

Surfing the Silver Tsunami

The Do's, Don'ts and Maybe's of Prescribing in the Elderly

Suzanne Singh, BScPhm, PharmD, RPh
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DISCLOSURE
No conflicts of interest

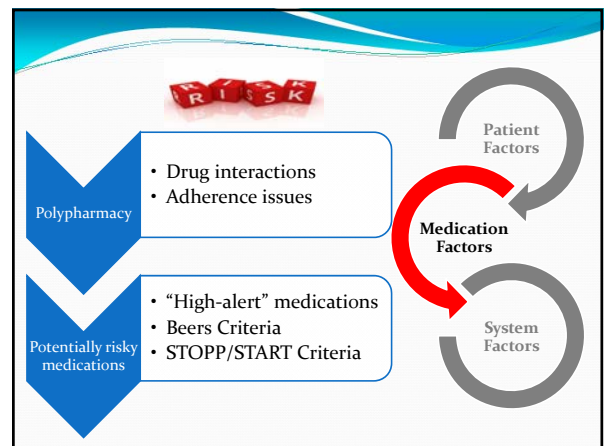
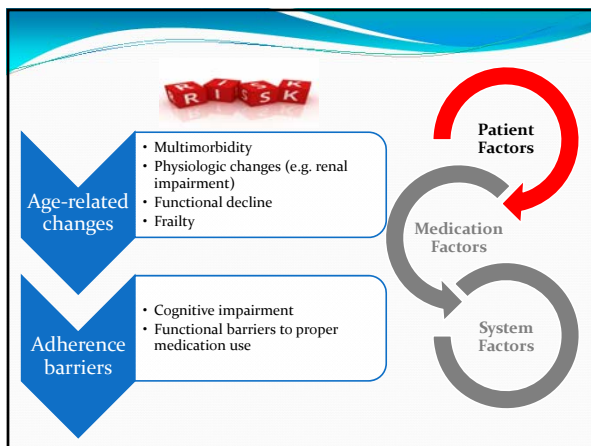


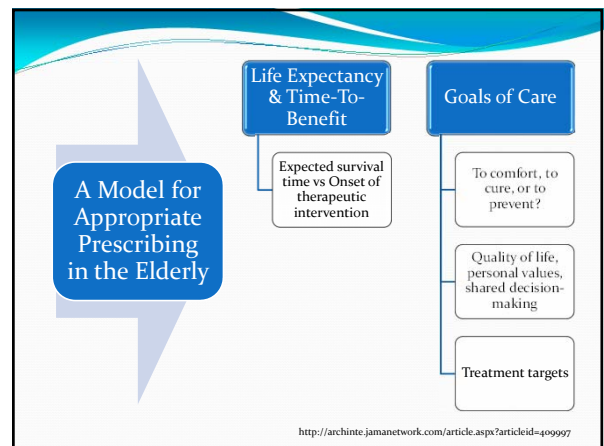
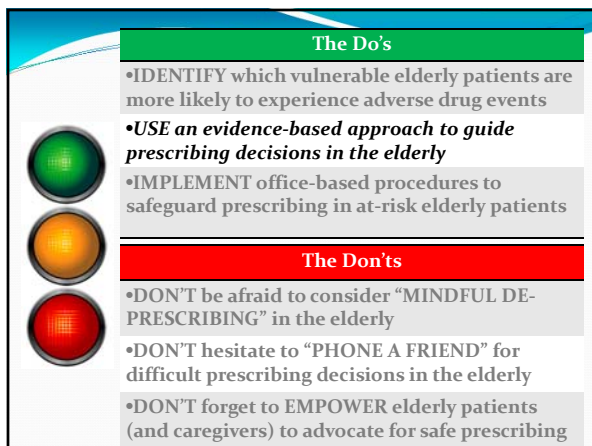
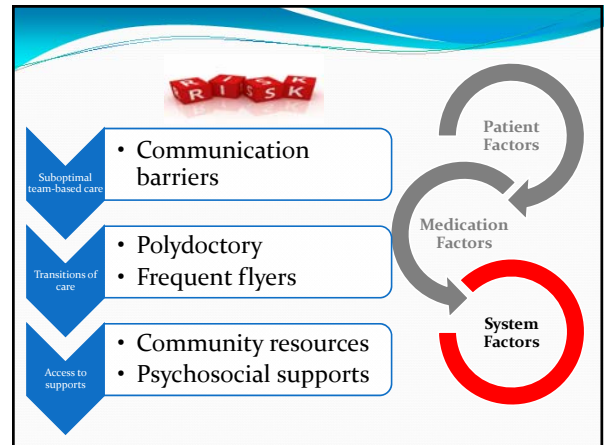
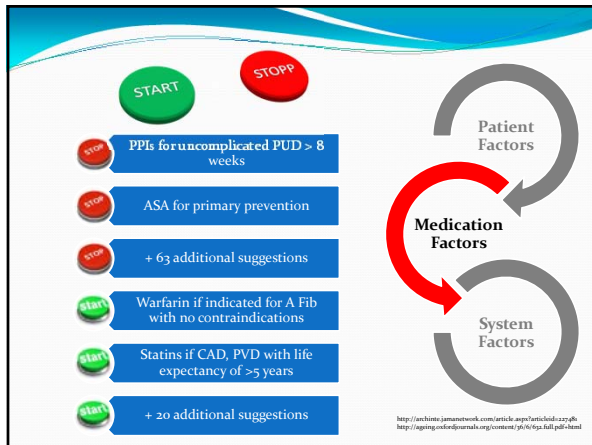
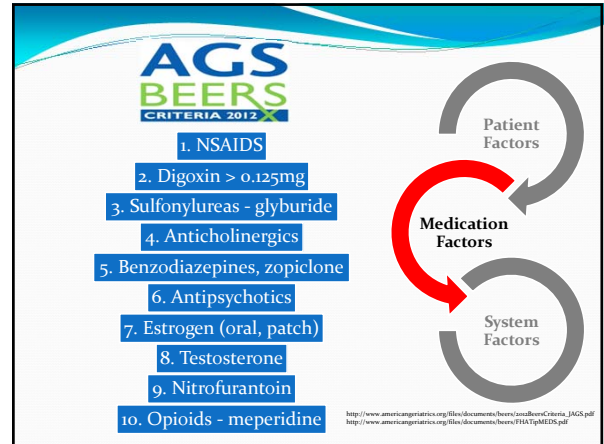
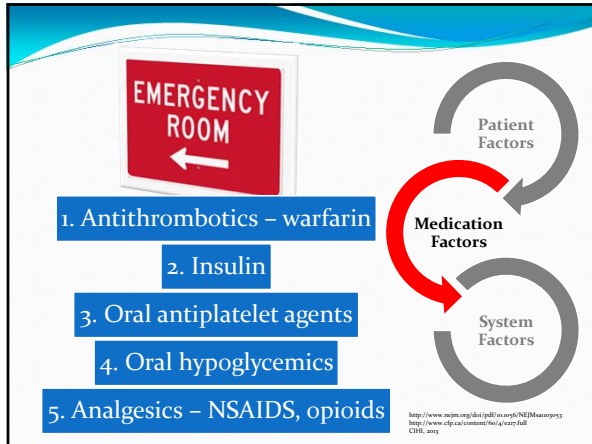
The Do's


- **IDENTIFY** which vulnerable elderly patients are more likely to experience adverse drug events
- **USE** an evidence-based approach to guide prescribing decisions in the elderly
- **IMPLEMENT** office-based procedures to safeguard prescribing in at-risk elderly patients

The Don'ts

- **DON'T** be afraid to consider "MINDFUL DE-PRESCRIBING" in the elderly
- **DON'T** hesitate to "PHONE A FRIEND" for difficult prescribing decisions in the elderly
- **DON'T** forget to **EMPOWER** elderly patients (and caregivers) to advocate for safe prescribing







Assessing Medication Appropriateness

Is the drug **INDICATED**?

Are there **ADHERENCE BARRIERS** to drug use (e.g. cost, practical directions)?

Is the drug **EFFECTIVE** for the indicated condition?

Is there unnecessary **DUPLICATION** with other drugs?

Are the **DOSE & DURATION** appropriate?

Are there clinically significant **ADVERSE EFFECTS**?

Are there clinically significant **INTERACTIONS** with other drugs or medical conditions?

<http://archinte.jamanetwork.com/article.aspx?articleid=409997>


Resources

Clinical Practice Guidelines


Choosing Wisely Canada: <http://www.choosingwiselycanada.org/>

Geri-Rx Files: <http://www.rxfiles.ca/rxfiles/>

CCFP Health Care of the Elderly: http://www.cfpc.ca/HCOE_Resources/



Canadian Geriatrics Society Things Physicians & Patients Should Question



Sometimes LESS is more
Ask your doctor:
Do I really need this test, treatment or procedure?
What are the alternatives?
Are there simpler, safer options?
What happens if I do nothing?

- Don't use antibiotics to treat asymptomatic bacteriuria
- Don't use antipsychotics as first choice to treat behavioural & psychological symptoms of dementia
- Don't use benzos, other sedative-hypnotics as first choice for insomnia, agitation or delirium
- Avoid using meds known to cause hypoglycemia to achieve HbA1c < 7.5% in many adults 65+


<http://www.choosingwiselycanada.org/recommendations/canadian-geriatrics-society-2/>

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DE-PRESCRIBING Mindfully

Process of tapering, withdrawing, discontinuing or stopping medications (with monitoring) to reduce polypharmacy, adverse drug effects and inappropriate or ineffective medication use



Consider De-Prescribing If...

- Adverse Drug Reactions
- Ineffective Treatment
- Treatment Goals Have Changed
- Duplicate Therapies
- Polypharmacy

De-prescribing Tips

Navigating shared decision-making

- Family doctor-Patient
- Specialist
- Need to clearly agree on WHY de-prescribing being considered

Logistics

- When is the best time to de-prescribe?
- What should be monitored?
- Provide a "de-prescribe" prescription!

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Office-Based Procedures to Promote Safe Prescribing

- Identify At-Risk Elderly
- Schedule "Brown-Bag" Med Reviews
- Prescribe A Pharmacist
- Empower Patients & Caregivers

The Maybe's

- Challenging clinical and prescribing scenarios in the elderly patient population are INEVITABLE

QUESTIONS
DISCUSSION

ssingh@mtsina.on.ca

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"According to my research, laughter is the best medicine, giggling is good for mild infections, and snickering only makes things worse."