Individuals with mental health issues may not allow family or friends to manage their medication regime, shifting the role from medication management to medication monitoring. Of the caregivers surveyed by CAN, 70% of those responding shared that they were responsible for managing their loved one’s medication. Managing your loved one’s medication can include everything from getting prescriptions filled/refilled by the pharmacist, making sure your loved one takes their medication as prescribed, communicating with their health care providers about their medications and side effects, and disposing of unused medications.

This section of the website will provide an overview of the things you need to know as someone monitoring your loved one’s medications and how to have discussions with your loved one about these topics. We will also discuss what you can do if your loved one does not wish for you to be involved in their medication regime.

**What to Know and How to Discuss with Your Loved One**

There are specific bits of information related to your loved one’s medication regime that will be crucial for you to discuss with your loved one as someone monitoring their medication. These include:

*Side Effects*: Medications prescribed to treat mental health issues can have particularly strong side effects. It is important to note what, if any, side effects are experienced and ensure these are reported to your loved one’s health care provider (either by you or your loved one). Connected to side effects, it is important to track changes in your loved one’s mood or personality.

Ways to start a conversation on this topic with your loved one on this topic may include:

* Ask your loved one how they’ve been feeling since starting the medication.
  + *Example: You’ve been on your medication for about a month now. How have you been feeling?*
* Ask if they have discussed any additional symptoms they’ve experienced since starting the medication to their doctor.
  + *Example: You mentioned feeling nauseous after taking your new medication. Has that changed? Have you brought that up to your doctor?*

*Special Instructions on Taking Medication:* Medications may come with special instructions on how and when to take them, and things they should avoid – food, other medications – while on the medication. Ways to start a conversation on this topic with your loved one on this topic may include:

* Ask if they know when the medication needs to be taken.
  + *Example: Do you need to take your medication when you get up in the morning? Before you go to bed?*
* Ask if their medication needs to be taken with food.
  + *Example: Does your medication need to be taken with breakfast/lunch/dinner?*
* Ask if they know of any substances – food, other drugs – they should avoid while taking this medication.
  + *Example: Did the doctor or pharmacist talk to you about any food or other medications – including anything over the counter – that may cause a reaction with this medication?*

*Change of Dosage*: Although your loved one may be on the same medication for a long period of time, the dosage of this medication may change frequently throughout their treatment. This information is also useful in making sure old medications are removed and disposed of properly to avoid medication mishaps. Ways to start a conversation on this topic with your loved one on this topic may include:

* Ask if the dosage of their medication has changed recently.
  + *Example: Has the doctor changed your prescription recently?*

*Missed Dosage(s):* There are many reasons your loved one miss a dose of their medication – maybe they forgot to take it, they ran out of medication before getting a refill, they didn’t take it to avoid side effects, etc. Ways to start a conversation on this topic with your loved one on this topic may include:

* Ask if they have missed a dose of medication.
  + *Example: Have you forgotten to take your medication recently?*
* If they have missed a dose of medication, ask if there was a specific reason they missed a dose of medication.
  + *Example: Did you just forget to take your medication? Was there another reason you didn’t take it?*
* Ask if there are special instructions they are to follow if they miss a dose of their medication.
  + *Example: Have you talked to your doctor about what to do if you forget to take your medication?*
* If they have missed a dose of medication, ask if they discussed this with their doctor.
  + *Example: Did you let your doctor know you didn’t take your medication last Tuesday?*

**What You Can Do When Your Loved One Does Not Wish for You To Be Involved**

Your loved one may not wish for you to be involved in any way with their medication regimen. While your loved one’s wishes should be respected by both you and their health care providers, you are always able to share information and concerns with their health care providers. Their health care provider may provide information involving their medication should the following apply:

1. They believe it is in the best interest of your loved one’s care and is relevant to your role in their care.
2. They believe your loved one is at risk to harm themselves or others and you may be able to help negate this risk.

Another way you may support your loved one if not directly involved in their medication regime is provide the following Medication Guide as tool they can use themselves to keep track their medications.

**Medication Guide**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication Record** | **As of:** |  | **Birth Date:** |  |
| Patient Name: |  | | | |
| Emergency Contact 1: |  | | Phone: |  |
| Emergency Contact 2: |  | | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Basics** | | | |
| **Name of Drug** | **Medication 1** | **Medication 2** | **Medication 3** |
| Generic |  |  |  |
| Brand |  |  |  |
| OTC (Over-the-Counter) |  |  |  |
| **Has this medication been previously prescribed** |  |  |  |
| **What the medication is treating** |  |  |  |
| **What medication looks like** |  |  |  |
| **Name of prescriber** |  |  |  |
| **Name of pharmacy that filled prescription** |  |  |  |
| **Date Started** |  |  |  |
| **Date Stopped** |  |  |  |
| **Dosage** | | | |
|  | **Medication 1** | **Medication 2** | **Medication 3** |
| **Dosage** |  |  |  |
| **If previously prescribed, what was the dose** |  |  |  |
| **How and when to take medication** |  |  |  |
| **What not to do when taking medication** |  |  |  |
| **Instructions on what to do when a dosage is missed** |  |  |  |
| **Missed dosages and when reported to doctor** |  |  |  |
| **Side Effects** | | | |
|  | **Medication 1** | **Medication 2** | **Medication 3** |
| **Common side effects of medication** |  |  |  |
| **Side effects I’ve experienced and when reported to doctor** |  |  |  |

|  |  |
| --- | --- |
| **Immunizations** | |
| *Type* | *Date of Last Dose* |
| Tetanus |  |
| Pneumonia |  |
| Flu |  |
| Hepatitis |  |
| Other |  |

|  |  |  |
| --- | --- | --- |
| **Reactions** | | |
| *Food and drug allergies and other significant reactions.* | | |
|  | Drug | Reaction |
|  | 1 |  |
|  | 2 |  |
|  | 3 |  |
| *Recent medications that caused problems or didn’t work.* | | |
|  | Drug | Problem |
|  | 1 |  |
|  | 2 |  |
|  | 3 |  |

|  |  |  |
| --- | --- | --- |
| **Medical Team** | | |
| PCP | Name: |  |
| Phone: |  |
| Specialist 1 | Name: |  |
| Phone: |  |
| Specialist 2 | Name: |  |
| Phone: |  |
| Pharmacy | Name: |  |
| Phone: |  |