

# All that glisters is not gold! Confusion arises from identical tablet markings

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Concern exists over look-alike or sound-alike drug names such as Losec and Lasix and the possibility that error may arise.<sup>1</sup> It has been shown how error can exist when two products can also look similar, such as sodium chloride and lidocaine ampoules.<sup>2</sup> A brief search on Medline, looking at medication errors and drug packaging, produced nearly 400 hits. Similar searches using PJ Online showed over 1,000. Although not all the citations are directly relevant, it is an indication of the thought and concern that is generated by the medicines we supply in whatever form. Undoubtedly, much confusion has been caused for patients by similar packaging and names, let alone for the health care professionals concerned with their care.

Preventing such errors is not simple. For example, with labelling, two opposing camps appear. One supports the development of similar packaging on the basis that there is no substitute for reading the label. As a corollary it is often pointed out that there is a limited number of colour combinations, especially when colour blindness problems are taken into consideration. The other camp looks for some degree of differentiation using colour or pack design to minimise errors.<sup>3</sup> Although these are all important areas to be addressed, a more fundamental problem involving the identity of tablets themselves has been discovered.

Toothill recently reported in *The Pharmaceutical Journal* that tablets of IVAX glizalide and Goldshield captopril<sup>4</sup> are identically marked. In a similar vein, we recently reported Goldshield captopril and Milpharm gliclazide tablets being identical and the subsequent confusion that arose.<sup>5</sup> As far as the manufacturers were concerned they had done nothing wrong; the markings were their licensed marks for those tablets. When we contacted the Medicines and Healthcare products Regulatory Agency, it helpfully pointed out that the tablet markings were there for identification purposes! In order to identify our tablets we had to resort to our toxicology laboratory. The problem is compounded when one company manufactures tablets that are then packaged by other companies into their respective liveries. This situation will worsen

with the expansion of the generic houses. In hindsight it would have been easier if the tablets had had no markings.

Markings are there not only to help the manufacturers identify the tablets, but also to assist health care professionals in the identification of loose tablets. We are so used to tablets being issued in strip packaging that much thought has been expended in improving the design and layout of such packagings. Indeed, from the packaging, these two tablets would not have been confused. However, in the concern to improve this area we have lost sight of the single unit — the tablet or capsule — and the ability to identify them quickly.

As the population ages the number of medical ailments people have increases, leading to an ever-increasing number of medicines being prescribed. Facilitating patient compliance with treatments becomes increasingly difficult. To help with such problems various compliance aids have been introduced.

Unfortunately, most of these involve removal of the solid dosage form from its packaging. Furthermore patients have always had a tendency to keep their medicines in unconventional and usually unlabeled containers (coffee jars and cigarette packets among them).

Pharmacists have had to become increasingly skilled at trying to identify them. As a result of this need and the expanding number of different tablets and capsules available various tablet identification methods, such as TicTac, have been introduced. More recently various internet sites (eg, drugs.com) have also been developed to assist patients and other concerned adults in the troublesome field of tablet identification.

However, all these methods are only as good as the information that is supplied to them. At the moment there is no central registry office that specifically compiles tablet markings. New tablets are added on an ad hoc basis to the commercial databases, which depend on users to alert them to the presence of new medicines. The degree of serendipity attached to this method means that the database organisers always have to act reactively, rather than, ideally, in a proactive manner. Having

discovered the presence of a tablet not on the database they have moved swiftly to add it, but it is unrealistic for this to be a long-term viable method.

The commercial identification companies suggest that drug manufacturers should check that potential tablet markings are unique by using their databases. Unfortunately there appears to be no legal requirement for this to be performed. Furthermore at present there is no requirement that tablet markings have to be unique to the tablet concerned.

We strongly believe that part of the licensing procedure should include checking of the uniqueness of the preparation. This should include not only the name of the drug and packaging but also the tablet's shape, colour and markings. Additionally we wish for solid dosage forms to have their markings recorded centrally, so that as products receive their licences, a current and updated registry would be assembled.

However, perhaps a more far-sighted approach, as advocated by other authors, would be the simple procedure of assigning a code to each individual drug. Such a code could be generated at the same time as the approved name. Although there are some practical difficulties, most solid dosage forms could cope with a four-digit code being added to one side. It has been calculated that using such a code consisting of letters and numbers over 1,185,921 different identifiers could be created.<sup>6</sup> Had such a method existed, our problem of a woman presenting with her unlabelled dose administration aid would have been resolved with minimal fuss and it would have been a simple process to check if medication errors had occurred.

## Reference

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The Broad spectrum feature is open to any reader. Contributions of 1,100 to 1,200 words commenting on topical issues, should be sent to Graeme Smith (e-mail [graeme.smith@pharmj.org.uk](mailto:graeme.smith@pharmj.org.uk)) for consideration.