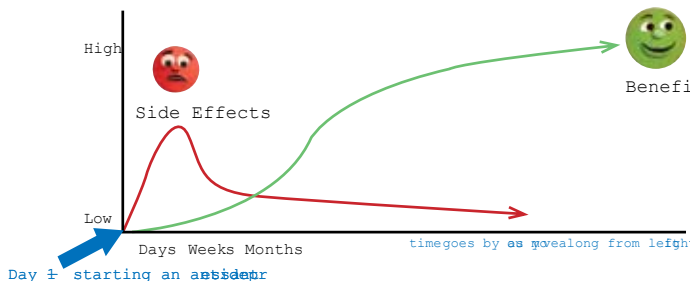
How these medications work:

Antidepressants have been shown to increase the activity of several chemicals (or “neurotransmitters”) and targets (or “receptors”) in the brain. Examples of some of the chemicals are serotonin and noradrenaline.

How do I know if it is working?

Before you start to take an antidepressant, you should talk to your [prescriber](#) about the symptoms you have and when they should start to improve. Your prescriber and other [health providers](#) should come up with a plan of how to track these symptoms with you (see [pages 41 to 46](#)). It is a good idea to write down symptoms and activities so that you and your health providers can tell if the [medication](#) helps make them better.

It is important to know that antidepressants can cause some [side effects](#) before you notice that your symptoms are getting better. This picture shows that after starting an antidepressant the side effects ([red line](#)) are more likely to happen at first and will eventually go down in time. The benefits ([green line](#)) of the medication also increase as time goes by (e.g. improving mood, sleep, energy, reducing anger).



side effects:

Common: The picture on the next page shows some common [side effects](#) that can happen with some of the antidepressants. Different groups of antidepressants have different side effects.

antidepressants



- Headache
- Dizziness
- Dry mouth
- Blurry vision
- Trouble sleeping
- Feeling tired
- Sweating
- Upset stomach
- Diarrhea
- Constipation
- Difficulty urinating
- Sexual problems

Show this picture to your **prescriber** and discuss which side effects may apply to the medication prescribed for you. Ask your prescriber to tell you about any uncommon but potentially harmful side effects that can happen. Talk about when and how to watch for side effects and about what to do if side effects happen. You can make notes about this information on pages 69 to 74, or in your **Med Ed Passport**.

Uncommon but could be serious or harmful:

Changes in mood including unusual happiness, feeling irritable, cranky, or feeling excited.

Thoughts about hurting yourself or suicide.

Abnormal bleeding.

Serotonin syndrome which can have symptoms such as fever, sweating, problems with reflexes, shaking, problems with balance and movements, and confusion.

When and who to ask for help:

You should ask for help any time you have a question about your illness, symptoms, or **medication**. It is very important that you ask for help if you think you are having **side effects** or feel that your medication is not working. If you take an antidepressant, you should ask your **health providers** about a plan for regular appointments to see how you are doing on your medication. You should also ask about who to call in an emergency.

Important things to consider about these medications:

In recent years, there has been a lot of news about the side effects and risks of antidepressants. If you have thoughts of hurting yourself before starting or during treatment with an antidepressant, it is important to tell **health providers**, especially your **prescriber**. These medications can help to decrease these thoughts in most people. Uncommonly, these feelings can become stronger or more intense early in treatment for some people.

It is important to talk to **health providers** about the benefits and risks of treatment.

Do not stop these medications quickly or “cold turkey” as side effects or a **withdrawal reaction** can happen. Although this reaction is not dangerous it can make a person feel very unwell.

antipsychotics

Commonly used for:

Symptoms of **psychosis** such as **hallucinations** and **delusions**, and psychotic illnesses such as **schizophrenia**, delusional disorders, psychotic depression, mania, and **Tourette's syndrome**. They are also used to treat some kinds of aggression.

How these medications work:

Antipsychotics have been shown to work on several chemicals (or “neurotransmitters”) and targets (or “receptors”) in the brain. The most common chemical that antipsychotics work on is dopamine. These **medications** decrease the activity of dopamine.

How do I know if it is working?

Before you start to take an antipsychotic it is important to talk to your **prescriber** about the symptoms you have and when they should start to improve. Your prescriber and other **health providers** should come up with a plan of how to track your symptoms and activities so that you and health providers can tell if the medication helps make them better.

Some symptoms can be harder to treat than others. For example, hearing voices, seeing things, “high” mood, and paranoid thoughts can often be well treated with antipsychotics. It can be harder to treat other things such as lack of interest in school or friends and difficulty focusing. As antipsychotics begin to work, symptoms such as hearing voices can lessen over days to weeks, almost like “turning the volume down”. Symptoms do not go away immediately, like “turning off a light switch”. Some symptoms, like a lack of interest in life, can take months to treat.

side effects:

Common: The picture on the next page shows some common **side effects** that can happen with some of the antipsychotics. Different groups of antipsychotics have different side effects. Show this picture to your **prescriber** and discuss the side effects that may apply to the **medication** prescribed for you. Ask your prescriber to tell you about any uncommon but potentially harmful side effects that can happen. Talk about when and how to watch for side effects and about what to do if side effects happen. You can make notes about this information on pages 69 to 74, or in your **Med Ed Passport**.

antipsychotics



- Dizziness
- Drowsiness
- Dry mouth
- Blurry vision
- Breast discharge
- Weight gain
- Constipation
- Difficulty urinating
- Sexual problems
- Menstrual problems
- Tremor, shaking, stiffness,
- Abnormal movements

Uncommon but could be serious or harmful:

Sudden cramping of muscles called dystonic reactions can happen with these [medications](#). The signs of a dystonic reaction include severe muscle spasms or contractions of the neck or jaw that typically happen shortly after the medication is started. It can be very scary for the person who has it. You need to get help at once for this reaction. There is a treatment that stops the reaction. Once it has stopped, there are usually no long lasting problems.

Another [side effect](#) that is rare but very serious is called neuroleptic malignant syndrome (or NMS).

A person can have stiff muscles, sudden confusion, a high fever, and problems with blood pressure and heart rate. Get help at once if you have some or all of these symptoms because you will need treatment in a hospital.

Some antipsychotics cause an increase in appetite and weight gain as well as problems with blood sugar that can lead to [diabetes](#). Some people have an increase in their cholesterol when taking an antipsychotic. You and your [prescriber](#) should discuss when and how to watch for these side effects.

When and who to ask for help:

You should ask for help any time you have a question about your illness, symptoms, or [medication](#). It is very important that you ask for help if you think you are having [side effects](#) or feel that your medications are not working. If you take an antipsychotic, you should ask your [health providers](#) about a plan for regular appointments to see how you are doing on your medication. You should also ask about who to call in an emergency.

Important things to consider about these medications:

These [medications](#) can come as a regular tablet, a liquid, or as a wafer that melts on your tongue. Also, they can be given by injection into a muscle. These injections, known as depot injections, are usually given by a nurse or doctor every 2 to 4 weeks.

Commonly used for:

Bipolar disorder (manic-depression), mania, **depression**, rapid and unwanted changes in mood, agitation, and aggression.

How these medications work:

Mood stabilizers work on many chemicals (or “neurotransmitters”) and targets (or “receptors”) in the brain. Some of these chemicals are glutamate and inositol.

How do I know if it is working?

Before you start a mood stabilizer it is important to talk to your **prescriber** about the symptoms you have and when they should start to improve. Your prescriber and other **health providers** should come up with a plan of how to track your symptoms with you (**see pages 41 to 46**). It is a good idea to write down symptoms and activities so that you and health providers will be able to tell if the medication helps make them better. The time it takes for mood stabilizers to work depends on the person and their symptoms. These **medications** can take days to weeks to work.

side effects:

Common: The picture on the following page shows some common **side effects** that can happen with some of the mood stabilizers. Different mood stabilizers have different side effects. Show the picture to your **prescriber** and discuss the side effects that apply to the **medication** prescribed for you. Ask your prescriber to tell you about any uncommon but potentially harmful side effects that can happen. Talk about when and how to watch for side effects and about what to do if side effects happen. You can make notes about this information on pages 69 to 74, or in your **Med Ed Passport**.

Uncommon but could be serious or harmful:

Some of the mood stabilizers can cause rare but serious **side effects**.

Valproate can cause blood problems and people should be told to watch for things like bleeding or bruising easily. Some blood problems can also occur with carbamazepine.

Carbamazepine, oxcarbazepine, and lamotrigine can cause a severe skin rash with fever and muscle breakdown. Going to the hospital for treatment can be needed. On rare occasions this can be fatal.

If you get a fever while taking a mood stabilizer, call your **prescriber** right away.

mood stabilizers



- Dizziness
- Drowsiness
- Double vision
- Acne
- Hair thinning
- Memory difficulties
- Dry mouth
- Fatigue
- Trouble sleeping
- Low thyroid
- Increased thirst
- Upset stomach
- Diarrhea
- Vomiting
- Loss of appetite
- Weight gain
- Increased urinating
- Tremor
- Clumsiness
- Muscle cramps
- Sweating
- Skin rash

When and who to ask for help:

You should ask for help any time you have a question about your illness, symptoms, or **medication**. It is very important that you ask for help if you think you are having **side effects** or feel that your medications are not working. If you take a mood stabilizer, you should ask your **health providers** about a plan for regular appointments to see how you are doing on your medication. You should also ask about who to call in an emergency.

Important things to consider about these medications:

Some of the mood stabilizers such as lithium can interact with **medications** that are sold without a **prescription**

(e.g. pain relievers like ibuprofen—Advil®). These **drug interactions** can be serious and make a person very sick. It is important to ask **prescribers** or pharmacists about taking any other medications with mood stabilizers.



stimulants and related medications

Commonly used for:

Attention Deficit Hyperactivity Disorder (ADHD), aggression, and problems with social interactions.

How these medications work:

Medications for ADHD have been found to work on several chemicals (or “neurotransmitters”) and targets (or “receptors”) in the brain. Examples of the names of some of the chemicals are noradrenaline, serotonin, and dopamine.

How do I know if it is working?

Before you start to take a stimulant **medication** it is important to talk to your **prescriber** about the symptoms you have and when they should start to improve. Your prescriber and other **health providers** should come up with a plan of how to watch these symptoms with you (see pages 41 to 46). It is a good idea to write down symptoms and activities so that you and health providers can tell if the medication helps make them better.

side effects:

Common: The picture on the next page shows some common **side effects** that can occur with the stimulants. Show this picture to your **prescriber** and discuss the side effects that may apply to the **medication** prescribed for you. Ask your prescriber to tell you about any uncommon but potentially harmful side effects that can happen. Talk about when and how to watch for side effects and about what to do if side effects happen. You can make notes about this information on pages 69 to 74, or in your **Med Ed Passport**.

Uncommon but could be serious or harmful:

Stimulant **medications** can cause a fast or pounding heart beat in some people.

Stimulants have also caused weight loss and slowed growth in some people. The weight loss and growth can come back to normal once you stop the medication. Talk to your **prescriber** and other **health providers** about how to watch for these symptoms.



stimulants and related medications



- Dizziness
- Drowsiness
- Fatigue
- Trouble sleeping
- Behavioural problems
- Upset stomach
- Diarrhea
- Vomiting
- Loss of appetite
- Weight loss
- Sweating
- Muscle tics

When and who to ask for help:
You should ask for help any time you have a question about your illness or **medication**. It is very important that you ask for help if you think you are having side effects or feel that your medications are not working. If you take a stimulant you should ask your **health providers** about a plan for regular appointments to check on how you are doing on your medication. You should also ask who to call in an emergency.

Important things to consider about these medications:
Some people who take stimulants have

withdrawal reactions in between **doses**.

There are many different dosage forms for stimulant **medications** so it is important to check directions on how to take medications with your **prescriber** and pharmacist.

In recent years, there has been a lot of news about the risks of stimulants in youth. It is important to talk to **health providers** about the benefits and risks of treatment. There is also a lot of false information about stimulants on the Internet. Discuss this information with health providers if you are worried about it.



If you have a question about your medication after the regular business hours of your **prescriber** or pharmacist, most communities and cities will have one or more pharmacies that are open 24 hours a day. Pharmacists can help answer questions about medications and give advice. Do not hesitate to call if you have a question.

Medication questions and checklist to ask your prescriber

What is this checklist for?

- Getting important information about **medications** from your prescribers.
- Helping explain medications to other people such as teachers or other **health providers** (e.g. nurses, therapists) because medications can affect many aspects of life.

What the checklist does and does not have:

- Does have: questions about what the medication is used for, what **side effects** can happen, and how to take the medication.
- Does not have: everything that could be known about medications. For example, your doctor may not know if you have a drug plan to pay for the medication. If medication cost is a concern, talk to your **prescriber** and pharmacist.

When do I use this checklist?

- Use this checklist at each visit. Remember, a medication is a really important part of your treatment. You need to have as much information as possible about it.
- Tell your **prescriber** about this checklist at the start of the visit and that you may need their help to fill it out. This is a good way to help you and your prescriber talk about your medication.



It is always a good idea to keep an up-to-date list of your medications with you in a safe place such as your wallet or your parent's wallet. See pages 59 to 64 or in your Med Ed Passport on pages 31 to 38 for examples.

Medication questions and checklist to ask your prescriber

Follow-up
with
pharmacist

✓	Question	Notes and tasks to do	✓
	What is the name of the medication?		
	What is this medication for?		
	Tell me about the symptoms this medication will help with.		
	How long will it take for the medication to start working?		
	What are the common side effects of this medication? When do they happen?		
	Tell me about any serious side effects that can happen.		
	What should I do if side effects happen?		
	Is there any reason I should stop the medication?		
	Should I avoid any foods or alcohol?		
	Will this medication affect any other medications that I take?		
	Will this medication affect other diseases I have?		
	Do I need blood tests while I take this medication? †(If yes, go to page 40 for blood testing questions).		
	How much will this medication cost?		
	Can I take this medication if I'm pregnant?		
	What are my other treatment options?		
	What is likely to happen if I don't take this treatment?		
	When is my next appointment with you?		
	Who writes the refills for this medication if I need them?		
	What should I do if I have an emergency? Who should I call? What is the phone number?		
	Other Questions		

Medication questions and checklist to ask your pharmacist

What is this checklist for?

- Getting important information about **medications** from your pharmacist who gives you the medication and checks how you are doing on the medication.

What the checklist does and does not have:

- Does have: questions about things such as what the medication is used for, the **side effects** that can happen, and how to take the medication.
- Does not have: everything that you could want to know about medications. Each person will want to know different things. For example, the pharmacist may or may not know that a person has had a side effect from a medication. In order to make sure they know this information, you can ask that it be written down on your pharmacy computer profile.

When do I use this checklist?

- At each visit to your pharmacist. Remember, a medication is a really important part of your treatment. You need to have as much information as possible about it.
- Tell your pharmacist about this medication checklist at the start of the visit or when you pick up your **prescription**. Tell the pharmacist if you need help to fill out the checklist. Telling the pharmacist about the list ahead of time will give more time to discuss important questions about medications.
- If possible, use a private counselling room with the pharmacist so that you can talk about your medications in a quiet place.



It is good to work with one pharmacist who knows you and your medications well. If you cannot always see the same pharmacist, it is important to get all of your medications at the same pharmacy so that the pharmacists know the medications that you take, how you react to medications, and if you could be at risk of any drug interactions.

checklist rx:

Medication questions and checklist to ask your pharmacist

Follow-up
with
prescriber

✓	Question	Notes and tasks to do	✓
	What is the name of the medication?		
	How (e.g. with or without food) and when (e.g. number of times or best time of day) should I take the medication?		
	Can you tell me the symptoms this medication is supposed to treat?		
	Please tell me how long will it take for the medication to work.		
	What are the common side effects of this medication? When do they happen?		
	Tell me about any serious side effects that can happen.		
	What should I do if side effects happen?		
	Is there any reason I should stop the medication?		
	Should I avoid any foods or alcohol?		
	Will this medication affect any other medications that I take?		
	Will this medication affect other diseases I have?		
	Does my drug plan cover this medication? How much does it cost?		
	When is the next refill due?		
	What phone number can I call if I have a question for you? What are your store hours?		
	Other Questions		

blood test checklist

† Use this checklist if you answered “yes” to the question: “Do I need blood tests while I take this medication?” on the checklist doc.

Blood tests are done when taking some [medications](#).

Reasons for blood tests include:

- a check for side effects (e.g. is the medication causing problems with your blood or other organs in the body)
- a check of how much medication is in the body
- a check to see if a change in the medication [dose](#) is needed
- a check for [drug interactions](#)

What is this checklist for?

- Getting important information about blood tests for medications from [prescribers](#).



blood test checklist

✓	Question	Notes and tasks to do
	Why are blood tests needed?	
	What does the test look at? (e.g. medication levels, cells)?	
	What time of day is the blood test done?	
	How often do I have the blood test?	
	Can I take medication on the day of the blood test?	
	Should I avoid anything the day I have the test? (e.g. foods, other medications)	
	How do I find out about the results? Should I keep track of my results?	
	Are there symptoms to watch for that would tell me to get a blood test? (e.g. if I have a side effect)?	
	Who should I call if I cannot get blood tests when I am supposed to?	
	Where should I go to get blood tests? Is there a list of places where blood tests are done in this community?	
	If the people who do the blood test ask where to send the results, what should I tell them?	
	Other Questions	



symptom tracker



Write down 3 symptoms that bother you. Rate each symptom using the happy and sad face scale. Talk with your health providers about how often to do this (such as once a week). Take this or your Med Ed Passport to each visit with your health providers.

Current medication names and doses:			
symptom 1:			
Dates	worse	no change	better
symptom 2:			
Dates	worse	no change	better
symptom 3:			
Dates	worse	no change	better

symptom tracker



Write down 3 symptoms that bother you. Rate each symptom using the happy and sad face scale. Talk with your health providers about how often to do this (such as once a week). Take this or your Med Ed Passport to each visit with your health providers.

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Write down 3 things or activities that you would like to do better but can't because you feel unwell. These can be things like grades at school, hanging out with friends, playing music, or playing soccer. Rate each activity using the happy and sad face scale. Talk with your health providers about how often to do this (such as once a month). Take this or your Med Ed Passport to each visit with your health providers.

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activity tracker



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side effect tracker

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Dates	worse	no change	better
			
			
			
			
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side effect 3:			
Dates	worse	no change	better
			
			
			
			
side effect 4:			
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side effect 5:			
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The information in the glossary is brief and general. To get more information about any of the terms in the glossary, please talk to your health providers.

Word or phrase:	Also known as:	Page:
A		
<p>Addictive A word often used to say that a medication is habit forming or causes people to become “hooked” or dependent on it. There is a difference between someone who mentally feels they cannot live without a drug (psychological dependence) and someone whose body has become used to having the medication (physical dependence). A person can have none, one, or both of these things depending on the medication and the person. Withdrawal reactions happen when the body has become used to having the medication. This does not mean the person is addicted to the medication.</p>	Addicted	22
<p>Adverse reaction See side effects.</p>	Side effect(s)	9
<p>Attention Deficit Hyperactivity Disorder A disorder that starts in childhood. Symptoms include things like problems with paying attention, staying focused, and being fidgety or restless.</p>	ADHD, ADD	33
B		
<p>Bipolar Disorder A disorder that affects mood. People have extremes of mood. These include periods of depression and mania.</p>	Manic-depression, mania	17, 31

Word or phrase:	Also known as:	Page:
C		
<p>Caregivers These are people who look after other people who are unwell mentally or physically. People who work with and care for youth can have many different titles and these titles can differ from one place to another.</p>	<p>Family members, guardians, youth workers, foster parents, youth support workers</p>	<p>1, 7</p>
<p>Counselling A form of treatment that involves discussions with groups or individuals who have personal problems, mental symptoms, or mental illness.</p>	<p>Talk therapy, psychotherapy</p>	<p>3</p>
D		
<p>Delusion A belief that is not true or not based on reality. Common examples include feeling scared that someone wants to hurt you or feeling like you have special powers.</p>	<p>Fantasy, false belief</p>	<p>29</p>
<p>Depression A long lasting state of mind in which a person can feel sad, empty, alone, frustrated, angry, irritable, guilty, worthless, and can lack energy. People often do not enjoy doing things they used to and have problems with sleep and eating.</p>		<p>5, 7, 27, 31</p>



Word or phrase:	Also known as:	Page:
<p>Diabetes An illness of too much sugar in the blood which is caused by a loss of the body's ability to make insulin or respond to insulin. It can affect children or adults. People are treated with insulin injections or medications taken by mouth.</p>	<p>Type I diabetes, Type II diabetes, diabetes mellitus, insulin dependent diabetes, non-insulin dependent diabetes</p>	<p>30</p>
<p>Dose The amount of medication that a person takes at one time is a person's dose. A medication usually has a number (e.g. 10) and a unit (e.g. milligrams). These help to tell the strength of the medication and they differ from one medication to another. For example, if someone takes med A 1 mg and med B 100 mg, it does not mean that med B is 100 times stronger than med A.</p>	<p>Dosage</p>	<p>6, 5, 7, 8, 11, 13, 14, 17, 18, 34, 39</p>
<p>Drug interaction Medications can interact with or affect each other. This means that one medication can increase or decrease the effects of another medication. Some drugs can also be affected by what you eat or drink. These are known as drug-food interactions.</p>	<p>Interactions</p>	<p>11, 18, 32, 37, 39</p>
<p>E</p>		
<p>Eating Disorders Disorders of how people think about their body weight and how they look. People can have unhealthy thoughts about food, weight, and what they look like.</p>	<p>Anorexia nervosa, bulimia nervosa, anorexic, bulimic</p>	<p>27</p>

Word or phrase:	Also known as:	Page:
H		
<p>Hallucination Happens when a person can see, hear, feel, taste, or smell something that is not real. A common example is hearing voices.</p>	Voices	7, 29
<p>Health provider People who work in the health care system and care for people with mental and physical problems.</p>	Doctor, nurse, nutritionist, occupational therapist, pharmacist, physiotherapist, psychologist, social worker, etc	1, 3, 4, 7-9, 12-16, 18, 22, 25-35
M		
<p>Medication A general term used to describe a medicine that can make you better.</p>	Drug, medicine	All pages
<p>Mental illness Mental conditions or disorders that can affect feelings, day-to-day activities, interests, how a person acts, what a person thinks about, and how they think.</p>		1, 3-5, 8, 11, 13-15, 17, 22
<p>Mental symptom Problems with feelings, mood, thinking, or behaviour.</p>		1, 3-5, 7-8, 11, 14, 17, 22
<p>Mood disorder There are several mood disorders. The most common ones are depression and bipolar disorder. These disorders affect a person's feelings and emotions.</p>	Depression, bipolar depression, mania, bipolar disorder	3

Word or phrase:	Also known as:	Page:
N		
Natural health product Products or chemicals that usually come from plants or animals that are used to treat or prevent medical problems. They are usually non-prescription and sold over-the-counter.	Herbal remedy, herbal, plant medicine, homeopathic, Chinese remedies, vitamins, minerals.	11, 23
Non-prescription medication Medications that are usually found in a pharmacy that you can buy without a prescription.	OTC, over-the-counter medication	11
O		
Obsessive Compulsive Disorder A disorder in which a person has repeated thoughts or worries and does something to control or make these thoughts go away. For example, some people fear germs and will wash their hands over and over until they are sore.	OCD	27
Over-the-counter medication See non-prescription medication	OTC	11, 12
P		
Panic People who have repeated experiences of sudden strong feelings of fear or intense anxiety in certain situations. Symptoms can include fast heart rate, sweating, trouble breathing, and feeling panicked.	Panic attacks	14, 25, 27

Word or phrase:	Also known as:	Page:
<p>Prescriber A health provider who can legally write prescriptions for medications. This person is usually a doctor but is sometimes a nurse practitioner or pharmacist.</p>	<p>Doctor, psychiatrist, (sometimes a nurse practitioner or pharmacist)</p>	<p>3-7, 10-15, 17-23, 25 27-36, 39</p>
<p>Prescription Usually written on a piece of paper, a prescription for a medication has information such as the name, dose, directions on how to take it, number of refills, and amount. A prescription also has the name of the patient and the prescriber.</p>	<p>Script, Rx</p>	<p>8, 11, 12, 15, 18, 19, 32, 37</p>
<p>Psychosis A term used to indicate that a person has delusions and hallucinations.</p>		<p>29</p>
R		
<p>Research studies When there is a question about what is the best treatment for an illness, researchers will look at the effects (good and bad) of a medication in people with the illness.</p>	<p>Studies, clinical trials, trials</p>	<p>6, 7</p>
S		
<p>Schizophrenia A disorder that affects people's thoughts (how they think and what they think about), feelings, and how they act. People with schizophrenia often have delusions and hallucinations as well as difficulties meeting socially with others.</p>	<p>Psychosis</p>	<p>7, 17, 29</p>

Word or phrase:	Also known as:	Page:
<p>Sexual problems Problems related to stimulation of the sexual organs of males and females. Males can have trouble getting and keeping erections or problems with orgasms. Females can have problems with clitoral stimulation, lubrication, and orgasms.</p>		8, 28, 30
<p>Side effect An unwanted effect of a medication. These effects can happen to the body or the mind.</p>	Adverse reaction	1, 4, 6-11 13, 14, 17, 18, 25-40, 53-58
T		
<p>Tourette's syndrome A disorder that causes people to have frequent, quick tics. Tics can be movements or habits such as frequent eye blinking, coughing, throat clearing, or facial movements like smirking. Tics can also be grunting noises or words that people say over and over.</p>	TS, tics, Tourette's	29
W		
<p>Withdrawal reaction This happens when some medications that have been taken for a long time are stopped quickly. These reactions can be very minor to very severe. People can feel unwell when a withdrawal reaction happens. A medication that causes a withdrawal reaction does not mean that it is an addictive medication.</p>	Discontinuation syndrome	13, 14, 25, 26, 28, 34