



I have no
relevant
affiliations
or
disclosures

Presentation GOALS

- ▶ EXPLAIN

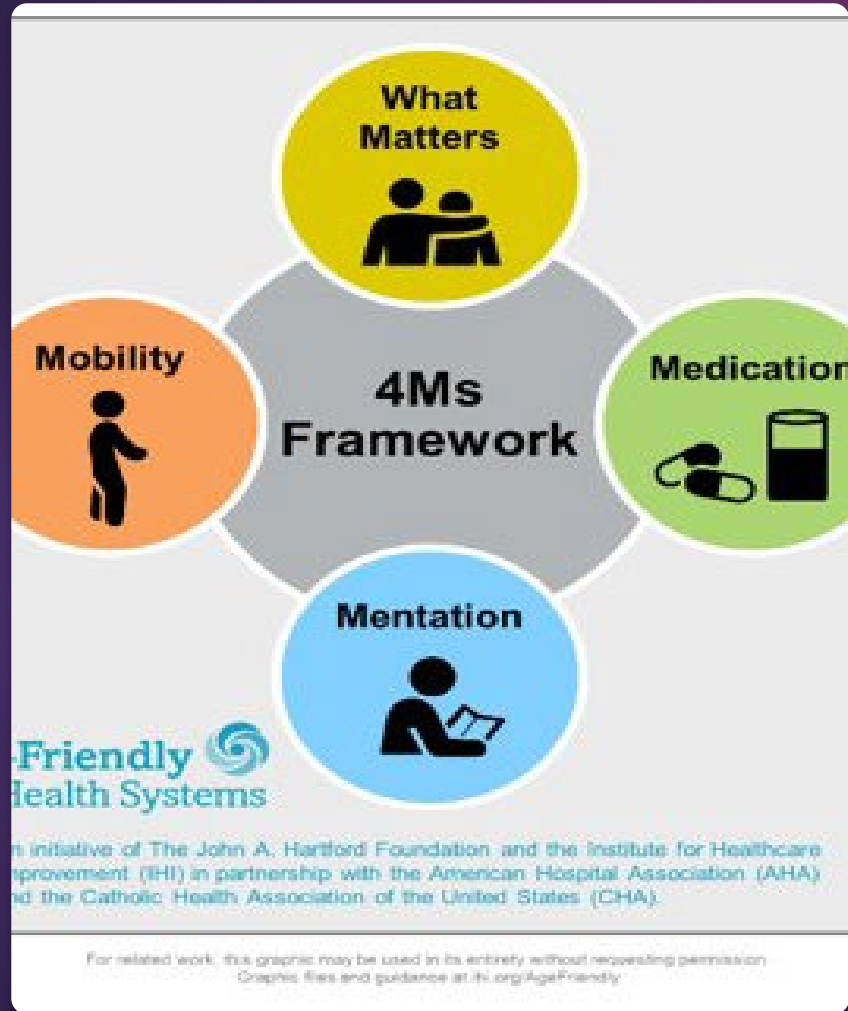
- ▶ 4 MS FRAMEWORK

- ▶ HOW PRESCRIBING MEDICATION APPLIES TO ESTABLISHMENT OF AN AGE-FRIENDLY HEALTH SYSTEM



Age-Friendly Health System Overview

Institute for Healthcare Improvement



What Matters

Medication

Mentation

Mobility

Scope of Confounding Factors

While 12% of the population of the USA are 65 y.o & older, this age group uses

- ▶ 34% of all prescription medications
- ▶ 30% of all over the counter drugs & herbal supplements
- ▶ Adverse drug reaction increases in this age group
 - ▶ Renal and hepatic function decline
 - ▶ Body Composition
- ▶ Serious ADR may be confusion, delirium, depression, malnutrition & falls
- ▶ About 60% of elderly take prescriptions improperly
 - ▶ Resulting in approximately 140,000 deaths/year

(American Public Health Association)

BEERS Criteria

A LIST OF POTENTIALLY HAZARDOUS
MEDICATIONS FOR THOSE >65 YEARS OF AGE

- ▶ **NECESSITY**
- ▶ **SAFETY**
- ▶ **RISK VS BENEFIT**



Potentially Inappropriate Medications

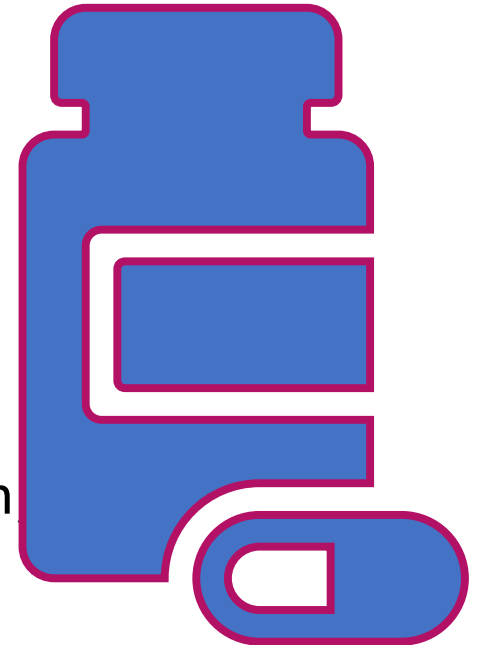


- ▶ **Anticholinergic**

- ▶ 1st generation antihistamines: Benadryl, Vistaril
- ▶ Antimuscarinic agents: Oxybutynin
- ▶ Antispasmodics - Dicyclomine, Scopolamine, Belladonna
- ▶ Antiparkinsonian agents - benztropine, Trihexyphenidyl (Artane)
- ▶ **Proton pump inhibitors** - Prilosec, Prevacid, Nexium, etc
- ▶ **Nonsteroidal Anti-inflammatory medications**

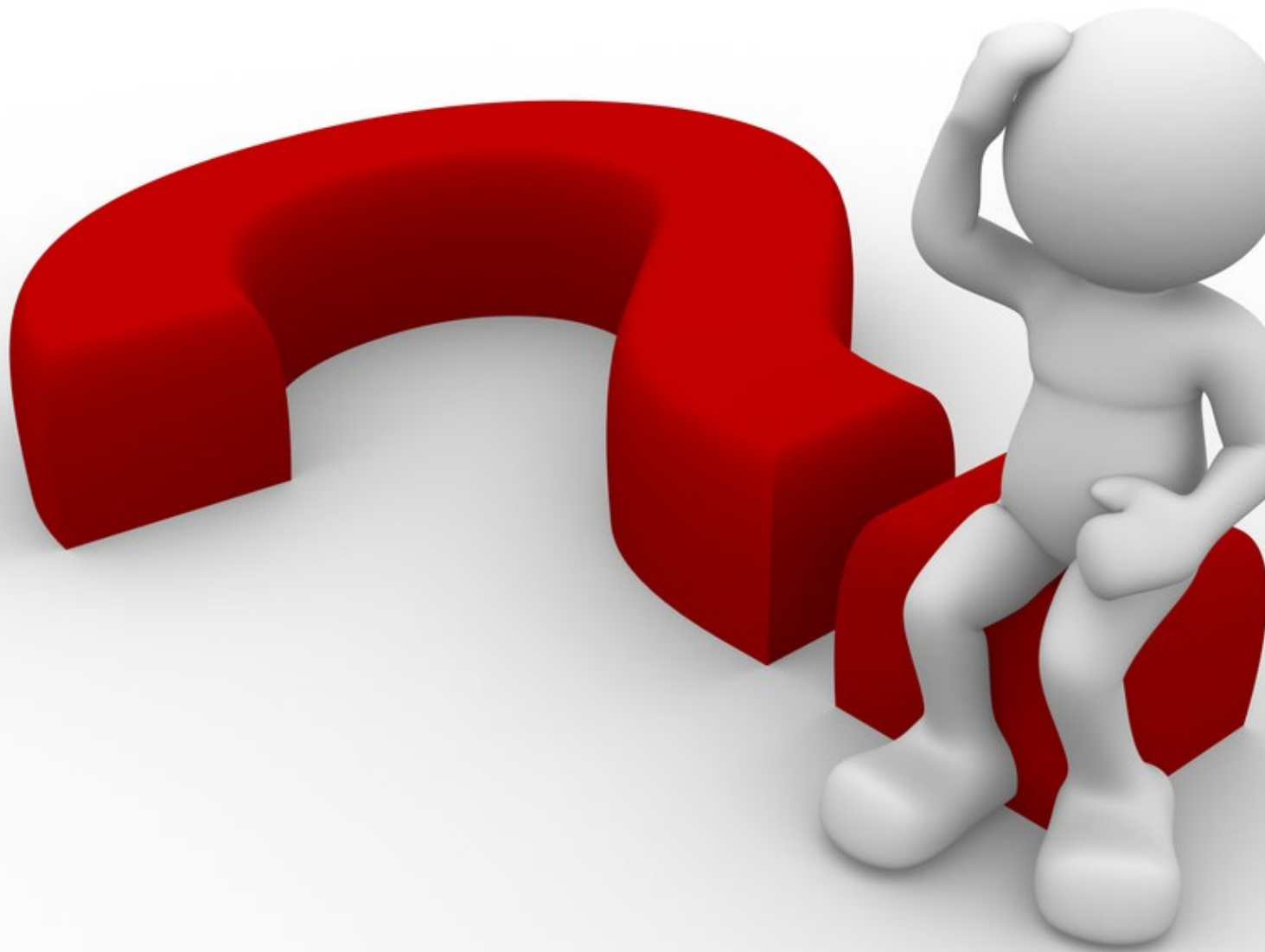
Potentially Inappropriate Medications

- ▶ **Anti-arrhythmic agents** - ex: Amiodarone, toxic to thyroid, lungs
 - ▶ Not for first line use, rate control best
- ▶ **Alpha blockers/Alpha agonists**
 - ▶ Doxazosin -> orthostasis
 - ▶ Clonidine, Methyldopa
- ▶ **Benzodiazepine & Non-Benzodiazepine hypnotics** ->> sedation
confusion, falls
- ▶ **Sulfonylureas / Insulin** ->> hypoglycemia.



Michael Steinman, MD,
a co-chair of the American Geriatric Society
Beers Criteria Panel

“The AGS Beers Criteria should never solely dictate how medications are prescribed, nor should it justify restricting health coverage. This tool works best as a starting point for a discussion—one guided by personal needs and priorities as we age.”



Medication Competency

EVALUATE UNDERSTANDING
OF HOW AND WHY
THE MEDICATIONS ARE TO BE
TAKEN

Medications and Mentation

Discuss which medications
are helpful in meeting goals,
which hinder goals of care



MEDICATION SAFETY, TIPS for Patients

- ▶ **FILL ALL PRESCRIPTIONS AT THE SAME PHARMACY SO THE PHARMACIST CAN CHECK FOR INTERACTIONS**
- ▶ **KEEP A LIST OF MEDICATIONS HANDY AT ALL TIMES, INCLUDE**
 - ▶ **PRESCRIBED DOSAGE**
 - ▶ **REASON FOR USAGE**
 - ▶ **PRESCRIBING PROVIDER**
 - ▶ **OTC MEDICATIONS AND SUPPLEMENTS**

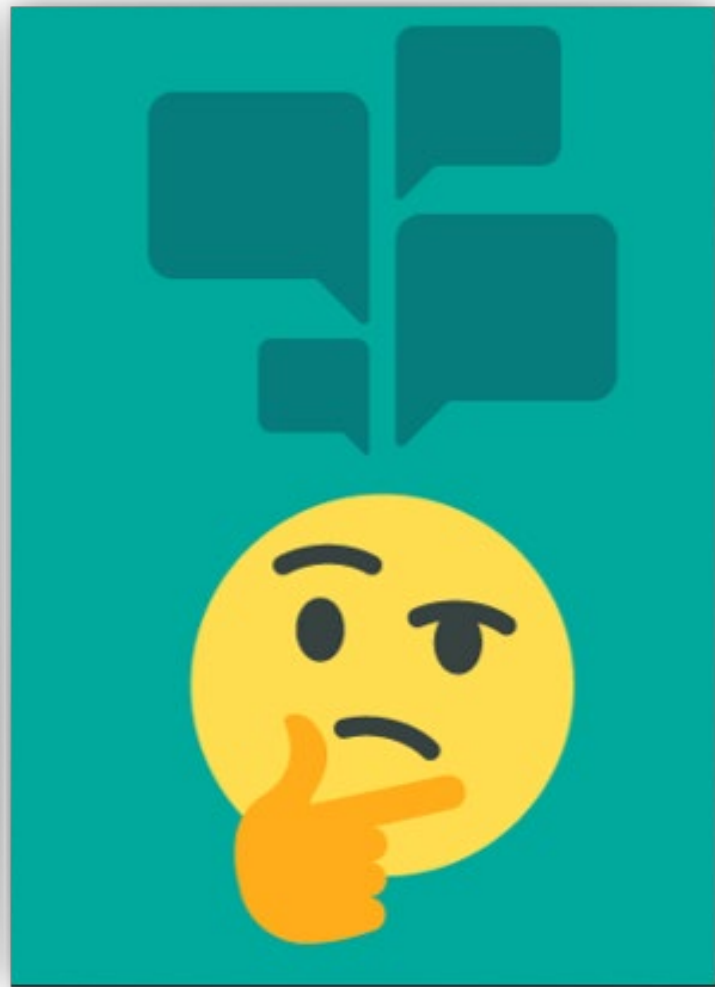
Medication Prescribing, Best Practice



- ▶ Review medication and supplement list at EACH visit
- ▶ Avoid adding medications to treat SE
- ▶ Use affordable medications
- ▶ Maximize doses before adding additional medications
- ▶ Avoid duplication of same class medications
- ▶ Reduce unwanted or harmful medications
- ▶ Confirm that all prescribed medications are being taken

Deprescribing, part of good prescribing

- ▶ **Deprescribing defined**
 - ▶ planned and supervised process of dose reduction or stopping medications that are not helpful or harmful
- ▶ **Begins with conversations**
 - ▶ Patients
 - ▶ Providers, specialists
 - ▶ Pharmacists
- ▶ **Resources are available at deprescribing.org**



Questions?

EMAIL QUESTIONS TO
DK644@NOVA.EDU

THANK YOU

FOR YOUR ATTENTION!

Survey Link <https://redcap.nova.edu/redcap/surveys/?s=CHETXK48Y4>

If the link above does not work, please try scanning the QR code: add text

