



Geriatric Seminar

Safely Managing Medications in Older Adults

Tuesday, March 19, 2024, 12:00-1:00 PM



SEMINAR INSTRUCTOR

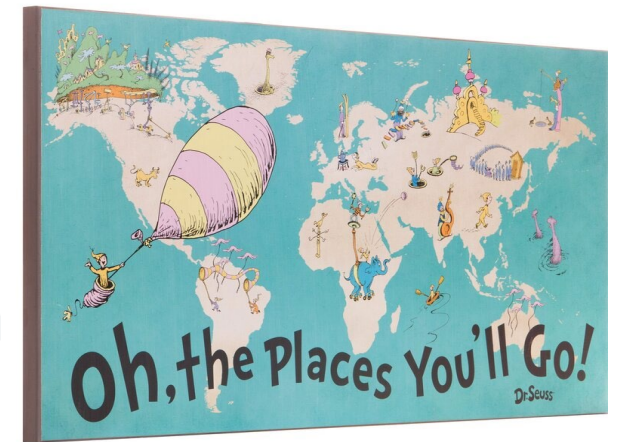


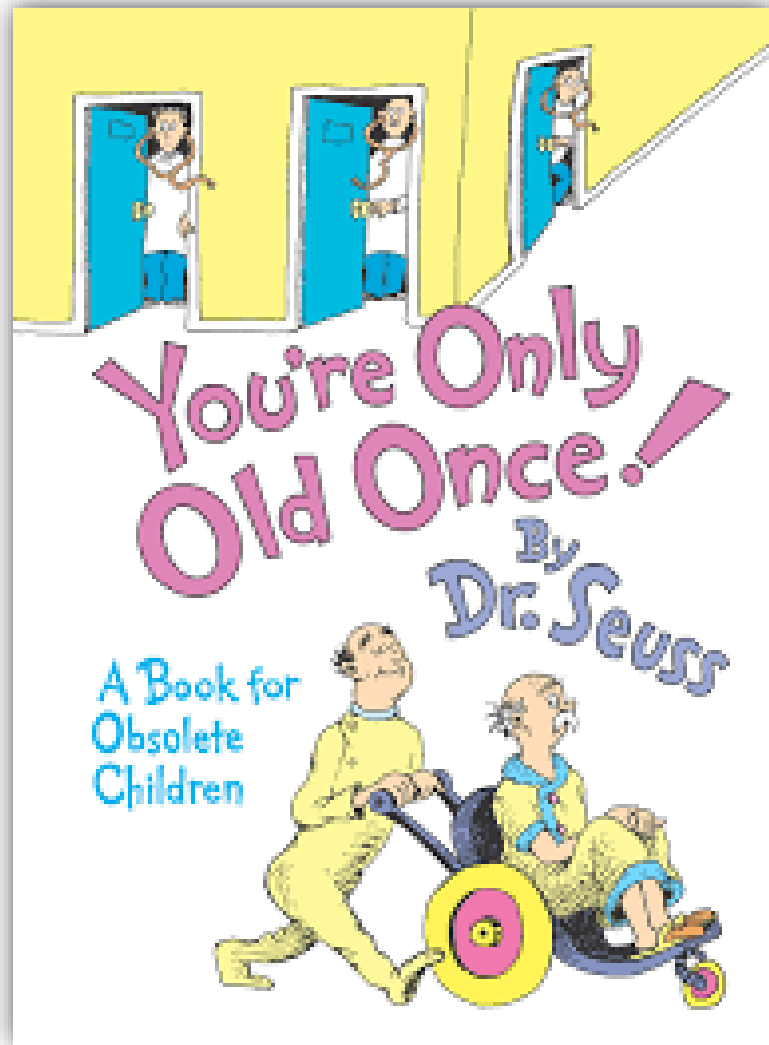
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GOALS AND OBJECTIVES

- Discuss medication use in older patients
- Define the term Polypharmacy
- Review high risk medications
- Develop strategies to avoid high risk medication
- Review the use of Supplements
- Develop overall strategies to use medications safely





*“Repeat after me...
This small white pill is
what I munch at breakfast
and right after lunch. I
take the pill that’s Kelly-
green before each meal
and in between... This
long flat one is what I take
if I should die before I
wake.”*

- Dr. Seuss

“One of the first duties of the physician is to educate the masses *not* to take medicine.”

-- Sir William Osler (1849-1919)

“This is the rub. There are many older adults who would be healthier if they threw away half of their medications.”

-- Michael A. Steinman, MD.



Reference: Polypharmacy: Time to Get Beyond Numbers.” JAMA Intern Med. 2016 April;176(4): 482–483

Medication Usage by Older Adults

- Older Americans spend \$3 billion annually on prescription medications
- Most take an average of 3-5 Rx and 3-4 Over the Counter medications
- 40% of older patients report using some form of dietary supplement within the past year.



Medication Related Problems: *Common, Costly, Preventable*

- Total estimated healthcare expenditure related to potentially inappropriate medications is \$7.2billion
- 27% of adverse events in primary care offices
- 42% of adverse events in nursing homes
- 380,000-450,000 adverse drug events occur annually in hospitals.



Reference: JAGS 2012, Arch Int Med 2009

What is Polypharmacy?



- The use of unnecessary medications which is **INDEPENDENT** of the number of medications being taken
- An Irrational Medication List

Who is a risk?

- All older adults, especially those taking **5 or more medications**
- Adults with complicated medical histories are at **INCREASED RISK**



Looking for polypharmacy

- Medication with no apparent indication
- Use of duplicative medications
- Adverse effect on the brain can be cumulative
- Reviewing supplements and Over-the-counter meds for hidden ingredients
- Alcohol and Cannabis
- Avoid high- risk medicines
- Ensuring all medical problems are dealt with appropriately
- Inappropriate doses:
START LOW GO SLOW BUT DO GO



Over the Counter (OTC) Medications

- OTC Medications contribute to Polypharmacy
 - Duplication
 - Adverse side effects and interactions
- High-Risk OTC medications
- 25% of patients don't tell their doctors about OTC use
 - Patients think they don't need to know
 - Doctors don't ask



	Common Sleep Aids	Allergy Medicines	Motion Sickness Medicines
Ingredients to Avoid	diphenhydramine or doxylamine	chlorpheniramine	diphenhydramine or meclizine
Example Drugs			
	Belladonna	Valerian Root	Marijuana
			Alcohol

Reference: Michael A. Steinman, MD, Polypharmacy: time to get beyond numbers, JAMA Intern Med. 2016 April ; 176(4): 482–483.

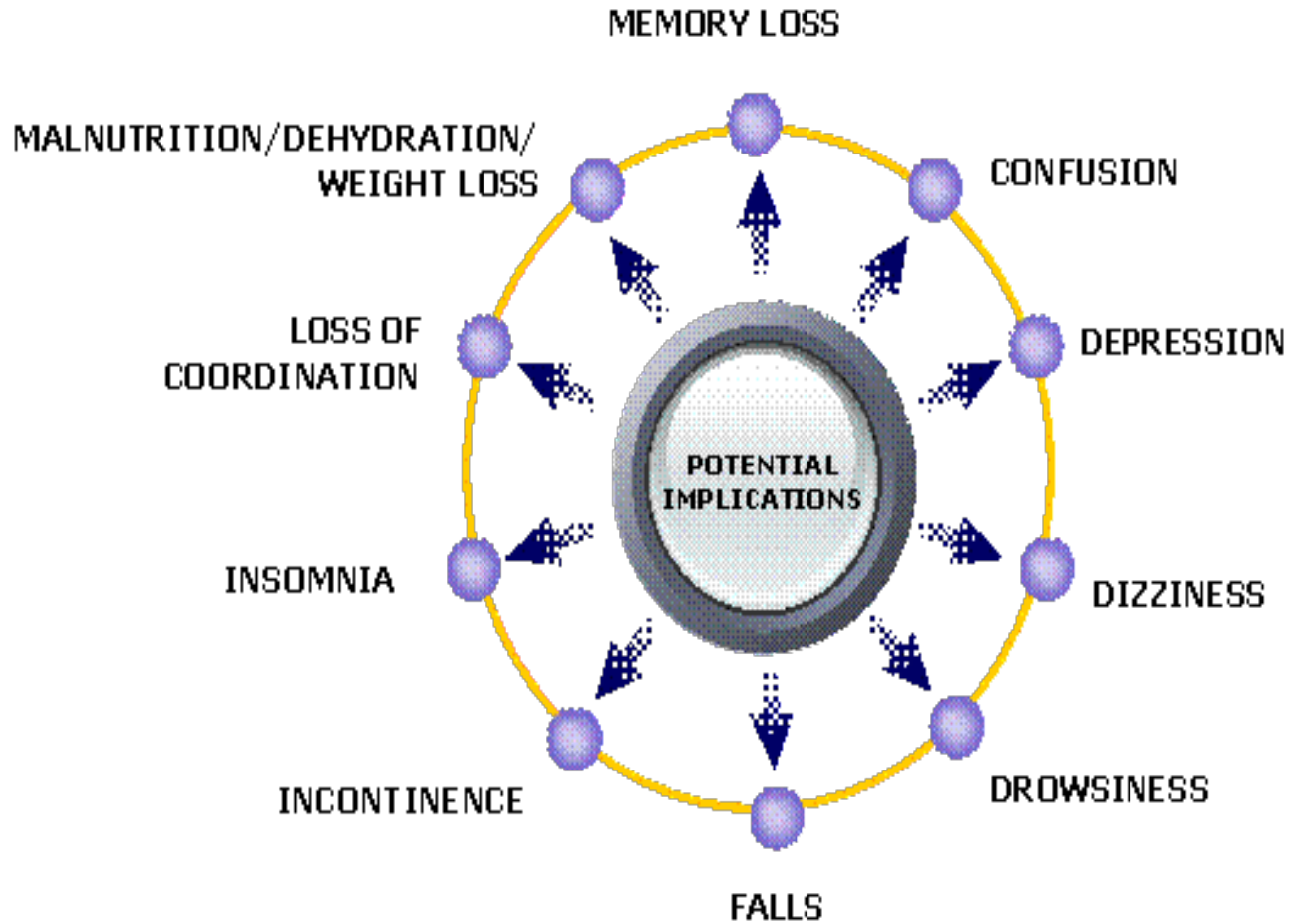
A Typical Day in a Geriatrics Clinic



Supplements Usage in Older Adults



But I'm only taking...
Wellbutrin 150mg
Clonazepam 0.5mg
Flomax 0.4mg
Proscar 5mg...



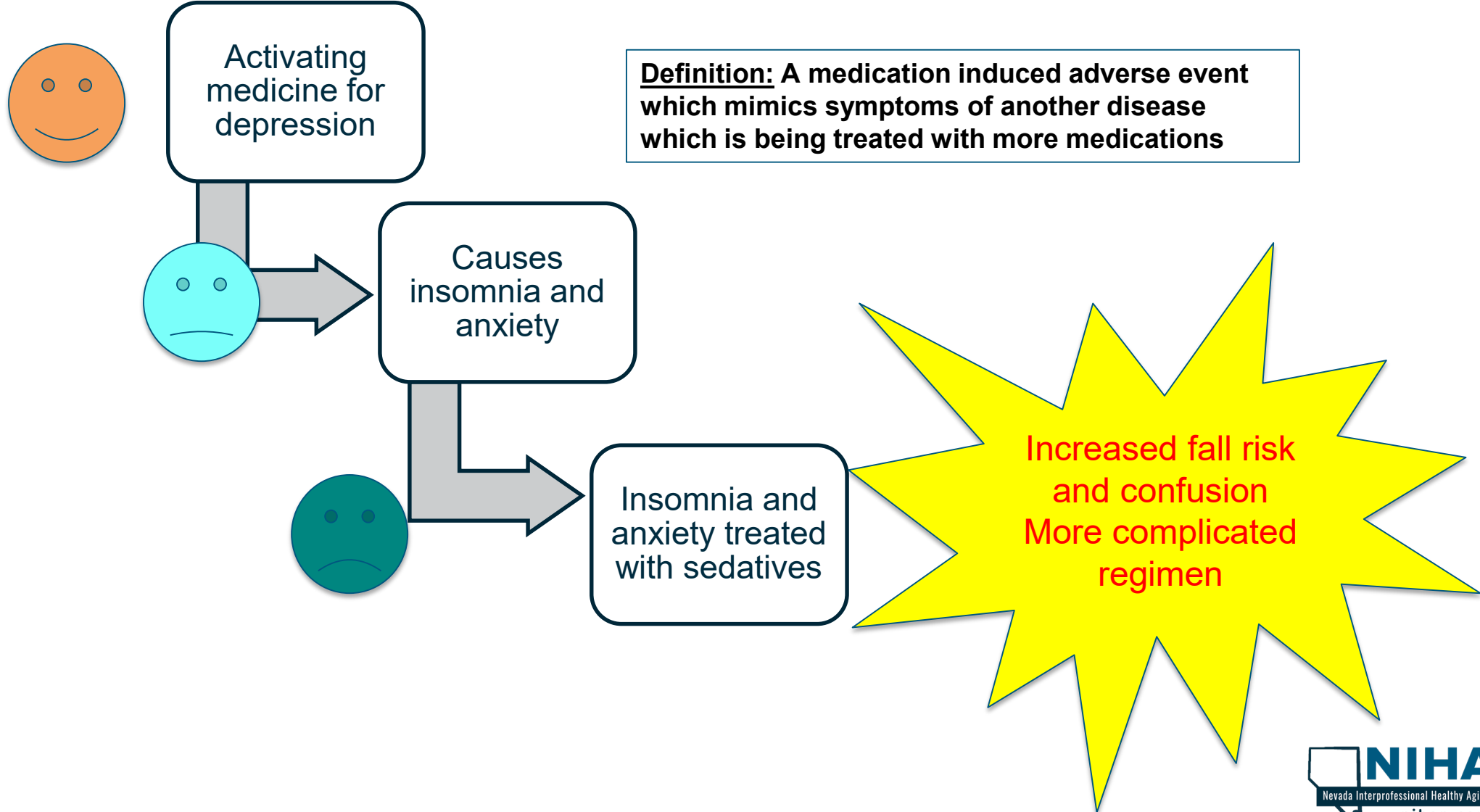
Source: alzpossible.org

“Any symptom in an elderly patient should be considered a drug side effect until proven otherwise”

~Jerry Gurwitz MD



Things to Avoid: Medication Cascades



Definition: A medication induced adverse event which mimics symptoms of another disease which is being treated with more medications

10 Common Chronic Conditions for Adults 65+

QUICK FACTS



80%
have at least 1
chronic condition



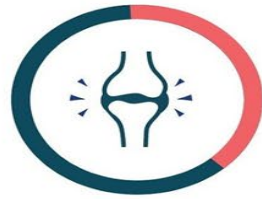
68%
have 2 or more chronic
conditions



Hypertension
(High Blood Pressure)
58%



High Cholesterol
47%



Arthritis
31%



Ischemic/Coronary Heart Disease
29%



Diabetes
27%



Chronic Kidney Disease
18%



Heart Failure
14%



Depression
14%



Alzheimer's Disease and Dementia
11%



Chronic Obstructive Pulmonary Disease
11%

Source: Centers for Medicare & Medicaid Services, Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries.

Management of Chronic Disease: *High Blood Pressure, Diabetes, High Cholesterol*

- Individualize care
- Diet and exercise
- Home monitoring
- Understand goals of care
- Simpler regimens are better

Side effects to watch out for


- Fatigue
- Dizziness
- Increased falls
- Muscle pain
- If diabetic know what low blood sugar feels like



Talk to your providers!

Pain Medications




DRUGS TO AVOID OR USE WITH CAUTION	WHY AVOID THEM	SAFER ALTERNATIVES
<p>Narcotics: hydrocodone (Norco®), oxycodone, morphine Dilaudid ®</p>	<ul style="list-style-type: none"> • Worsen memory and thinking, • increase the risk of falls, • cause constipation, • dry mouth, • sedation, • dizziness & drowsiness. 	<p>Use for a short time, as needed only. Avoid long acting products</p> <p>Nerve pain medications: Gabapentin (Neurontin®), Pregabalin (Lyrica®)</p>
<p>Muscle relaxants: Flexeril®, Soma®, Robaxin®</p>		<p>Massage, heating pads, Salon Pas HOT, Rubs like Biofreeze, Tiger Balm etc</p> <p>Nerve pain medications: Gabapentin (Neurontin®), Pregabalin (Lyrica®)</p>
<p>NSAID's: Ibuprofen, Naproxen, Meloxicam, Indomethacin</p>	<p>Increase the risk of bleeding, affect blood pressure, kidneys and worsen heart failure.</p>	<p>Voltaren Gel, Lidocaine topical, Tylenol 2-3gm/daily</p>


Medications for Overactive Bladder

Drugs to avoid	Why avoid them	Safer alternatives
<p>Bladder agents that have strong anticholinergic properties such as:</p> <p>oxybutynin (Ditropan[®] or Oxytrol[®]), tolterodine (Detrol[®]), fesoterodine (Toviaz[®]), darifenacin (Enablex[®]), trospium (Sanctura[®])</p>	<p>Counteract effects of most memory medications and cause confusion</p> <p>Also cause</p> <ul style="list-style-type: none">• constipation• dry mouth• blurred vision• dizziness• increase risk of falls	<p>mirabegron (Myrbetriq[®]) will not affect memory and thinking. Different mechanism of action</p>


Insomnia Medications

Drugs to avoid	Why avoid them?	Safer Alternatives
<p>Diphenhydramine (Benadryl[®], Tylenol PM[®], Advil PM[®]) doxylamine (Unisom[®]), hydroxyzine (Atarax[®])</p>	<ul style="list-style-type: none"> • Counteract effects of most memory medications and cause confusion • Also cause constipation, dry mouth, blurred vision, dizziness • Increased fall risk 	<p>Melatonin 1-10mg</p> <p>Ramelteon (Rozerem[®]) 8mg</p> <p>Trazodone 25-150mg</p> <p>Mirtazapine (Remeron[®]) 7.5mg</p>
<p>zolpidem (Ambien[®]), eszopiclone (Lunesta[®]), zaleplon (Sonata[®]), temazepam (Restoril[®]), lorazepam (Ativan[®]); alprazolam (Xanax[®]); chlordiazepoxide (Librium[®]); clonazepam (Klonopin[®]) diazepam (Valium[®])</p>	<ul style="list-style-type: none"> • Can worsen memory & thinking • Cause excessive sedation, drowsiness, and dizziness • Increased fall risk • Dangerous in combination with alcohol or narcotics 	

Anxiety Medications

Common Drugs to Avoid	Why Avoid them?	Safer Alternatives
<p>Benzodiazepines: diazepam (Valium®) lorazepam (Ativan®) alprazolam (Xanax®) clonazepam (Klonopin®) temazepam (Restoril®) hydroxyzine (Atarax®)</p>	<ul style="list-style-type: none">• Increase confusion• Increase risk of Falls• Grogginess the next day• Drug accumulation• Excessive sedation• Dizziness• Drug interactions with other sedating drugs, alcohol, and narcotics	<p>citalopram (Celexa®), escitalopram (Lexapro®), venlafaxine (Effexor®), mirtazapine (Remeron®), or buspirone (Buspar®)</p> 

Depression Medications

Drugs to avoid	Why avoid them?	Safe medications
<p>Paroxetine (Paxil®), amitriptyline (Elavil®), nortriptyline (Pamelor), desipramine, imipramine</p>	<ul style="list-style-type: none">• Can worsen memory & thinking• Cause confusion• Counteracts the effectiveness of memory medications.• Also causes constipation, dry mouth, blurred vision, dizziness and increases risk of falls 	<p>Safe SSRI's</p> <ul style="list-style-type: none">citalopram (Celexa®)escitalopram (Lexapro®)fluoxetine (Prozac®)sertraline (Zoloft®)vortioxetine (Trintellix®) <p>Other antidepressants (not SSRIs) that may be useful:</p> <ul style="list-style-type: none">bupropion (Wellbutrin®)duloxetine (Cymbalta®)mirtazapine (Remeron®)trazodone (Desyrel®)venlafaxine (Effexor®)

Hallucinations/Delusions/Severe Agitation /Aggression

Drugs Name	Things to consider	Safer Alternatives
<p>Better tolerated Quetiapine (Seroquel®) risperidone (Risperdal®) aripiprazole (Abilify®)</p> <p>Less well tolerated olanzapine (Zyprexa®) clozapine (Clozaril)</p> <p>Older poorly tolerated medications haloperidol (Haldol®)</p>	<p>Reduce hallucinations and delusions (false beliefs) and improve rational thought.</p> <p>Low doses can help manage aggressive, irrational and compulsive behaviors</p> <p>The potential benefit of antipsychotics must be weighed against potential risks including weight gain, slowing of movement and thinking, accelerating heart disease and, in rare instances, death.</p>	<p>Non-pharmacologic alternatives: Distraction, reassurance redirection should be tried first.</p> <p>Antidepressants can be very helpful with fewer adverse effects.</p>

“As Needed Medications”: PRN

- How often do you take these?
- Determine if symptoms are severe enough to treat
- Was the medication effective?
- Did the medication have side effects?
- **TALK TO YOUR DOCTOR!!!!**



Medication review

Is the medication list rational and practical for you?

Am I having “new symptoms” or is it a medication side effect?

Clean out the medicine cabinet to contain only currently used medications

Review medications with your provider at every transition of care point

Medications: Goals of Care

- **Use medications judiciously**
 - ✓ “Clean up” the Medication List
 - ✓ Understand why each medication is being used
 - ✓ Over the Counter medicines and supplements are as important as prescription medications
- **“Brown bag” medications for review at each visit:**



How to Prevent Medication Related Problems

- Learn to communicate with your providers
 - ✓ Your Physician
 - ✓ Your Pharmacist
 - ✓ Your insurance company
 - ✓ Ask questions/Be observant
- One person should be in charge of medications
- Keep a current medication list
- Do NOT start any new medication/herbal product without consulting with your team
- Getting timely refills Vs. Automatic refills
- Learn to get the most out of your Medicare Part D plan

Reference and Resources

<https://www.nia.nih.gov/health/medicines-and-medication-management/taking-medicines-safely-you-age>

[https://www.cdc.gov/medicationsafety/program focus activities.html](https://www.cdc.gov/medicationsafety/program_focus_activities.html)

<https://deprescribing.org/what-is-deprescribing/>

<https://sbgg.org.br/wp-content/uploads/2023/05/1-American-Geriatrics-Society-2023.pdf>

Q&A





Creating Age-Friendly Health System & Dementia-Friendly Community in Nevada



Contact Us:
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Visit: <http://www.nihan.care>



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