

Stocking Up on Regular Medications

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We may experience shortages or the temporary unavailability of many key drugs during the next influenza pandemic. This scenario is likely to coincide with the height of the pandemic when drug production and distribution could come to a temporary halt. Pharmaceutical manufacturing during the 12- to 18-month pandemic period could experience production interruptions due to shortages of basic materials and absentee staff. Getting these complex facilities up and running again will take much longer than the time they were closed because of safety, regulatory, and legal concerns.

Some chronic medical conditions are of sufficient severity that great harm could occur to someone unable to continue their drug treatment. Other drug treatments, while important to long-term health or present comfort may be ignored in the short term without risk of significant harm. For critical medications, a prudent course for consumers is to stockpile a six-month supply to insure that they will be able to maintain continuous therapy should we experience a severe influenza pandemic.

Stockpile rotation, expiration dates, and storage

Those who are able to establish a stockpile would still purchase their regular 30- or 90-day supply of medications for day-to-day use. To keep the drug stockpile fresh, rotate supplies so that each time a new prescription is obtained, put it in the stockpile

and pull out a month's worth of the same drug with the least amount of time left before expiration. Drug expiration dates are printed on the container's label. These dates are very conservative, meaning that almost every drug is still good long after its expiration date especially if the drug has been stored properly.

To keep drugs in good condition, the most important consideration is that they be stored properly. Humidity, temperature, air, and sunlight are the factors that most affect drug longevity. It is usually best to keep drugs unopened in their original packaging especially those provided by the manufacturer or the pharmacist. Store the drug stockpile in an airtight plastic container at room temperature. Keep them away from moisture and in the dark. Both heat and freezing temperatures can cause drugs to deteriorate and must be avoided.

Critical medications

Medications in the critical "must take" category include those for chronic medical conditions like diabetes, hypertension, emphysema, chronic bronchitis, asthma, coronary artery disease, and hypothyroidism. This simple list is for illustration purposes only. There are many other conditions for which treatment must be continued during the pandemic period. My advice is to discuss this with your doctor. He or she is responsible for advising you on the need for stockpiling a particular drug or not. For the ones he or she recommends you stockpile, you will need a prescription for a 6-months quantity of drug not just a one-month supply with five refills. For instance, if you take one

tablet daily, a 6-month supply means obtaining a prescription for 180 tablets.

Contraception critical for women of childbearing age

Women who are of childbearing age and sexually active should consider what to do about contraception during the pandemic. During past influenza pandemics, pregnant women had some of the highest mortality rates of any group. If you are currently using birth control pills, the supply of these drugs could be affected in the same way that others are. Stocking up on an alternative contraceptive method like condoms or a diaphragm is probably the most prudent and cost-effective course to take.

Patients with special medical problems

Patients with organ transplants, insulin dependent diabetes, active rheumatoid arthritis, AIDS, active systemic lupus erythematosus, other connective tissue diseases, and those taking anti-coagulants will present special management difficulties during a pandemic emergency, especially if the drug supply chain is disrupted. This issue should be discussed with your doctor who may be able to help find available options even during the emergency.

A person on major tranquilizers for psychiatric problems like bipolar disorder and schizophrenia also need to establish a 6-month supply of medication. Similarly, patients on antidepressants for either depression or anxiety disorders should try and continue these medications during the crisis. Discuss this with your doctor and get his or her opinion.

Non-critical medications

Chronic medical conditions for which medical therapy is optional--meaning that it may be possible to go without treatment in the short-term without much harm--include cholesterol lowering drugs, osteo-arthritis treatment, and medication for GERD (indigestion and heartburn), migraine headaches, sleeping pills, osteoporosis treatments, and hormones. Some patients on anti-seizure medications may find that they can cope without their medication. They may have an occasional seizure but as long as they are not driving, they can survive. If a patient's seizures are frequent without treatment, the patient should consider obtain enough medication for six months.

Rely on your doctor's advice and guidance

Advice about what medications you need to stockpile ultimately needs to come from your doctor. She or he is the only person who can competently guide you in these matters. My purpose in writing about pharmaceutical use is not so much to tell you what to do as to give you a heads-up that this is an important issue for which you and your doctor need to consider.

For more information on pandemic influenza visit www.BirdFluManual.com.