

# Medications and the elderly



By Carol Edwards,  
RN, GCM

Canadian seniors consume 40 per cent of prescription medications. The average person over the age of 65 takes an average of eight medications per day, as a result of as many as six co-existing chronic conditions.

By taking so many prescriptions, seniors—especially those who have a chronic illness and who take multiple medications—are at a higher risk for experiencing a “prescribing cascade”: a situation where a prescribed treatment actually causes an adverse drug reaction that requires even more treatment.

As well, adverse drug effects can often be mistaken for signs of natural aging, especially if the drug-related symptoms mask an illness common in the elderly. Because adverse drug effects may resemble a medical condition, it is important to rule out prescription-based problems before adding further medications.

## Complex challenges

When taking medications to improve their health, seniors face a host of challenges that could adversely affect their well-being:

- With the physiological changes in the elderly’s gastrointestinal and renal systems, the propensity for increased risk of gastric and renal disorders can directly be attributed to sensitivity and adverse drug affects.
- Cognitive functioning changes at varying rates and must be considered when prescribing medications to prevent accelerated advancement of cognitive dysfunction and confusion.
- Antipsychotic drugs must be carefully chosen and dosed by expert personnel and close

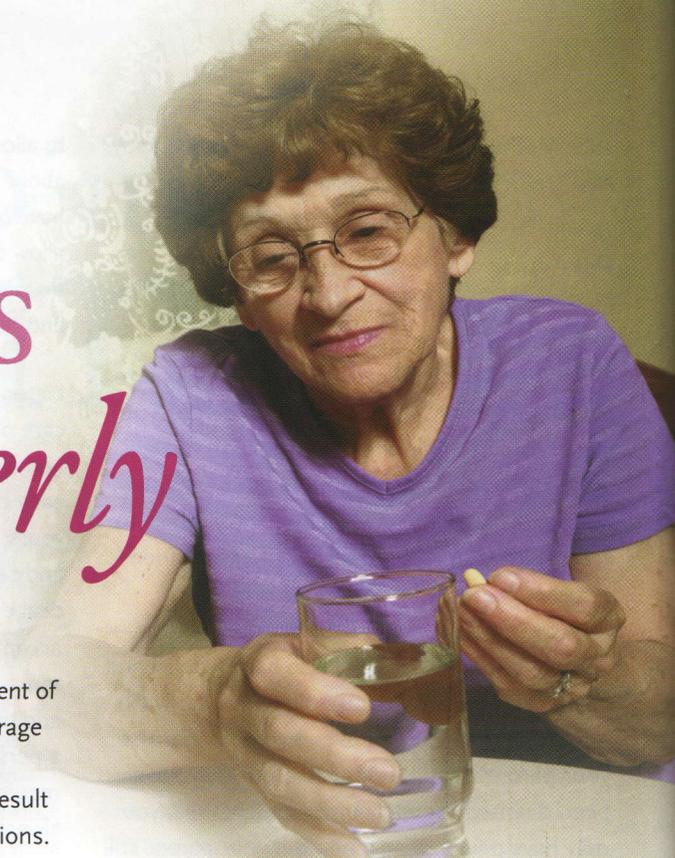
monitoring for any deviation from the normal function of the medication and altered behaviours in the elderly.

- Noncompliance can innocently occur in the elderly as a result of complex medication regimes not being followed or through lack of understanding, forgetfulness, or self prescribing.
- Seniors over the age of 85 are at higher risk, and particular vigilance is required for increased sensitivity to medication with careful monitoring and evaluating for adverse effects.

As a result of these conditions, the elderly are always at risk of medication-related health concerns. So how can a caregiver monitor their loved one’s prescription regimen?

## Prescribing professionals

Since 1991 a list, known as the Beers List, has been available to help professionals manage the drugs used by the elderly. The list outlines classes of medications that should always be avoided because the risks outweigh the benefits. (Editors note: A Canadian version of the list is available from the CBC at [www.cbc.ca/news/background/seniorsdrugs/beers\\_table\\_more.html](http://www.cbc.ca/news/background/seniorsdrugs/beers_table_more.html).) The trouble is that most family physicians do not know of the list; consequently, they don’t use it. On the other



hand, geriatricians have made it their business to understand the interaction between medications and the elderly. These special physicians are, in my experience, the experts in prescribing medications for seniors.

Another specialist available in nursing homes, often in conjunction with the geriatrician, is the geriatric psychiatrist. I welcome their assessment of my clients, since they usually take a practical approach and often discontinue any medications that are not providing an immediate benefit to the elderly client.

In some particularly difficult situations, a complete study of both medication and the resulting behaviours need to be scrutinized by a geriatric psychiatrist. This treatment is carried out on an "admission" basis and can last for up to six weeks. All medications are discontinued, and then the effect of each treatment is studied as medications are slowly added back.

### Monitoring medications

The good news is that many institutions have or are planning to improve drug management and medication reviews for the elderly. In the meantime, I believe that it is everyone's job to monitor medication use and side effects. This suggests a team approach to managing prescriptions.

For a senior who lives in a nursing home, all disciplines share responsibility: from the physician to the personal support worker. Even the dietitian should have input; after all, the elderly person's ability to consume sufficient calories is essential to their well-being.

For a senior who lives in the community, the family and the personal support worker, if there is one, play an important role in noticing both positive and negative changes in the person's behaviours and cognitive abilities. For example, with my private clients I am able to help monitor their progress personally as well as through others in the home and the patient's physiotherapist, general practitioner and geriatrician.

### Communicating changes

When seniors live in a facility, the person who has power of attorney (POA) should be involved in any medication changes. The physician is usually bound to call the POA before any changes or sedative drugs are prescribed. In fact, it is the POA's responsibility to

be aware and discuss (even with the cognitively impaired) the impact of medication changes. The POA also has the responsibility to disagree with the use of certain medications that may have mood-altering or sedating effects on their loved one. This can be difficult when the pressure for a certain treatment is imposed by a facility. In my experience, the facility can be very insistent on the use of medications to treat certain behaviours. Nonetheless, the POA must act in the senior's best interests.

### Tracking treatment

All health care disciplines involved in elderly care should monitor treatment. All too often the attending physician, prompted by the facility staff, will prescribe a regime of medications without clearly understanding the family's wishes. This happens more so on the need to sedate clients.

The pharmacist plays the most important role in monitoring medications. They understand drug interactions, side effects, and doses, and are a very valuable member of the team. With the use of increasingly complex medications, the pharmacist should assist the physician and provide time to discuss the effects of medications with the elderly and their family. I recommend only using one pharmacist in the community to ensure that the mix of medications and the senior's complete history is recorded and monitored for future treatment. ●

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"I'm young at heart, but slightly older in other places."

*Anonymous*

## Dispensing prescriptions

In nursing homes and hospitals, all medications are dispensed, administered and recorded by skilled nursing staff. In the community, the family, in an effort to avoid medication errors, may dispense medications for their loved ones in daily pill containers. Another option, when unskilled staff are employed, is the pharmacist dispensing medications in blister packs or dosettes. There is a small charge for this service, but it avoids error and helps track time and dose.