

Specific medicine information related to the medicines prescribed was provided mostly by the doctor.

All participants had easy access and could operate a radio independently. Ninety six percent had access to television. Though majority had tape recorders, none used it to record medicine information provided by the doctor or pharmacist. The majority were able to use a telephone (88%) and 95% of them were willing to use it to get medicine information if a helpline was available.

### Conclusions and Recommendations

Visually disabled require specific and general medicine information regarding the medicines they use and strategies to overcome barriers in self-administration of medicines.

Since doctors and caregivers were preferred and accessible sources of information their attitudes and capabilities in this regard should be improved. It is necessary to promote utilization of pharmacists and tape recorders for this purpose.

The radio, telephone and television to which they had ready access should be utilized to provide medicine information. Awareness must be raised among visually disabled population regarding importance of access and utilization of medicine information.

PP6 Difficulties encountered in using medicines, medicine related mishaps and self-adopted coping strategies in visually disabled adults.

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### Introduction

Difficulties faced by visually disabled patients in using medicines, self adopted coping strategies and medicine related mishaps are largely unknown. Thus health professionals are poorly prepared to handle medicine related needs of such patients.

## Objectives

To identify difficulties regarding independent medicine use, self adopted coping strategies and medicine related mishaps in visually disabled.

## Methodology

A descriptive cross sectional study on 63 visually disabled persons was carried out at a vocational training centre and a special school for visually disabled persons in Sri Lanka using an interviewer administered questionnaire that included open and close ended questions. Persons above the age of 18 years were included in the study.

## Results

Of the 63 participants 71% wanted to use medicines independently. Forty four (70%) have taken medicines for acute illnesses and 21(33%) were on long term treatment for chronic illnesses. Of 50 participants who have self-administered medicines, majority have faced difficulties in identifying medicine containers and location of medicines 27(54%), spilled medicines 22(44%) and had difficulty administering liquid medicines 16(32%). These difficulties lead to inaccurate dosing 9(18%), missed doses 25(50%) and discontinuation of treatment prematurely 18(36%). Eight (16%) have taken wrong medicines (vinegar instead of gripe mixture, ear drops instead of eye drops) and overdoses.

Using different sized & shaped containers, tying the medicines to one's attire, dipping finger into measuring cup when measuring liquid medicines were among self-adopted coping strategies.

## Conclusions and Recommendations

There were significant limitations to medicine use by visually disabled persons. Some self adopted coping strategies were unacceptable. They faced medicine related mishaps of a serious nature. Health care professionals, especially doctors and pharmacists must become aware of the situation and develop the necessary skills to improve medicine use in visually disabled. Medicine information targeting to overcome these difficulties should be developed and provided. Information regarding how to use tactile cues to identify medicines and their locations, colour coding of medicines for partially sighted persons and Braille labeling are some strategies that can be developed.