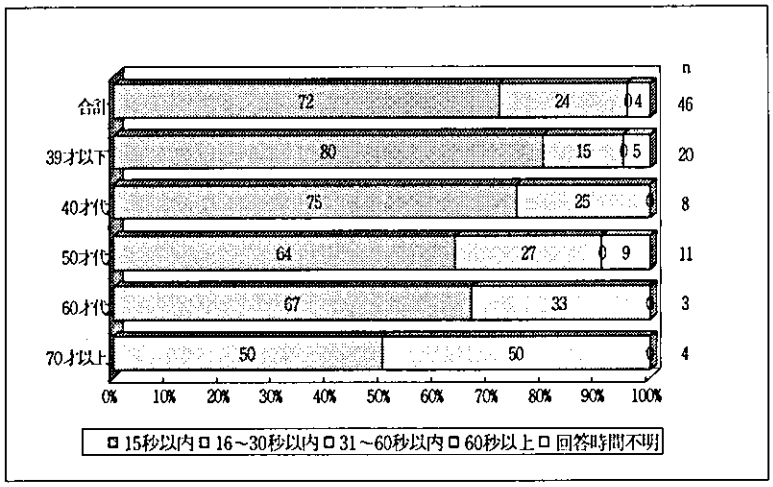

Fig. 52 有効成分認識時間

②「分かり易さ」

正誤に関する結果を、Fig.５３に示す。パナルジンを処方されている人（５６%)、医療機関受診者（７５%）が低かったが、他は８０%以上が正解であった。パナルジン処方有無による差が顕著であった。

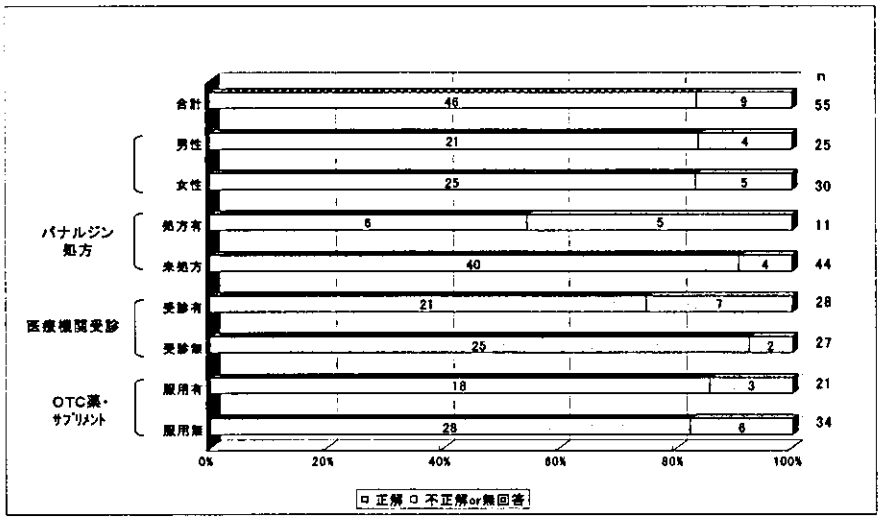

Fig. 53 有効成分に関する正誤状況

２－９　その他

ここでは、薬価に関しての認識時間を、Fig.５４と Fig.５５示す。３０秒以内に認識したのは全体の９２％であった。年齢別でも、ほぼ全年代にわたって高かった。

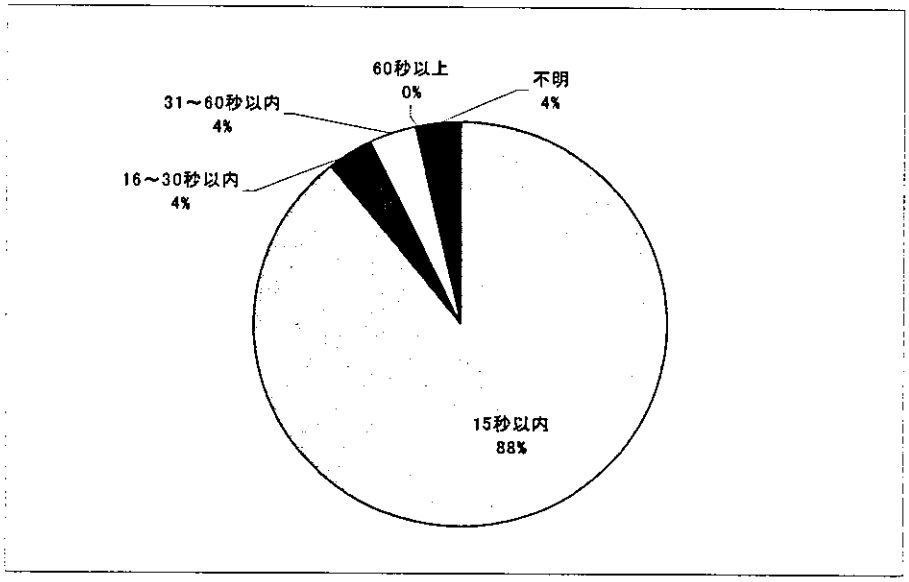

Fig. 54 薬価認識時間

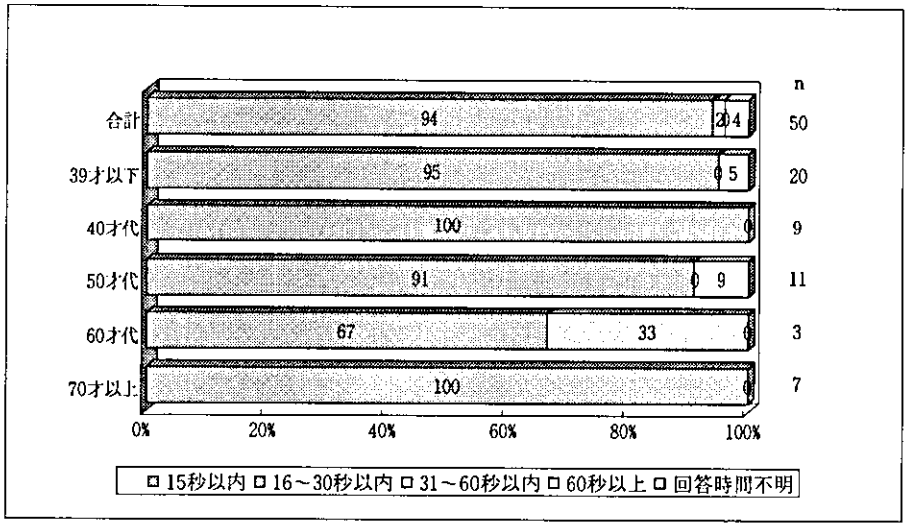

Fig. 55 薬価認識時間

薬価に関しては、今後一般名処方の普及が考えられること、薬局で支払う金額に対する患者の関心が高まってきたことなどから記載したが、対象者がかなり早く反応している結果であった。このことは、説明文書の本来の主旨に立ち返った場合、最終的に記載項目に入れることの是非をさらに検討すべきかも知れないと考えられた。

Ⅳ. 結論

今回の調査により、患者を含む一般消費者は、医療用医薬品に関する情報として、研究班が提案した様式と記載内容から成る「患者向け説明文書」を受け入れた。特に、副作用情報を表形式で提供することに関して受け入れられた。表現方法等更に検討すべき箇所は残されたが、改善を重ねることにより患者・国民に「見やすく」「分かりやすい」説明文書の提供が可能となった。

Annex 2

An example of a Method for Testing the Readability of the Leaflet

Ensuring that the label and package leaflet are readable is the primary objective of this guideline. It may therefore be acceptable for a package leaflet, which achieves an acceptable level of performance in a readability test (e.g. as outlined here in Annex 2), to deviate from the rest of the guideline.

Confirmation by a MA applicant that a package leaflet achieves an acceptable level of performance when tested as described here in Annex 2, should be sufficient to meet competent authorities' requirements with regard to readability of package leaflets.

This testing method is based on the approach taken in Australia's requirements for consumer medicine information[3].

Objectives:

- To find out what is wrong with the leaflet, not simply to confirm what works well.
- To have at least 16 out of 20 consumers able to answer each question correctly. However, it is not necessary for the same 16 people to answer each question correctly. It may be necessary to retest several times in order to achieve this level of performance.

What type of test?

Diagnostic testing is the most useful and consists of:

- asking users to carry out the tasks they would normally carry out when using the leaflet
- observing and recording what they do
- noting how they describe what they do
- probing to find out whether they can use the information they read appropriately
- noting what they say about the leaflet.

Diagnostic testing is widely used where readability is a critical concern. It is cheaper than more traditional methods such as surveys and focus groups, and the quality of the resulting data is good.

Who should do the testing?

The person who wrote the leaflet is best. The writer will learn from the experience of testing and can then directly transfer this to subsequent work.

Who should be tested?

The people tested should be from population(s) at risk – those who are likely to have problems using the medicinal product. For example, in many instances it is appropriate to recruit older consumers because they are known to have problems with medication.

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[3] "Writing about medicines for people – Usability guidelines for Consumer Medicine Information – David Sless and Rob Wiseman – Communication Institute of Australia.

It may not be necessary to test people who suffer from the illness which the medicinal product treats. Often it is sufficient if the participant is reasonably able to imagine that they might need to use the medicine in the future. This is especially so for the more common illnesses. However, if the medicine is for a rarer illness, or if it is for some longer term condition which might entail a degree of patient knowledge, then it may be better to test the leaflet on actual sufferers.

Recruiting from a population of convenience, such as fellow workers, should be avoided. However, such people can be used to pilot test questions, to check that these questions can elicit the sort of answers expected.

What to test?
The leaflet should be in the layout and on the same paper as it will be presented to consumers once the medicinal product is marketed.
There are two questions:

- Can consumers find information quickly and easily in the leaflet,
- Having found the information, can they understand and act on it appropriately?

The testing procedure is as follows:

1. There is a core of tasks associated with the leaflet for each medicinal product, which are critical for its appropriate use. This will vary from one product to the next.

   The critical areas of a leaflet are usually:

   - What is it used for?
   - How to use it?
   - Undesirable effects.

The number of tasks selected (in the form of questions) for the consumers to perform, using the leaflet, should not normally exceed fifteen. It is not practical, or necessary, to test every task since many are very simple or of minor significance.

2. The questions should be compiled in a single document.

3. Ten consumers should be recruited, preferably people who are likely to have problems with this particular product; for example, older consumers.

4. One consumer should be tested at a time and at least a half an hour allowed for each person. More than one leaflet could be tested on each participant. For example, two short and relatively simple leaflets. However, testing that lasts more than 45 minutes may not be useful because the participants will begin to tire.

5. The order in which the questions are asked should be randomised and two question which refer to adjacent information should not be asked in sequence. When asking each question, observe how the consumers handle the leaflet - how do they search for information? To test the structure, it is necessary to notice when people get lost or confused and how they try to deal with the problem.

6. When consumers find the information which has been asked of them, they will probably just read out the information. They should be asked to put it into their own words and explain what it means. This will reveal whether or not they understand what is written. If the question involves them in describing a procedure, such as using an inhaler, they should be given a placebo of the inhaler and asked to go through the procedure using the leaflet. An

alternative is to ask them to describe the procedure themselves. Remember one of the main objectives is to try to find out what they misunderstand not just what they understand.

Sometimes, when consumers have difficulty understanding something, they will ask what it means. Avoid giving an answer and turn it around by asking them 'What do you think it means?' or 'What would you normally do if you read that?'

7. After these ten consumers have been tested, the data should be reviewed. If there is a major fault with the leaflet, some patterns may emerge after this number of tests. Then there may be sufficient data to rewrite some parts of the leaflet, before testing further.

8. Once satisfactory data have been obtained from testing ten consumers, then a further ten should be tested. The objective is to have at least sixteen out of twenty consumers able to answer each question correctly. However, it is not necessary for the same 16 people to answer each question correctly. It may be necessary to modify the leaflet and then retest several times in order to achieve this level of performance.

ＥＵ：

A guideline on the readability of the label and medicinal products for human use

付録2

医薬品添付文書のわかりやすさをテストするための方法の一例

医薬品ラベルと添付文書をわかりやすくすることが、本ガイドラインの第一の目的である。従って、添付文書が、わかりやすさについてのテスト（たとえばこの付録2に概要を示したようなテスト）で受け入れ可能なレベルに達するようであれば、本ガイドラインの他の部分から外れるようなことがあっても容認できる。
MA（marketing authorization）申請者により、添付文書を付録2に定めたようにテストした場合にわかりやすさが受け入れ可能なレベルに達すると確証されれば、添付文書のわかりやすさに関する担当省庁の要件を充足するには充分なはずである。
このテスト法は、オーストラリア消費者向け医薬品情報に関する規定[3]で採用されているアプローチにもとづく。

目的
・単に添付文書のどの部分がよいかだけでなく、問題点も見つけること。
・消費者20名中、16名以上が各質問に正しく答えられるようにすること。
ただし毎回同じ16名が質問に正しく答えられなくともよい。上述のようなレベルのわかりやすさとするために、テストは何回かおこなうことが必要な場合もある。

どのような種類のテストか?
診断テストが最も有用であり、以下のような内容である。
・使用者には、添付文書を使用する際に通常おこなう作業をするよう頼む
・使用者がすることを観察して記録する
・使用者が自分のすることをどのように表現するかに注意する
・使用者が自分の読んだ内容を正しく利用できるかどうかがわかるよう調べる
・その添付文書について使用者が言うことに注意する
診断テストは、わかりやすさが重要な問題である場合に広く用いられている。調査やフォーカスグループなど、より古典的な方法より経費がかからず、得られるデータの信頼性も良好である。

誰がテストをすべきか?
その添付文書を書いたライターが最適である。ライターはテスト実施の経験から学びとり、これを次の作業に直接使える。

誰をテストすべきか?
テストの対象者はリスクを被る可能性のある集団、すなわちその医薬品を使用して問題が起こる見込みの高い人々から選ぶべきである。たとえば、高齢の消費者の方が投薬で問題を生じることがわかっているため、高齢者を採用するほうが適切である場合が多い。

[3] “人々のために医薬品について書く- 消費者向け医薬品情報（CMI）に関する使いやすさガイドライン　David Sless and Rob Wiseman - オーストラリア意思伝達研究所

必ずしもその医薬品の治療対象となる病気の患者をテストする必要はない。多くの場合、テスト参加者はその薬剤を今後使用することがあるかもしれないと想定できるようであればそれで十分である。特に、より一般的な病気についてはこれが該当する。ただし、その薬剤が比較的まれな部類に入る病気の治療用である場合、または症状が幾分長期にわたり患者にはある程度の知識が求められるような病気の治療用である場合には、添付文書を患者で実際にテストする方が適切なこともある。

便利さを優先して特定集団、たとえば同じ会社の従業員などから対象者を採用することは避けるべきである。ただし、こうした人々は、予想されるような類の回答が質問から引き出せるかどうかについて検討するための、パイロットテストの質問に利用することもできる。

何をテストするか?

添付文書は、その医薬品が市販されるようになった場合に消費者に対して示されるのと同じレイアウトであり、また同じ用紙とする必要がある。

次の二つがこの場合の問題となる。

・消費者は添付文書で情報を迅速におよび容易に見つけられるか?

・情報を見つけた場合には、ではそれを理解し適切に行動できるか?

以下にテスト実施手順を示す

1. 医薬品ごとに添付文書に関連する核心的な課題があり、これらはその製品の適切な利用に不可欠である。これは製品によって異なる。

添付文書に不可欠な領域は一般的に以下の内容である。

・何に対して使用するか?

・どのように使用するか?

・有害作用について

消費者に添付文書を用いて実施してもらうよう選択する課題（質問の形式となっている）は、通常は15 項目以下とすべきである。課題にはきわめて簡単であるか、または重要性が低いものも多いので、課題をすべてテストすることは実用的でないか、または必要ない。

2. 質問は一つのファイルとしてまとめておくこと。

3. なるべく、ある特定の製品で問題が起こる可能性の高い消費者、たとえば高齢の消費者などを 10 名採用すべきである。

4. 1 回に消費者 1 名をテストし、1 名につき少なくとも 30 分間かけること。参加者ごとに一種類以上の添付文書をテストしてもよい。たとえば、手短で比較的簡単な添付文書二種など。ただし、45 分以上かかると参加者が疲れてくるので実用的ではないと思われる。

5. 質問する順番はランダムにし、隣り合った情報に関する質問を二つ続けてしないこと。質問するたびに、消費者がどのように添付文書を扱うか、どのように情報を探すかを観察すること。内容構成についてテストするには、どこで対象者が迷ったりまたは混乱するか、またそうした場合には問題にどのように対処しようとするかを気にとめる必要がある。

6. 消費者は、探すように言われた情報が見つかると、多分その情報を読み上げるだけに終わる。消費者にはその情報を自分の言葉に置き換えてその意味を説明するよう頼むこと。これによって書いてある内容を消費者が理解しているかどうかが明らかになる。質問が手順を説明するものであるような場合、たとえば吸入器の場合などは、消費者に吸入器のプラセボを渡して、添付文書を使ってその手順をたどるよう頼むべきである。
または、その手順を自分で説明するように伝えること。主な目的の一つは、消費者が何を理解しているかだけでなく、何を誤解しているかについても見つける試みであることを、念頭におくこと。
消費者は理解が困難な内容がある場合、どういう意味なのかを聞いてくることもある。答を与えないようにして「どういう意味だと思いますか?」または「そのように解釈した場合には、普通はどのようにしますか?」などと質問して話題を変える。

7. 以上10名の消費者をテストした後に、データを見直す。その添付文書に大きな欠点があるならば、この数でテストした後には、ある種のパターンが見えてくることもある。次にさらにテストを進める前に、その添付文書を部分的に書き直すに十分なデータが得られることもある。

8. 消費者10名のテストで得られたデータが満足のゆくものであれば、次の10名でテストすること。この目的は、消費者20名のうち16名以上が各質問に正しく答えられるようにすることである。ただし、毎回同じ16名が質問に正しく答えられなくてもよい。このようなレベルの成績が得られるようにするために、添付文書を修正してから何回かテストすることが必要な場合もある。

Appendix 3

Schedule 12, consumer action and testing questions

In this Appendix there are three columns. In 'Schedule 12' are all of the types of information that Schedule 12 requires CMI to present to consumers buying prescription only (S4) medicines. In the 'Patient actions' column are the types of actions that consumers should be able to perform after reading the CMI. Each action is indicated in bold. The list is not exhaustive. The 'Testing questions' column lists questions you could use to test whether patients can perform the actions listed in the second column. Each question corresponds to a patient action. The question numbers correspond to the numbers in square brackets after each patient action.

Schedule 12	Patient actions	Testing questions
1. Identification		
The name of the medicinal product, which is the name given to the product by the sponsor, including or followed by the non-proprietary name(s) of the active ingredient(s) and the dosage form or strength, or both, of the product. A statement of the active ingredients expressed quantitatively and excipients expressed qualitatively, using their common names, in the case of each presentation of the product. The pharmaceutical form and contents by weight, volume or number of doses of the product, in the case of each presentation of the product, together with its identifying Australian Register number.	The patient should be able to find, read and understand the following information on the CMI: • the proprietary name of the product [1.1] • the generic name of the product [1.1] • the non-proprietary name(s) of the active ingredient(s) [1.3] • the form of the dosage (eg. tablets, syrup, suppository, patch etc) [1.2] • the strength of the product [1.4] and/or • the amount of drug each form of the dosage contains [1.4] • the quantity of the active ingredients in each dose [1.4] • the other non-active components of the medicine [1.5] • the Australian Register number [1.6].	1.1 What is the name of the medicine? It's also known by another name; what is it? Why does it have two names? 1.2 What form does this medicine come in? (tablets, liquid) 1.3 What is the active ingredient? 1.4 How much of the active ingredient is in each dose (eg. individual tablet)? 1.5 What are the other ingredients in this medicine? 1.6 What is the Australian Register number of this medicine?

Schedule 12	Patient actions	Testing questions

2. What the product is used for and how it works

The therapeutic indications, unless a competent authority determines that the dissemination of such information may have serious disadvantages for the patient.

The pharmaco-therapeutic group, or type of activity if there is a term that is easily comprehensible to the patient. If not, a simple description of what the medicinal product is for and how it works, in 1 or 2 sentences.

The patient should be able to find and read information on the CMI about:

- the action that the drug takes in the body [2.1]
- how the drug works [2.2]
- information about the drug family (eg. NSAIDs, ACE inhibitors) [2.3]
- the conditions a product is approved to cure, alleviate, prevent or diagnose [2.4]
- the possibility that the product may also be prescribed by a doctor or pharmacist to alleviate other (possibly unrelated) conditions.

2.1 What does this medicine do?

2.2 How does it work?

2.3 What family of drugs does this medicine belong to? (eg. NSAIDs, ACE inhibitors)

2.4 What can this medicine be used for? Can it be used for anything else?

3. Advice before using the medicinal product

A list of factors that are useful to consider before taking the medicinal product, including, if appropriate:

- contraindications, including consideration of whether the patient has experienced previous allergic reactions
- precautions for use, taking into account the particular condition of certain categories of users, such as the elderly, children, infants, pregnant or breastfeeding women, persons with specific pathological conditions
- potential effects of the medicinal product on the ability to drive vehicles or to operate machinery
- interactions with other medicinal products or other forms of interaction (for example with alcohol, tobacco, foodstuffs) which may affect the action of the product
- special warnings, such as the effects on sensitivity to sun exposure.

The patient should work out if:

- they have had any previous adverse reactions or allergies to either the active or non-active ingredients [3.1]
- they are taking any other medicines [3.2] which may be contraindicated because of their effect on the performance of this medicine, or because they would be affected by the use of this medicine [3.3]
- they are taking any medicine [3.2] that, in conjunction with this medicine, would affect their health
- they have any ailments or physical problems that would be affected by the use of this medicine (eg. asthma), or would affect the performance of the medicine (eg. kidney disease) [3.3]
- they have a previous history of usage which indicates that the present medical regimen may not be effective

and if so, the patient should know not to use this medication until they talk to their doctor or pharmacist. ▶

3.1 Can you take this medicine if you are allergic to [ingredients]?

3.2 Suppose you've been taking [other medicine]. When your doctor prescribes [Medicine name], what should you do?

3.3 Can you take this medicine if your are breastfeeding (or, if you are old, or young, or with a medicine that may interact with [Medicine name])? What do you need to do? ▶

The patient should know to seek further advice from a doctor or pharmacist [3.15] if they:

- are unsure about whether it is safe to take a particular medicine
- suffer from any serious illnesses or conditions
- are taking any other medicines (either prescription or OTC).

The patient should know when it may be unsafe to drive vehicles or operate machinery because of the effects of their medication. The patient should understand the reasons for these activities being unsafe (eg. drowsiness, slower reaction times, inability to reason properly) [3.4, 3.5].

Patients should be able to work out whether a medicine interacts with other medicines or substances such as food, alcohol or tobacco [3.6–3.8]. If it does, they must be able to select an appropriate course of action [3.9–3.14] such as:

alcohol/tobacco

- reducing the amount of alcohol drunk or tobacco smoked
- not drinking or smoking
- avoiding , or eating more of, particular foods (eg. drinking more milk, taking medicine with water, mixing medicine with meals, not consuming medicine with milk) ▶

3.4 Are you able to drive a car while taking this medicine? Why or why not?

3.5 Are you able to operate machinery while taking this medicine? Why or why not?

3.6 Can you take this medicine with (food, either general or of a specific type)?

3.7 Can you drink alcohol if you are on this medicine? Why, or why not?

3.8 Do you need to make changes to your diet while taking this medicine? Why, or why not?

3.9 What should you do if you accidentally took/ate/drank [a substance that interacts] while you are using [Medicine name].

3.10 Is there anything you should avoid eating or drinking of while taking [Medicine name]?

3.11 Is there anything you should eat or drink more of while taking [Medicine name]? ▶

- timing medicine-taking either to coincide with or avoid mealtimes (eg. taking medicine one hour before meals, taking medicine with breakfast and dinner)
- maintaining a balanced diet
- avoiding binge eating.

other medicines

- stopping the use of other types of medicine after consulting a doctor or pharmacist (this will involve the patient telling the doctor or pharmacist what other medicines, both prescription and OTC, they are taking)
- not taking this medicine after consulting a doctor or pharmacist
- timing their medicine-taking to fit in with present medicine-taking routines.

Patients should be able to carry out these actions properly.

Patients should also be able to work out whether there are any other activities that they do that may:

- affect the performance of the medicine
- be affected by the performance of the medicine
- have to be avoided while the patient is taking the medicine (eg. sunbaking). ▶

3.12 You have (a condition such as a tummy upset) and you want to take (an OTC medicine, eg Quick-Eze). Is it okay to do this?

3.13 You want to do some gardening on a sunny day (or some other activity). Is it okay to do this? What if you use a sunscreen (or take some other precaution)?

3.14 Let's say you are a breastfeeding mother (or some other condition) and have just read the leaflet that need to (exercise caution) if you take this medicine. What should you do?

The patient should know that they may have to modify or stop those activities, know to seek medical advice of the course of action to take, and be able to carry out an appropriate course of action (such as avoiding activities or changing medication).

Patients should understand the benefits of carrying out these actions properly, and consulting a doctor or pharmacist when appropriate.

The patient should be able to work out if they are in an at-risk or non-standard medication group such as:

- the elderly
- children and infants
- pregnant or breastfeeding women
- patients with other unrelated medical conditions (eg. kidney disease)
- habitual drug users

and if so, they need to know that they may need to change the patient's medication regimen.

Patients in at-risk groups should know to consult a doctor or pharmacist before changing the amount of medicine they are taking. ▶

If they are in one of these groups, patients should know to consult a doctor or pharmacist, so that they can select a course of action such as:

- not using the medication
- reducing the amount of each dose (which may involve calculating the amount of drug to be taken)
- reducing the number of applications (which may involve calculating the amount of drug to be taken)

and to carry it out properly. In cases where medication regimens have to be changed, patients should know to seek the advice of a doctor or pharmacist (preferably one that is familiar with their case) before they change the amount and type of medicine they are taking.

Patients should be able to work out whether any other special precautions need to be taken when using this medication, and to act accordingly (eg. avoiding exposing themselves to sunlight).

4. How to use the medicinal product properly

The necessary and usual instructions for proper use of the medicinal product, in particular:

- the dosage, together with an indication that this may not always apply and may be modified by the prescriber
- the method, and if necessary, route of administration
- the frequency of administration, specifying, if necessary, the appropriate time at which the medicinal product should or must be used.

In addition, depending on the nature of the therapeutic goods:

- the duration of treatment, if it should be limited
- the expected effect of using the medicinal product
- what to do if one or more doses have not been taken
- the way treatment should be stopped, if stopping the treatment may lead to withdrawal or other adverse effects.

The patient should know what the normal dose [4.1] and method of application [4.2] is for them (or the person they are treating). Patients should know to seek medical advice if the dose they have been told to take [4.3] or the method of application [4.4] they have been shown is significantly different to that on the CMI. Patients should also be able to recognise what a 'significant difference' is [4.3].

The patient should be able to calculate the appropriate dose [4.5] (if appropriate or in the case of OTCs). This may involve:

- reading the insert (or label or package) to find what the standard dose is
- weighing themselves (or the patient), multiplying weight by dose per kilogram, and them dividing by dosage strength per tablet or volume (alternatively, the patient may have to read the dose, based on weight, from a table).

Patients in an at-risk group should be able to modify the standard dose by following instructions from their doctor or pharmacist, in conjunction with the instructions on the CMI [4.5]. ▶

4.1 What is the normal dose for this medicine?

4.2 How would you normally take this medicine?

4.3 What should you do if your doctor or pharmacist tells you to take a different dose to that given in the leaflet?

4.4 What should you do if your doctor or pharmacist tells you to take this medicine differently from that described in the leaflet?

4.5 How much of this medicine do you need to take? How did you work that out?

4.6 How often do you have to take this medicine? ▶

The patient must also work out , how often, for how long [4.8], and at what time, [4.6] [4.7] treatments must be taken or applied. The patient must be able to take medications at the right times. In particular, patients must know:

- whether medicines must be taken with meals [4.7] [4.9]
- whether medicines must be taken at a specific time before or after meals, treatments, activities and other medicine [4.9], and if so, how long before or after
- whether they must wake in the night to take a dose [4.6] [4.7].

The patient should be able to work out a daily timetable for themselves, in consultation with their doctor or pharmacist, so that they can carry out these actions properly.

Having calculated an appropriate dose and the time to take it, the patient must be able to measure it [4.10]. This may involve:

- counting the right number of tablets, vials, sachets etc.
- breaking tablets into smaller pieces
- measuring a volume of liquid or powder using a measuring glass or spoon, or calibrated bottle-cap
- approximating the volume of an ointment or other fluid (possibly be referring to the size of a standard object, such as a twenty cent coin) ▶

4.7 What time of day do you have to take this medicine?

4.8 How long would you have to take this medicine for?

4.9 Are there certain times when you shouldn't take this medicine? What are they?

4.10 Let's say it's time to take your medicine. How much would you have to take/measure out? (if there are placebos available —can you show me?) ▶

- counting the number of drops (from an eye, ear or nose dropper)
- counting the number of inhalations or squirts (eg. for asthma packs)
- measuring the volume using a syringe.

The patient must be able to carry out any other pre-preparation necessary [4.11] such as:

- dissolving tablets in water
- mixing powders with food
- mixing a hair-rinse with a sink-full of water
- finding a container in the case of an emetic
- using a peak-flow meter in the case of asthma.

Patients should also be able to carry out any post administration necessary [4.12] such as:

- rinsing the mouth after using steroid asthma inhalers
- applying a bandage or covering.

The patient must then be able to take or apply the medicine properly [4.13], in the right quantity, at the right time; in conjunction with any other requirements (for instance taking tablets with a glass of water, but not milk). ▶

4.11 Do you need to do anything to/with the medicine before you take it?

4.12 Is there anything you need to do after you take the medicine?

4.13 How do you take this medicine? (if placebos are available—can you show us how?) ▶

The range of actions includes:

- swallowing tablets or capsules (with water, milk or some other liquid)
- chewing tablets
- dissolving tablets in water, or other liquid, and then drinking all of the liquid
- rubbing on or in an ointment or cream
- injecting medicine (eg. insulin)
- eating a full meal with medicine incorporated into the food
- putting drops into eyes, ears, nose or mouth
- swallowing liquids (eg. cough mixtures)
- sticking a patch to the skin
- rinsing, either with a lotion, or a concentrate mixed with water
- gargling (in the case of mouth rinses)
- inhaling either from inhalers, puffers or steam baths
- inserting a nasal puffer, and squirting
- inserting a suppository or pessary.▶