

Appropriate Use of Medications in Older Adults: Community Setting

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A True Story

- > Christine, a 69 year old female, suddenly has impaired memory and cognitive function for no apparent reason one day. It starts when she can't remember how to turn on her washer. She panics and tries to call her daughter but cannot dial the phone. She knows what she wants to do, but she cannot get her body to do what her brain wants. She lays on the floor and begins to cry, worried that she is in big trouble. Her daughter comes over later that day to check on her and finds her in a state of panic and confusion. The daughter dials 911 and squad comes.
- > She is taken to the hospital. The hospital cannot find anything physically wrong with her. All vitals are normal and MRI scan shows no damage in the brain. After 5 days, the hospital does not want to keep her there as they feel it not appropriate. They refer her to a mental health hospital.
- > When Christine arrives at the mental health facility, she is still in a state of impaired memory and cognitive dysfunction. They try multiple drug therapies with little to no success. Again, after 5 days, the hospital does not think it appropriate for her to stay in the facility. She is discharged to a long term care facility.

A True Story (Cont.)

- > Christine arrives at the long term care facility in nearly the same state that her mother found her. It is decided that hospice should be called as it is believed that there is ample evidence that she may be terminal as no therapies are working to improve her condition. Christine is put on haloperidol, morphine and lorazepam combination, a common hospice end of life cocktail. Christine spends 2 months on these drugs at the facility in a state of what she calls a “waking nightmare”. She has no clear memories of the experience other than her feelings of dread and fear.
- > After 2 months, Christine’s daughter sees that her mother is not improving at the facility. The daughter makes a bold decision to move her out of this long term care facility to another facility. The daughter demands that the new facility remove all medications. In 3 days, Christine begins feeling much better. Christine improves all the way back to her pre-event self. After 1 month at the new facility, she is discharged to home. She has lived a normal life for the past 3 years.
- > What can we learn from this true story?
- > Where would Christine be today without her daughter’s intervention?

Objectives:

- > Become an advocate for your person when evaluating drug therapy in terms of safety and quality of life
- > Become familiar with tools that are available to you to help you better understand potential risks of drug therapy
- > Gain confidence to approach medical staff to discuss prescription drug therapy

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PHARMACY



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"Will this make me feel as happy as the people in the commercial?"

Become a “Check and Balance” for your person in terms of drug therapy. Another set of eyes never hurts!

BECOME AN ADVOCATE
FOR SAFETY

Why Being Wise about Meds is So Important

Approximately 1.5 million Americans suffer *preventable* illness, injury, or death each year because of mistakes made in prescribing, dispensing, and taking prescription drugs.

What You Can Do To Help

- If possible, use only one pharmacy



What You Can Do To Help

- Make sure you understand the label that the pharmacy attaches to the medicine



What You Can Do To Help

- Refuse child-safe caps on bottles—
unless you
have children
in the home



What You Can Do To Help

- Store medicines in a cool, dry place



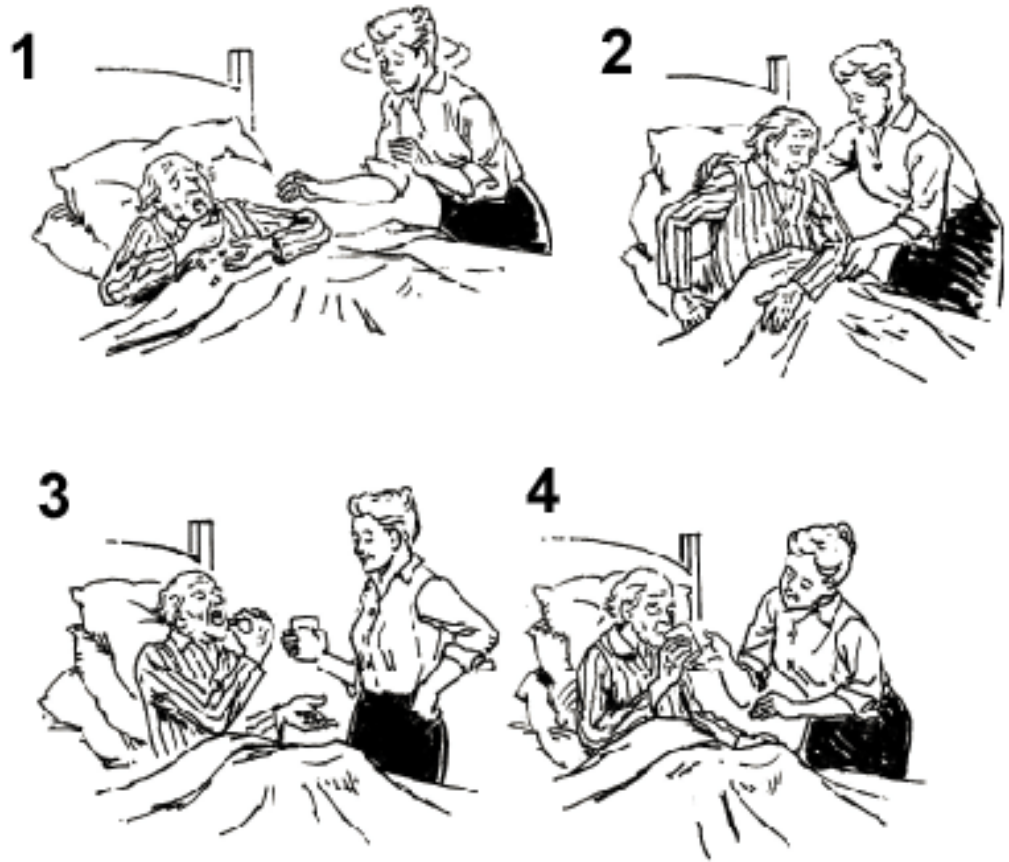
What You Can Do To Help

- Do not mix different pills in one bottle



What You Can Do To Help

- Have the older person sit up or stand when taking pills, and use a half cup of water to wash them down

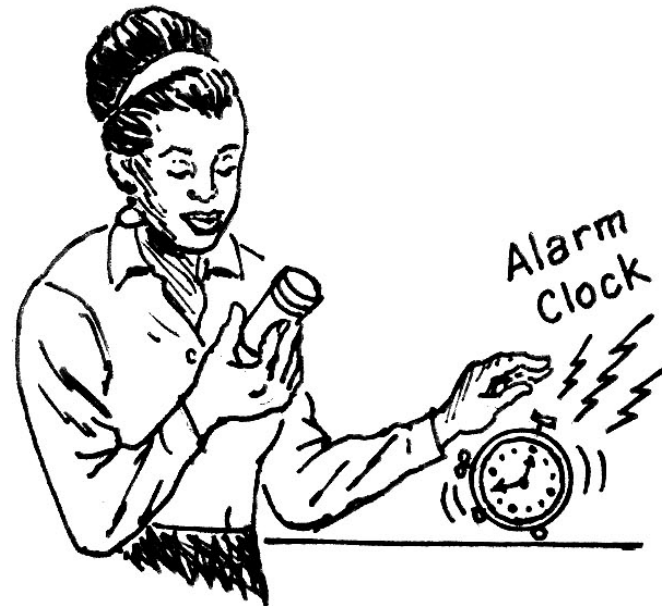


What You Can Do To Help

- Use a pillbox



- Use reminders



What You Can Do To Help

- Ask about other ways to take medicines



What You Can Do To Help

- Throw away old medicines



Stay Alert for Side Effects of New Medications

- **Talk to the pharmacist about what to expect**
- **Be sure of how your person normally feels and note any differences**
- **Look for any adverse reactions, write it down**
- **Report back to pharmacy if needed**



Personal Medication Record

- A list of all the medicines you take
- Include: prescription, OTC, dietary & herbal supplements, vitamins
- Used to record dose, form, and how you take them

My Personal Medication Record

> My Personal Information
Name: _____
Date of Birth: _____
Phone Number: _____

> Emergency Contact
Name: _____
Relationship & Phone Number: _____

> Primary Care Physician
Name: _____
Phone Number: _____

> Pharmacy/Drugstore
Pharmacist: _____
Phone Number: _____

> Other Physicians
Name: _____
Specialty: _____
Phone number: _____
Name: _____
Specialty: _____
Phone number: _____
Name: _____
Specialty: _____
Phone number: _____

> My Allergies

How to use this Guide:

- Use this record to keep track of your medications, including prescription drugs, over-the-counter (OTC) drugs, herbal supplements, and vitamins.
- Share the information with your doctors and pharmacists at all visits.
- Keep it always with you.
- Use a pencil.

You should review this record when:

- Starting or stopping a new medicine.
- Changing a dose.
- Visiting your doctor or pharmacist.

Last updated: ___ / ___ / ___

> My Medical Conditions

AARP
In cooperation with the SOS Rx Coalition
D18358 (407)

Front Side of Personal Medication Record



FIND A CONTACT PERSON TO HELP YOU REGARDING MEDICATION QUESTIONS

The contact person may vary depending on your situation. You may use a doctor, nurse, nurse practitioner, physician assistant or pharmacist.

What You Can Do To Help

- At least once a year, ask the healthcare provider or the staff to review all medicines and explain the reason for taking each medicine



Prepare for Interaction with Medical Professional

- **Make a list of all current medicines and bring it with you**
- **Prepare questions for the medical staff**



Important Questions to Ask

- **What condition is each medication for?**
- **How does each medication improve the condition treated?**
- **What are the possible side effects?**
- **What are the risks and benefits of the medications?**

- **Do these medications work together safely?**
- **Ask about “cascading”**
- **Are there other non-drug actions that may be considered?**
- **What tools are available to me to help be sure my person takes the correct medications at the correct times?**
- **Are we missing any medications that should be present? Immunizations?**

PHARMACY



CARTOONSTOCK.com

R. THERIEU

Search ID: rte0032

“And these blue ones are for the stomach cramps the red ones are gonna give you.”



“These are the new temporary offices for the employees who didn’t get flu shots.”

Tools to help you ask the right questions

- > Personal Medication Drug List for your person (handout)
http://www.aarp.org/health/drugs-supplements/info-2007/my_personal_medication_record.html
- > Drug interaction checkers: <http://www.webmd.com/interaction-checker/default.htm>;
http://www.drugs.com/drug_interactions.html;
<http://reference.medscape.com/drug-interactionchecker>
- > Beers Criteria for healthcare professionals (handout)
onlinelibrary.wiley.com/doi/10.1111/jgs.13702/full
- > Your community pharmacist where you fill medications

SUMMARY: Advocate for Safety

Develop a medication list for you person listing drug names, strengths, doses and what the medication is to treat.

Handle and store all medications properly. Be sure to utilize tools to help be sure your person gets the right medications at right times.

Research any problems with the medication list with an on-line drug interaction checker, Beers Criteria and other resources as necessary.

Schedule an appointment with your person's medical staff.



" Give it to me straight, Doc . . . is it pronounceable ? "

Be sure that your person's
drug therapy is appropriate for
diagnosed conditions

BECOME AN ADVOCATE
FOR QUALITY OF LIFE

Four drug classes to keep a close eye on

- > Psycho-tropic Medications
- > Narcotic Pain Medications
- > Muscle Relaxers
- > Anti-anxiety Medications

USE OF PSYCHO-TROPIC MEDICATIONS

- > Psycho-tropic drugs are medications that affect the central nervous system. These are designed to change the chemical balance of the brain.
- > Does the diagnosis match the drug therapy?
- > Are the risks of psycho-tropic medications out weighing the benefits?
- > What sort of side effects is the person experiencing as a result of being on these types of medications?
- > Common drugs: Haldol (haloperidol), Risperdal (risperidone), Seroquel (quetiapine), Remeron (mirtazapine)

USE OF NARCOTIC PAIN MEDICATIONS

- > Again, does the condition warrant the drug therapy?
- > Do we have a long-acting agent and breakthrough agent?
- > Are we utilizing the least dose possible to achieve desired effect?
- > Is chemical dependence a problem? In some cases it may be completely appropriate.
- > Are side effects being addressed? Constipation can be a serious problem with narcotic pain medications.
- > Common drugs- Percocet (oxycodone/apap), Dilaudid (hydromorphone), Norco (hydrocodone/apap)
- > Especially avoid use of meperidine (Demerol) if possible

USE OF MUSCLE RELAXANTS

- > Again, is there a diagnosis for the use of these agents?
- > Rare that a patient would have a chronic problem with excessive skeletal muscle contraction.
- > Are we treating the underlying cause of the over-active muscle? Are salts in balance? Is the patient hydrated enough?
- > These agents pose a significant risk of falls because they decrease the patient's ability to contract muscles when moving.
- > Common drug names: Flexeril (cyclobenzaprine), Robaxin (methocarbamol), and Soma (carisoprodol)

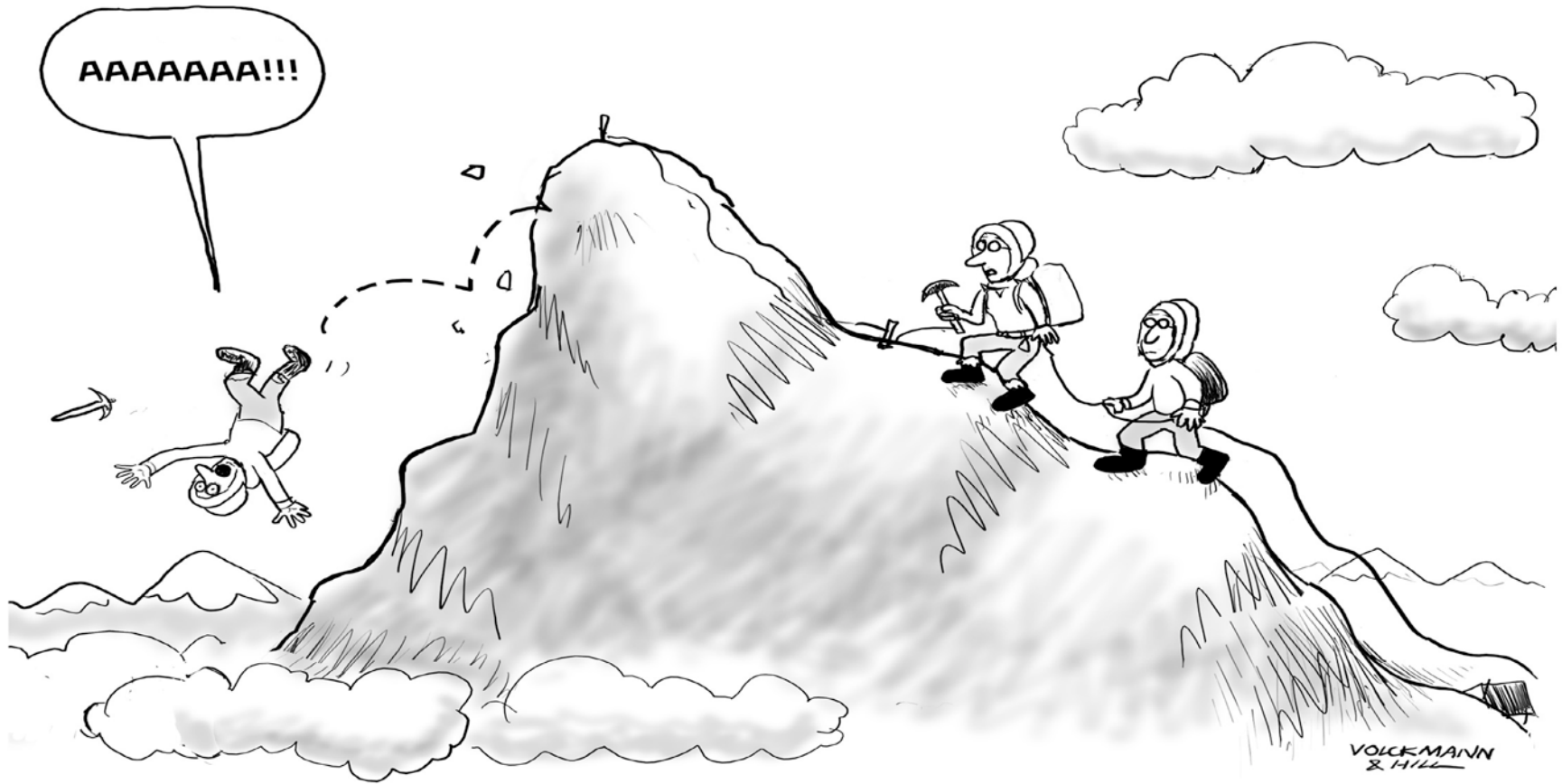
USE OF ANTI-ANXIETY DRUGS

- > Benzodiazepines are drugs that treat anxiety.
- > These drugs have a high rate of causing chemical dependence.
- > Hard to wean off of these drugs once patient is used to taking them.
- > Common drug names: Xanax (alprazolam), Valium (diazepam), Ativan (lorazepam)
- > Especially watch for orders to increase these drugs. Look for underlying cause. Are other agents more appropriate? Anti-depressants?

Checking on Progress

To manage medicines effectively, you have to be:

- organized
- persistent
- constantly asking questions



I WONDER WHAT THE LEADERSHIP LESSON IS IN THAT!

Watch for and challenge Clinical Inertia

Alive Inside: A Non-pharmaceutical Intervention

SUMMARY: Advocate for Quality of Life

Not only a quality of life concern,
but usually a safety concern as well

Be sure to be able to match
diagnosis to drugs

Report any changes in behavior to
medical professional immediately

Challenge cases of “clinical inertia”

Keep non-pharmaceutical
interventions in mind when looking
to improve quality of life

Remember to always keep risk to
benefit ratio in mind



Search ID: fom2741

This is an 'old person', or if you want to use the more
technical term, a 'bedblocker'.

For More Information

- Visit www.HealthinAging.org
- Call the AGS Health in Aging Foundation at
1-800-563-4916

This Caregiving Tips program is based on the 2004 Eldercare at Home, 2nd Edition presentation kit, and has been updated by the AGS Public Education Committee.

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Any questions?

**Conversation is the
Best Medicine**

www.aarp.org/usingmeds

Thank You!

References

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- > AARP: <http://www.aarp.org>
- > Drugs.com: <http://www.drugs.com>
- > Medscape: <http://reference.medscape.com>
- > AHRQ: <http://effectivehealthcare.ahrq.gov>
- > MPR: <http://www.empr.com>
- > AGS: <http://geriatricscareonline.org>
- > Youtube: <https://www.youtube.com/watch?v=HIm0Qd4mP-I>