UNIVERSITY of MARYLAND
SCHOOL OF PHARMACY
THE PETER LAMY CENTER
ON DRUG THERAPY AND AGING

Medication Safety in Older Adults: Updates 2021

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Dr. Brandt Disclosures

Employer	**University of Maryland School of Pharmacy** **MedStar Center for Successful Aging**
Research Support:	**HRSA GWEP, IMPAQ, NIA, PCORI**
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Advisor/Panelist	**AGS Beers Criteria Updates 2012, 2015, 2019, & 2022 and Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) The Health Resources and Services Administration (HRSA)**

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Dr. Mansour Disclosures

Nothing that pertains to this presentation to disclose

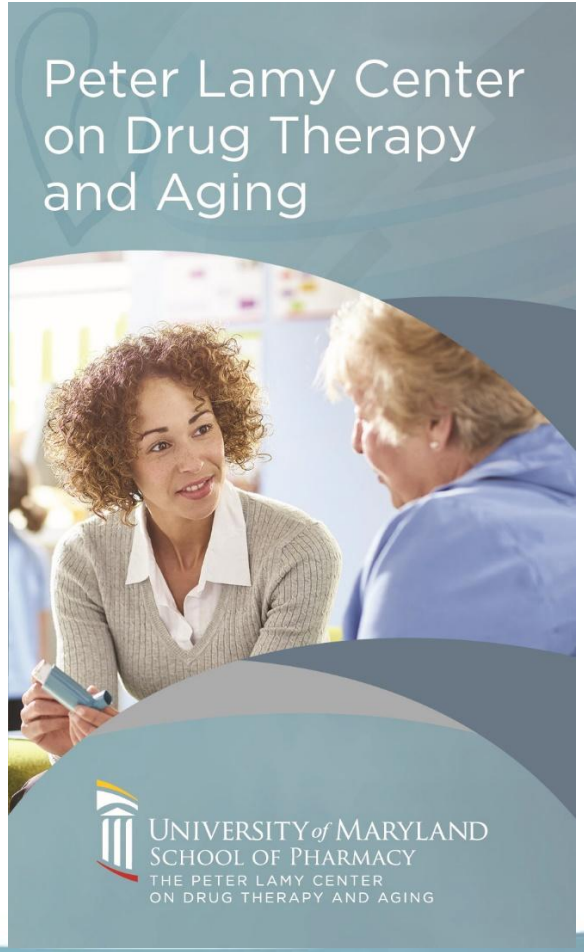
Our Mission

The Lamy Center is dedicated to improving drug therapy for aging adults through innovative research, education, and clinical initiatives.

OUR VISION

To improve the lives of older adults by optimizing medication safety and use.

We work to strengthen ties between ***education, practice***, and ***policy*** by providing opportunities to involve trainees, practitioners, and stakeholders to advance the care of older adults.

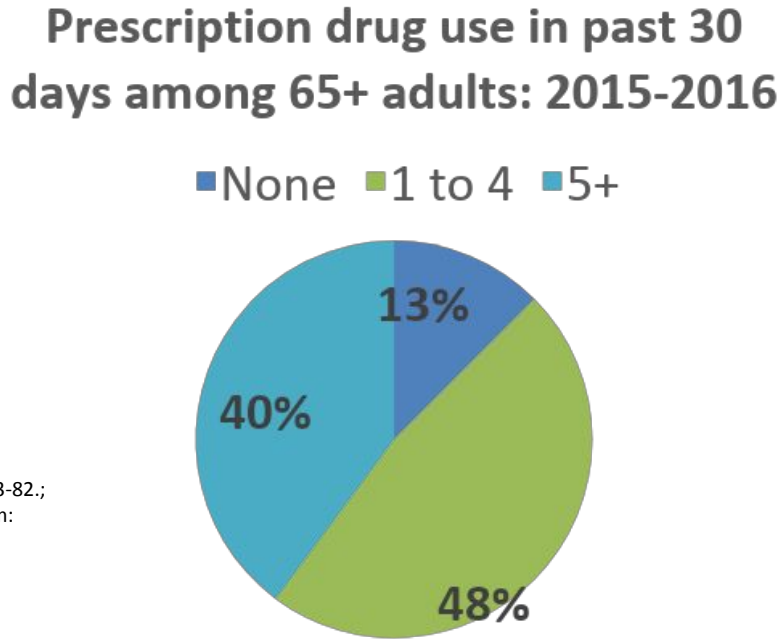


Objectives

1. List 2 opportunities to engage in medication safety
2. Highlight three high risk and potentially inappropriate medications used in older adults and the role of the pharmacist
3. Identify two lessons learned from the pandemic and how pharmacists have impacted the care of older adults.

Medication Use Among Older Adults

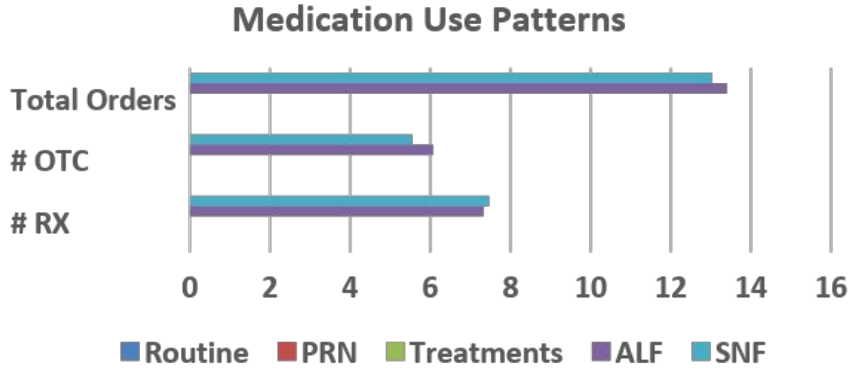
- Polypharmacy on the rise
- 4.2 billion prescriptions filled in the U.S. in 2018
- Patients discharged from hospital to SNF with average of 14 medications



Steinman, M. A. (2016). *JAMA Intern Med.* 176: 482-483; Qato, D.M. (2016). *JAMA Intern Med*., 176:473-82.; Saraf A.A. (2016). *J Hosp Med*. 11:694; CDC (2018). Prescription drug use in past 30 days. Retrieved from: https://www.cdc.gov/nchs/data/hus/2018/fig14.pdf

Medication Use in LTC: Evidence to Date

- Increasing rates of medication use despite increasing co-morbidities, risk for medication adverse drug events and frailty[1]
- High utilization of medications among dementia patients in the last 2 weeks of life.[2]
- Opportunities to Focus on Deprescribing and Meaningful Clinical Outcomes[3]



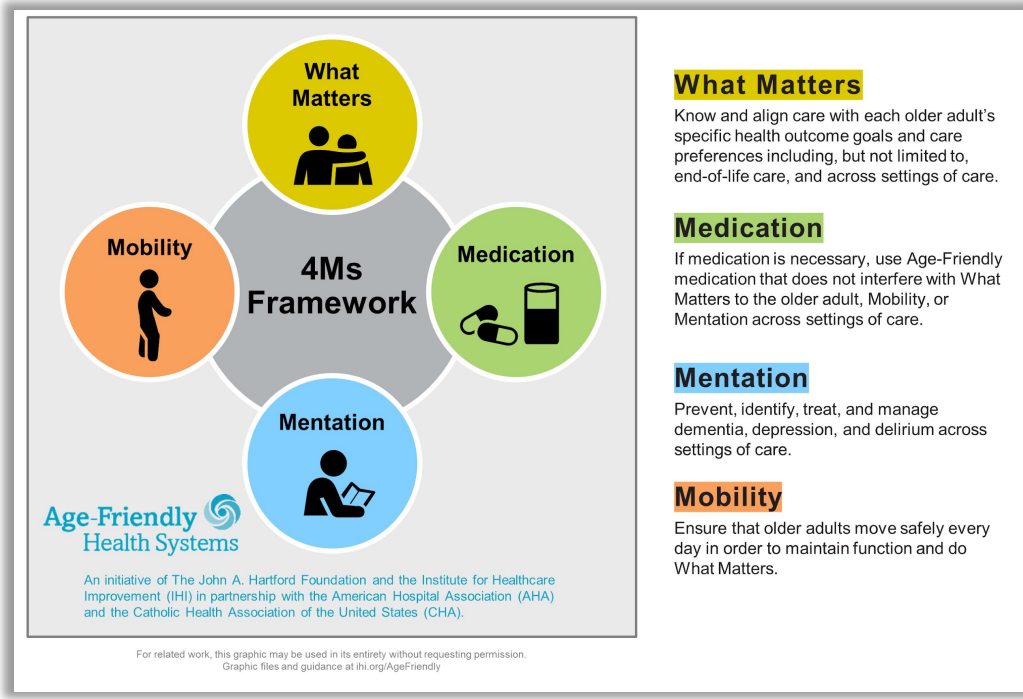
[1] Sloane PD, Brandt NJ, Cherubini A et al. (2021) Medications in Post-Acute and Long-Term Care: Challenges and Controversies. JAMDA.

[2] Denholm, R., Morris, R., & Payne, R. (2019). Polypharmacy patterns in the last year of life in patients with dementia. *European Journal of Clinical Pharmacology.*

[3] Dharmarajan, T. S., Choi, H., Hossain, N., Munasinghe, U., Lakhi, F., Lourdusamy, D., Onuoha, S., Murakonda, P., Skokowska-Lebelt, A., Kanagala, M., & Russell, R. O. (2020). Deprescribing as a Clinical Improvement Focus. *JAMDA.*

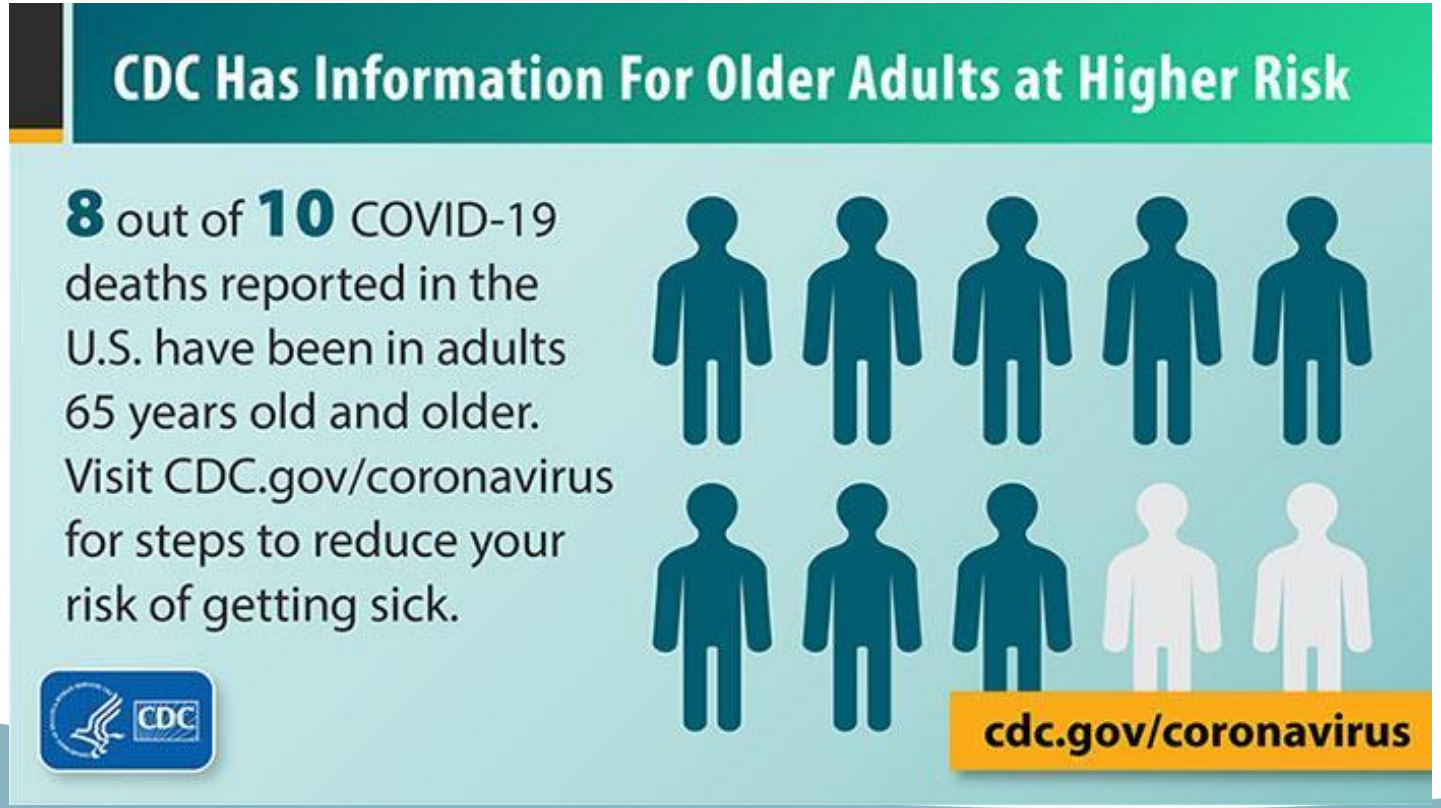
4Ms Framework of an Age-Friendly Health System

The 4Ms are a framework, not a program, to guide all care of older adults.



It Takes a Team!

Context of COVID-19 and Older Adults



Older Adults and COVID-19. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html#:~:text=need%20to%20know-,Risk%20for%20severe%20illness%20with%20COVID%2D19%20increases%20with%20age,themselves%20from%20getting%20COVID%2D19. Published February 26, 2021. Accessed March 2, 2021.

Impact of COVID-19 on Caregivers

- Coronavirus Disease 2019 (COVID-19) and consequent social isolation has disproportionately impacted the lives of older adults especially those with dementia.
- Caregivers have faced psychological consequences including increased levels of anxiety, depression and caregiver burden[1].
- A further increase in burden may occur due to more interruptions to the social and healthcare constructs leading to increased healthcare cost and utilization[2].

1. Manuela Altieri, Gabriella Santangelo. The Psychological Impact of COVID-19 Pandemic and Lockdown on Caregivers of People with Dementia. Am J Geriatr Psychiatry. 2021 Jan; 29(1): 27–34
2. Cheng,S. Dementia Caregiver Burden: A Research Update and Critical Analysis. 64, s.l.:Curr Psychiatry Rep,2017, Vol.19

*An approach to **medication management** that focuses on all aspects of the patient's journey from **initiation of treatment** (or decisions to forego treatment), to **follow-up**, to **ongoing review and support** of their medication treatment plan.*

Medication Optimization

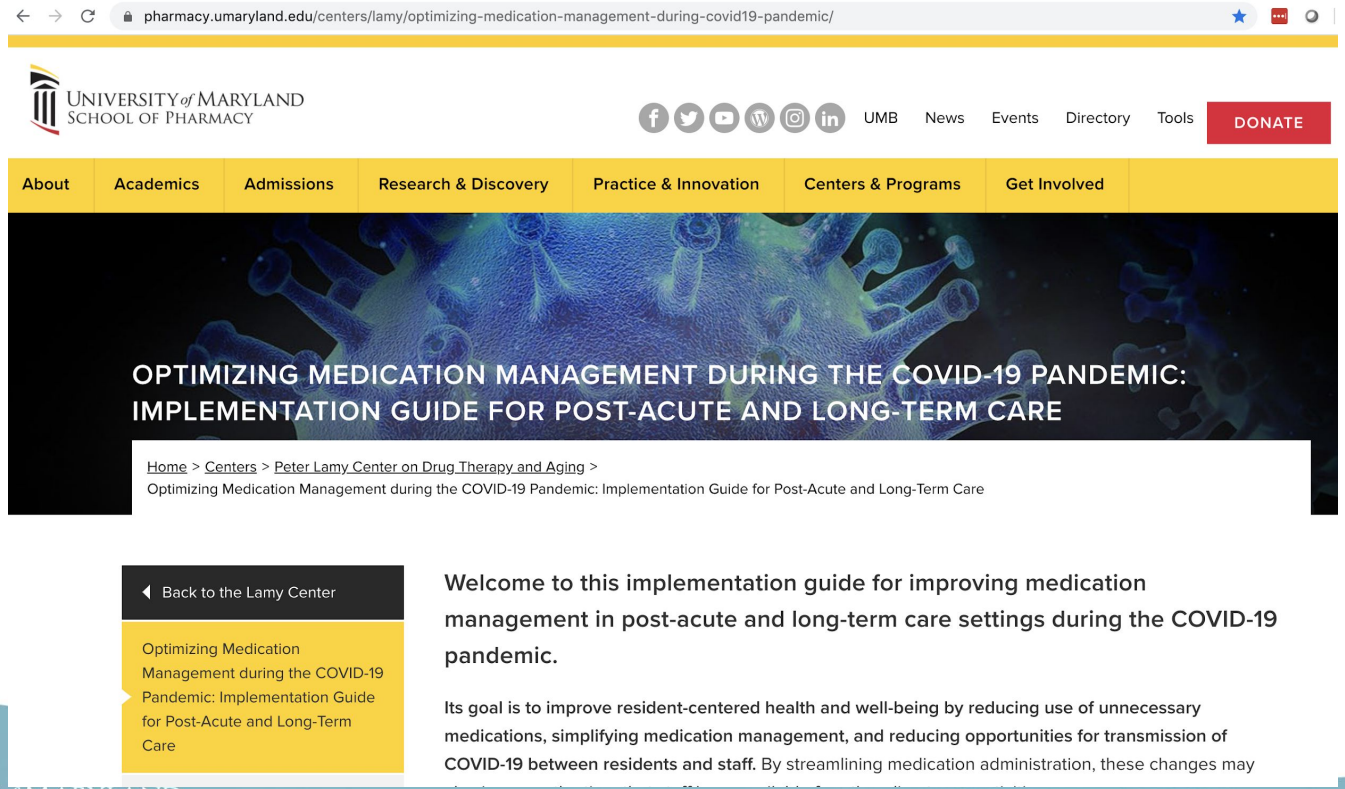
Principles of Medication Optimization

- ✔ Understanding "***what matters***" to the patient
- ✔ Partnering with patients to co-develop in a shared decision-making approach, a personalized medication treatment plan, accounting for health literacy and including options for non-medication-related treatments or decision to forego treatment
- ✔ Supporting adherence and self-care by the patient
- ✔ Applying healthcare expertise (clinical and pharmaceutical) to the plan

Principles of Medication Optimization

- ✔ Ensuring that the patient is on the essential few medications to achieve the desired outcome
- ✔ Ensuring safety, quality, and better outcomes
- ✔ Ensuring access to medications; focusing on cost and availability
- ✔ Communicating with other health care professionals
- ✔ Providing appropriate monitoring and review of a treatment plan
- ✔ Coordinating care for patients transitioning out of acute care

https://www.pharmacy.umaryland.edu/PALTC-COVID19-MedOpt



Background

- Residents of post-acute and long-term care facilities often prescribed multiple medications which are dosed multiple times per day

- Often this is:
  - Unnecessary & potentially harmful
  - Burdensome to residents (e.g. fingersticks, vital signs many times per day)
  - Burdensome to staff.
    - Nursing staff spend enormous amounts of time each shift passing meds, thus reducing availability for other direct care activities
  - Increases potential infection transmission between staff and residents as a result of multiple up-close contacts

Goal of Implementation Guide

- To improve resident-centered health and well-being by:
  - Reducing use of unnecessary medications
  - Simplifying medication management &
  - Reducing opportunities for transmission of COVID-19 between residents and staff

- Furthermore, by streamlining medication administration, these changes may also increase the time that staff have available for other direct care activities.

- Intended to complement (not replace) other efforts to improve care quality and safety and infection control

- Intended for use during COVID-19 pandemic

Recommendations-As Applicable

Examples

- Discontinue vitamins, herbals
- Change meds from 2x/day to once-daily formulations
  - Metoprolol, metformin
- Consolidate bedtime meds with morning meds
  - Statins, urinary alpha-blockers
- Reduce unnecessary monitoring
  - Blood glucose
- Convert nebs to hand-held inhalers

Optimizing Medication Management during the COVID-19 Pandemic

Post-Acute and Long-term Care Facility Checklist

DONE	POTENTIAL CHANGE
☐	**Discontinue medications**

Medications that are often unnecessary, provide no to minimal clinical benefit, e.g.,

- Iron, vitamins including multivitamins, Vitamins A, B1, B3 (Niacin), B6 (Pyridoxine), E, Biotin, Coenzyme Q10
- Herbal medications: e.g., Ginkgo Biloba, Ginseng, Valerian Root, Echinacea, Red Yeast Rice, Garlic, Saw Palmetto, Flaxseed
- Others: Docusate, cranberry tablets, glucosamine, low-dose fish oil, probiotics, appetite stimulants

Medications often discordant with goals of care and potential time to benefit, e.g.,

- Long-term preventive medications (e.g., aspirin, statins) in residents with comfort-oriented care goals or limited life expectancy

Medications appropriate in many residents but safe to temporarily discontinue, e.g.,

- Calcium, magnesium, bisphosphonates, Vitamin B12, Vitamin D

☐	**Reduce frequency of medication-associated monitoring**

- Reduce frequency of monitoring (e.g. heart rate, finger sticks) to track drug effects especially if resident is stable and prior monitoring values/parameters stable. If appropriate, discontinue medications that require frequent monitoring.

☐	**Reduce medication dosing frequency**

- Change from short- to long-acting formulations, e.g., metformin, metoprolol, carvedilol, diltiazem, others
- Change analgesic regimens to allow greater spacing between doses, consolidate laxatives
- Switch from short- to long-acting insulins, reduce PPIs from twice daily to daily or discontinue

☐	**Change timing of doses**

- Move statins (e.g., atorvastatin), alpha blockers (e.g. tamsulosin), levothyroxine to consolidated dosing times

☐	**Administer medications differently**

- Change medications that require crushing to liquid formulation if possible; consider liquid/powder potassium

☐	**Consolidate administration times**

- Consolidate dispensing times - e.g., q12 hours to BID, eliminate outlier medication administration times
- Liberalize allowable time period to administer meds

☐	**Reduce risks of COVID-19 transmission**

- Use hand-held inhalers (with spacer if possible) instead of nebulizers; consider product(s) availability and usability
- Where appropriate, change acetaminophen from regular to as-needed dosing to aid in COVID-19 fever surveillance
- Where possible, avoid directly touching residents when passing meds
- Reduce unnecessarily frequent monitoring; identify alternatives for meds that require frequent administration

Acknowledgements

Task Force Members

***Co-Chairs*: Drs. Mike Steinman and Nicole Brandt**

-Alice Bonner, PhD, RN, FAAN

-Cynthia M. Boyd, MD, MPH .

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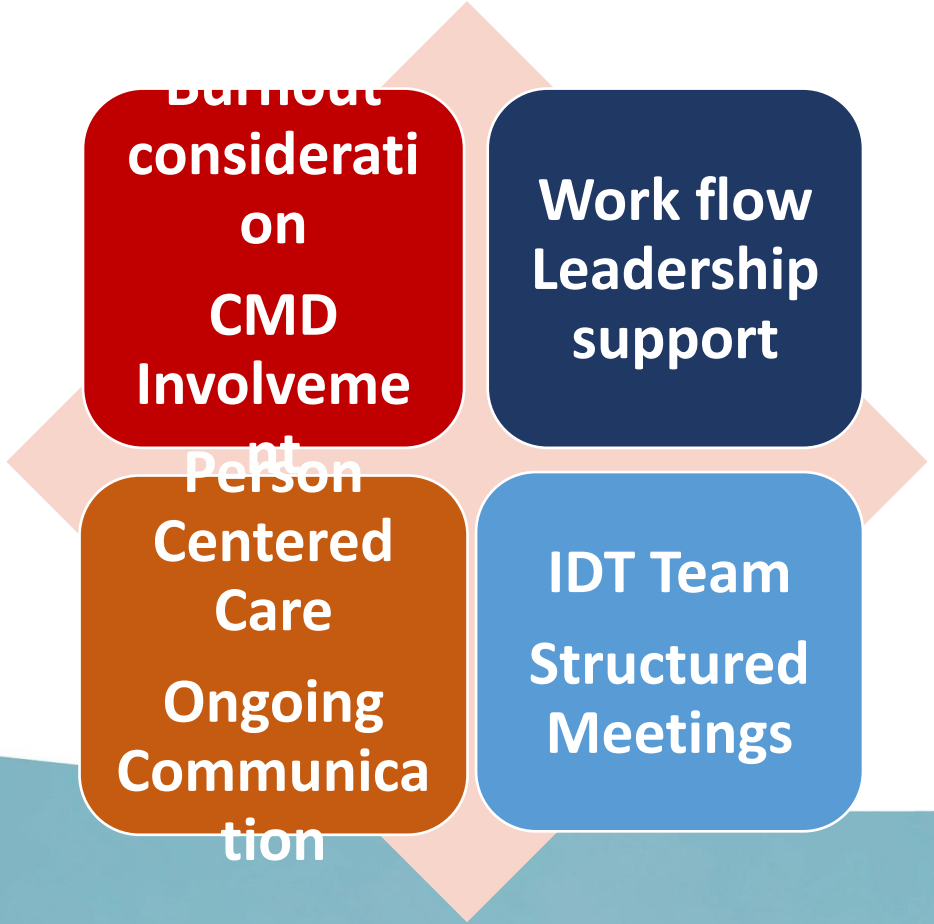
- Lynn McPherson, PharmD, MA, MDE, BCPS, CPE
- Amanda Mixon, MD, MSPH
- Joseph Ouslander, MD
- Joshua Pevnick, MD, MSHS
- Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP
- Todd Semla, MS, PharmD, BCGP, FCCP, AGSF
- Belinda Setters, MD

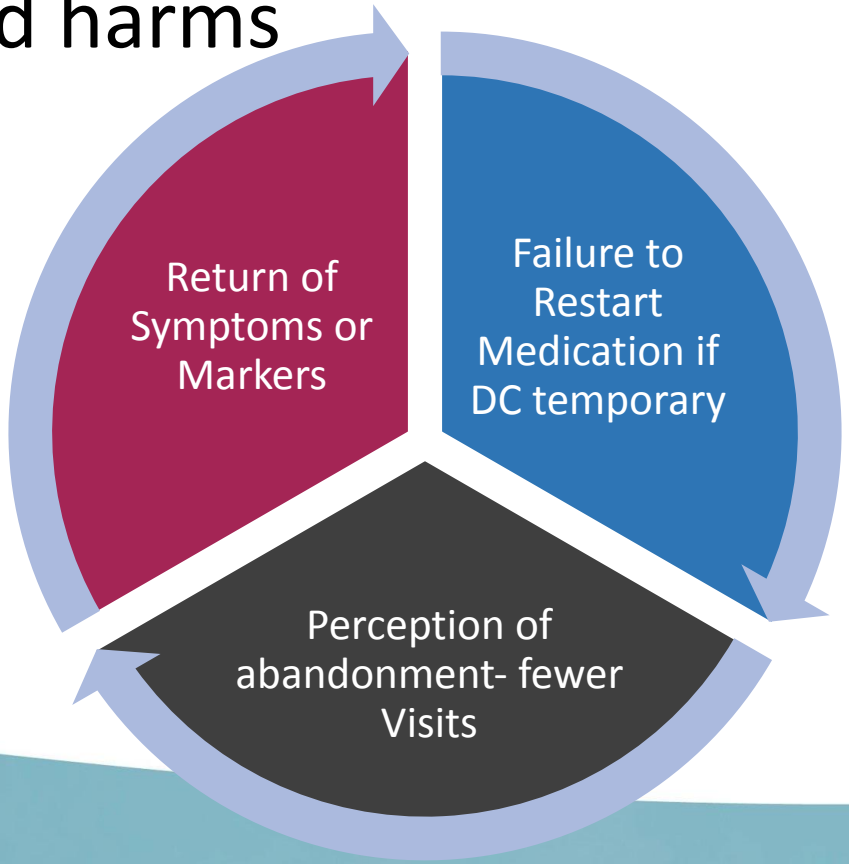
Implementation: Tactics and Lessons Learned

Key issues in implementation- Interdisciplinary Team



Attention to potential harm and communication

Unintended harms



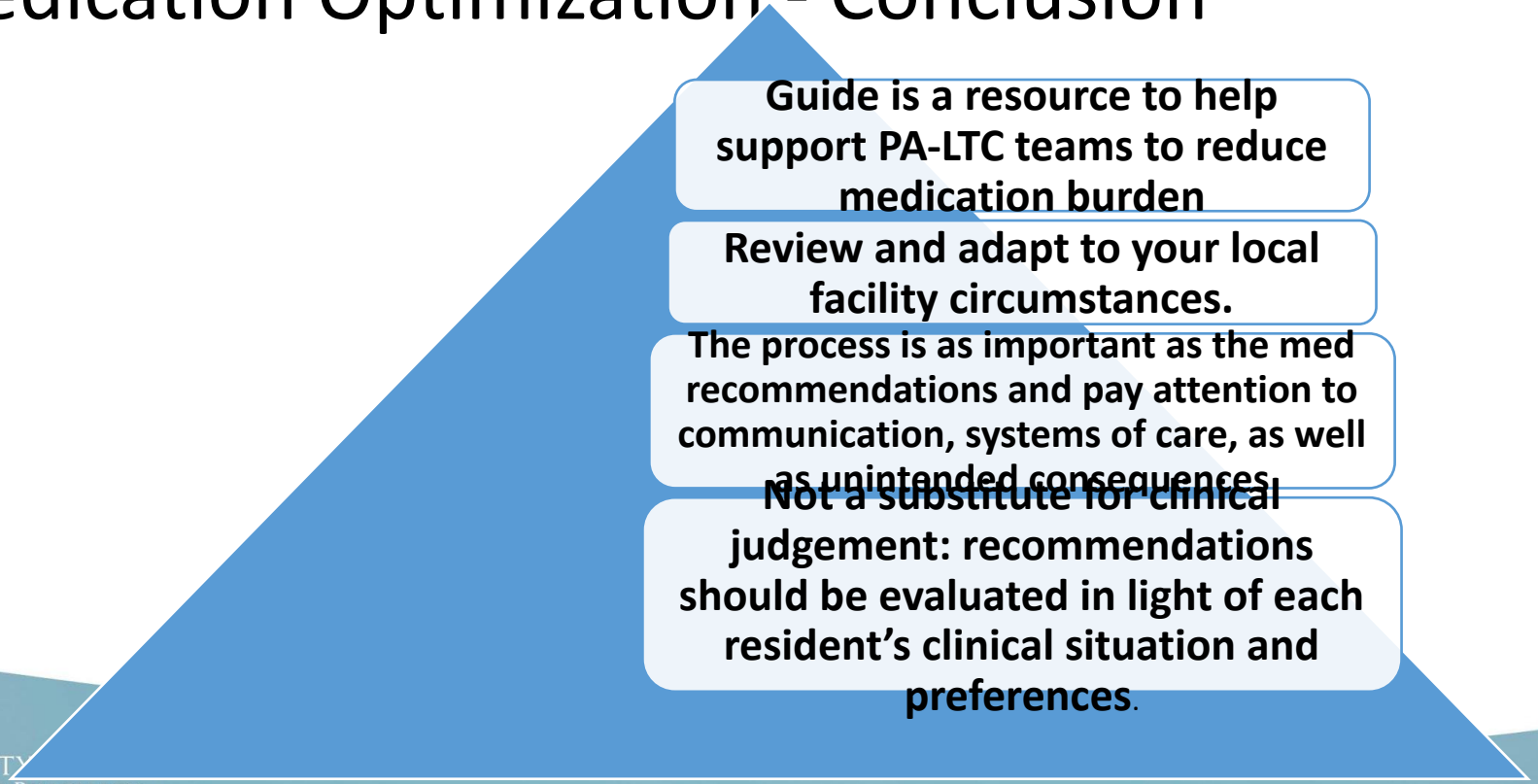
Unintended Harm

Social Isolation

Increased Cost

Legal or survey consequence if unintended outcome

Medication Optimization - Conclusion



Patient Story

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Patient Story

STH is a 72-year-old man who was seen by an interprofessional team for a comprehensive assessment due to concerns with not having a primary care provider. He was hospitalized 2 months ago due to a urinary tract infection and developed delirium while at the hospital. He was then discharged to a skilled nursing facility (SNF) for rehab. Both of his adult children have moved closer to support him staying in his own home living with his wife.

PMH: Chronic pain, hypertension, anxiety, depression, dyslipidemia

SH: Born in Vietnam; Lives with his wife in their own home in MD and have a son (pharmacist) and daughter (teacher). He fought in the Vietnam War and primarily speaks Vietnamese. Denies alcohol or illicit substance use. Smoked but quit 5 years ago.

STH's Medication History

•**Medication taking behaviors:** did not take meds until son started setting up and family reminds. Still is missing doses but less often. Does NOT like to take meds.

•**Medication List during PCP visit:**

- Acetaminophen 500mg 1 tablet threes times daily for chronic pain
- Gabapentin 300mg in the evening for pain
- Amlodipine 2.5mg 1 tablet daily for blood pressure
- Losartan 100mg daily for blood pressure
- Metoprolol succinate 100mg daily for blood pressure
- Atorvastatin 40mg 1 tablet daily for cholesterol
- Vascepa 1gm twice daily with meals for cholesterol
- Escitalopram 20mg daily for depression/anxiety
- Lorazepam 0.5mg at bedtime for anxiety
- Quetiapine 25mg in the morning and 50mg at bedtime for irritability
- Tamsulosin 0.4mg 1 capsule daily for BPH
- Centrum Silver tablets for health.

Audience Response Question

What medication would you recommend deprescribing?

A) Lorazepam
B) Amlodipine
C) Atorvastatin
D) Quetiapine

CHAT IN YOUR RATIONALE

1 year later during the Pandemic

Medication Related Review of Systems

This is a 73 yr old man who is accompanied by his daughter, who is helping the family to take care of him. She notes that her brother, who is a pharmacist is actually the one setting up the medications or works with his mom to set them up. Pt is taking medications only twice daily and son notes that a family member actually administers them to him.

From talking with the son as well as daughter about his medications, the following was noted:
Gen: today he is tired due to having an appt with the psychiatrist and his first dose of COVID vaccine.
CV: still taking the metoprolol; losartan; atorvastatin plus Vascepa; amlodipine -> family notes BP ranges and is usually elevated when he gets agitated.
Resp: son notes he is congested and was wondering based on his history of smoking if he may actually have COPD; has used Flonase; ProAir and Mucinex in the past but not on anything at this time.
GI: daughter was worried about reflux and how he eats; rantidine is on the list but per the son he does not set up in the pillbox rather it was something over the counter to help with symptoms of coughing up food and indigestion. Son notes his dad uses to be on a PPI
GU: admits he gets up several times a nite to go to the bathroom; was giving the tamsulosin BID
Psych: under the care of Dr. F and sleep behaviors as well as outbursts are still an issue at times; family does not feel that the memantine has helped with the increased doses and memory is progressing.

1 year later during the Pandemic

Medication List

1. acetaminophen 500 mg oral tablet, 500 mg= 1 tab, PO, 3x/day, PRN
2. amLODIPine, 2.5 mg= 1 tab, PO, Daily
3. atorvastatin 40 mg oral tablet, 40 mg= 1 tab, PO, Daily
4. gabapentin 300 mg oral capsule, 300 mg= 1 cap, PO, Nightly, **Still taking, not as prescribed**: Actually increased to twice daily.
5. losartan 100 mg oral tablet, 100 mg= 1 tab, PO, Daily
6. Melatonin, 6 mg, PO, Nightly
7. memantine 5 mg oral tablet, See Instructions, Take 1 tablet in AM + 2 tabs (= 10mg) in the PM for 2 weeks, then increase to 2 tablets (= 10mg) twice a day., **Still taking, not as prescribed**: Actually taking 2 tablets twice daily now. Family feels getting worse.
8. metoprolol succinate 50 mg oral tablet, extended release, 100 mg= 2 tab, PO, Daily
9. SEROquel 25 mg oral tablet, See Instructions, 1 tablet in AM + 1 tab in the afternoon + 2-3 tabs at bedtime
10. sertraline 100 mg oral tablet, 100 mg= 1 tab, PO, Daily
11. tamsulosin 0.4 mg oral capsule, 0.8 mg= 2 cap, PO, Daily
12. Vascepa 1 g oral capsule, TAKE 2 CAPSULES (2 GRAMS) BY MOUTH 2 TIMES PER DAY WITH MEALS
13. Rantidine 150, 150 mg= 1 tab, PO, Daily

Audience Response Question

What medication would you recommend deprescribing?

A) Memantine
B) Ranitidine
C) Melatonin
D) Quetiapine

CHAT IN YOUR RATIONALE

History of the AGS Beers Criteria

1991

- 1st criteria published
- Criteria specifically for nursing home patients

1997

- Criteria expanded for use in all elderly patients

1999

- Center for Medicare and Medicaid Services adopts Beers Criteria for nursing home regulation

2003

- Implemented into Medicare Part D, National Committee for Quality Assurance, and Healthcare Effectiveness Data and Information Set

2012

- AGS oversees the Beers Criteria and updates
- Beers Criteria further adopted into quality measures

2015

- Addition of new sections like introduction of drug-drug interactions, renal dosage tables, how to use and alternatives papers

2019

- Published a year later
- Continue to refine process and collaborations

2021

- **AGS working on updates**

AGS Beers Criteria Tables

Potentially Inappropriate Medications (PIMS) to Avoid in Older Adults

Drug-Syndrome Interactions

PIMS to Use w/ Caution

Drug-Drug Interactions

Renal Function Considerations

Drugs with Strong Anticholinergic Properties

Age-Friendly University (AFU)

- UMB and UMBC celebrated becoming first universities in the state of Maryland to receive AFU distinction.
- Launch event was held on Nov. 21, 2019 at the Gladhill Boardroom and attended by over 85 faculty, staff and students from both campuses.
- Keynote speakers:
  - Jay A. Perman, MD, (*then*) President, UMB
  - Freeman A. Hrabowski III, PhD, President, UMBC
  - Amy Berman, RN, LHD, FAAN, Senior Program Officer, John A. Hartford Foundation

The UMB/UMBC Age Friendly University initiative is organized around five themes:

- ✔ **Theme 1: Workforce Development**
- ✔ **Theme 2: Community Engagement**
- ✔ **Theme 3: Expand Engagement in Aging Research & Dissemination**
- ✔ **Theme 4: Address Barriers Related to Aging & Our Physical Environment**
- ✔ **Theme 5: Facilitate Age-Friendly Efforts Across the State of Maryland**

Medication Safety: Pharmacist's Role in the Community

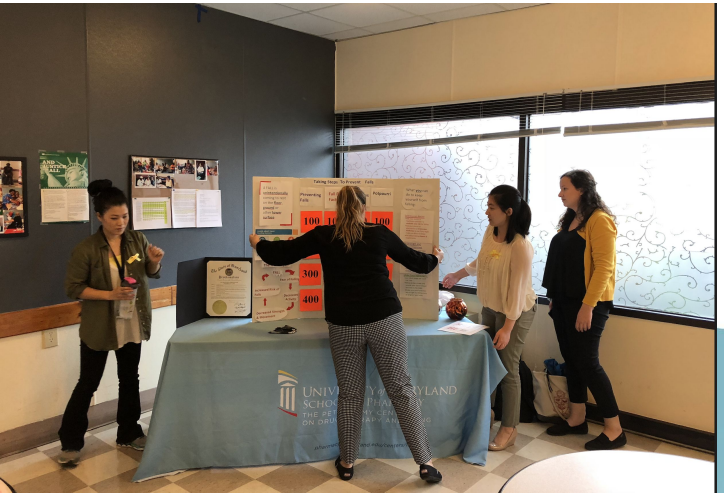
- High risk and Potentially Inappropriate Medications:
  - screening
  - opportunities to partner with community
- HRSA Geriatric Workforce Enhancement Program
  - Involvement with Age Friendly
    - University of Maryland
    - University of Maryland Medical Center
    - County Partnerships & State of Maryland
    - IPACE Fellowship

The University of Maryland, Baltimore Aging in Place Program is an enduring initiative that builds off an existing relationship and history of geriatrics care being applied to a community setting that promotes team-based learning to meet the needs of local senior housing communities.

The University of Maryland, Baltimore Aging in Place Program

Aging in Place Program Development & Improvement

- CIPP 621 is a graduate level 3 credit course
- IPE Students learn with, from and about each other
- IPE students served various aspects of older adults' needs
- MSW, RDH, DNP, MD, PharmD, RN to BSN, PA, PT, AuD, DDS



Academic Year	Discipline Participation	Activities
2015-2016	Pharmacy Social Work Nursing	Individualized resident care Blood pressure screening Mild Exercise program
2016-2017 	Addition: Medicine Physical Therapy	Addition: Population Based learning via topic focused health fairs
2017-2018	Addition: Audiology Dentistry Dental Hygiene	Ongoing population based learning via topic focused health fairs.
2018-2019 	Addition: Becomes CIPP 621	Ongoing population-based learning via topic focused health fairs.
2019-2020	Addition: Course CIPP 621/PHMY5011 Doctor of Nursing Practice Physician Assistant	Fall 2019 last semester for on-site activities. Spring 2020 First semester to have international students join us via virtual means. However, on March 12, 2020, a university mandate was issued to pivot all activities to a virtual platform including virtual health education sessions for the community
2020-2021 	**Addition:** Nursing (MSN) Continuation of the presence of pharmacy students from University of X	Introduction of elements of the wellness visit virtually in the team's one-on-one virtual encounters

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2015-2021

- Number of Sites: **5**
- Number of One-on-One Neighbor Encounters: **445**
- Number of Student Led Presentations for the Neighbors and Staff: **215**
- Number of Students Involved: **178**
- Number of Faculty and Student Led Clinical Debriefing: **136**
- Number of Student Journals Gathered: **142**
- Pre and Post Surveys (AITCS and TDMQ)

Examples of Activities Provided

- Coordination of immunizations
- Falls screening
- Education Medicare D Open Enrollment
- Oral care and dental hygiene
- Mental health needs/sleep hygiene
- Cardiovascular health and blood pressure monitoring (Stroke prevention)
- Nutrition health
- Safety and health during COVID-19

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University of Maryland at Baltimore - Aging in Place Program
The Student Experience

Student Perspectives

- We also learned as an IPE team the inadequacies of **healthcare delivery to an especially compromised** geriatric population
- We were able to understand **each discipline's role** in a number of healthcare processes
  - e.g., Something as "simple" as a healthcare **provider prescribing a medication** to a patient
- We learned to **respect our peers' roles** which allowed for shared decision-making
- We **shared our experiences** at our monthly interprofessional education clinical (debriefing) meetings

Holmes SD, Smith E, Resnick B, Brandt NJ, Cornman R, Doran K, Mansour DZ. Students' perceptions of interprofessional education in geriatrics: a qualitative analysis. Gerontol Geriatr Educ. 2018 July 30:1-14.

Lessons Learned from the Shared Virtual Classroom

- **Opportunities/Challenges**
  - Real vs. simulated clinical experience
  - Optimal group size? (Interprofessional teams, Large group, debrief)
  - Digital divide and access

- **Empowering and engaging all professions**
  - Interprofessional clinical huddles and debrief
  - Engaging interprofessional Faculty

What Else Can Be Done ?

- **How are we balancing education and clinical needs?**
- Medication Assistance:
  - How much can we **empower/support them?**
  - What tactics can we employ to improve the **medication safety** to address their medication related needs?

Medication Safety

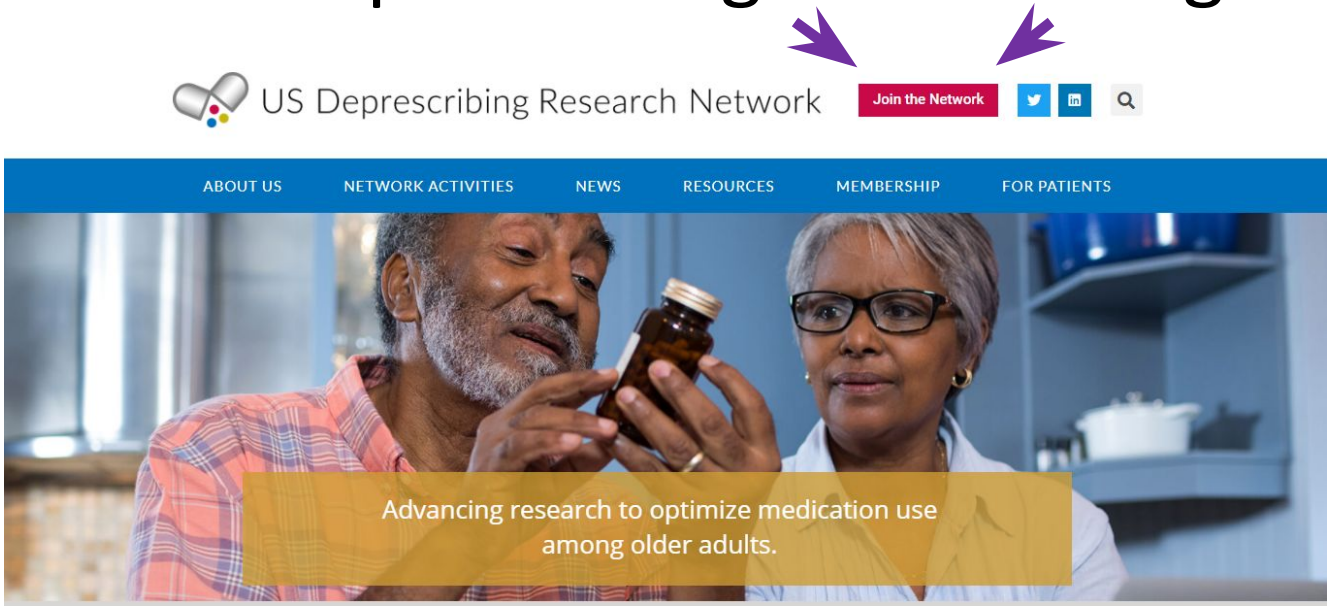
Medication log sheet

Name of Medication	Dose	When to take: A.M.	Noon	P.M.	Bedtime	With or without food?	What is the medication for?	Date started/ date stopped/ date dose changed.	Doctor who started the med.	Side Effects
		A.M.	Noon	P.M.	Bedtime					
		A.M.	Noon	P.M.	Bedtime					
		A.M.	Noon	P.M.	Bedtime					
		A.M.	Noon	P.M.	Bedtime					
		A.M.	Noon	P.M.	Bedtime					
		A.M.	Noon	P.M.	Bedtime					
		A.M.	Noon	P.M.	Bedtime					
		A.M.	Noon	P.M.	Bedtime					

Medication Resources

Tactics	Tools	Additional Information
Comprehensive and Targeted Medication Reviews	Medicare Part D Medication Therapy Management Program Annual Wellness Visits	https://go.cms.gov/3g0Eoi2 https://go.cms.gov/2E3x480
Identifying High Risk and Potentially Inappropriate Medications	AGS Beers	https://bit.ly/2E9eWJL
	STOPP/START	https://bit.ly/3kMFnGb
	US-FORTA	https://bit.ly/2FiRgDp
Assessing Treatment Burden and What Matters to Patients	AGS Managing Multimorbidity	https://bit.ly/2E9eWJL

DeprescribingResearch.org



Please reach out – our goal is to help you

Resources Specific to Caregivers – Videos

Video: The Role of Family Caregivers in Managing Medications for Elderly Loved Ones

May 8, 2012 By Elizabeth Swider Leave a Comment

Helping Caregivers Manage Medications

In the second of 6 videos for caregivers and health care providers, learn what medication reconciliation means, the roles of family caregivers and health professionals, and the problems reconciliation can identify.

The Centers for Medicare and Medicaid Services (CMS) and the United Hospital Fund's Next Step in Care campaign collaborated on a series of six videos called "Helping Patients & Family Caregivers Take the Next Step in Care: Medication Management." Many of the videos refer to Next Step in Care Family Caregiver guides, which are available on the Next Step in Care website.

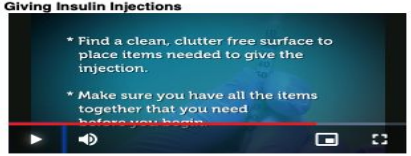
These videos are wonderful resources for families who are managing the care of their loved ones. For the other videos in this series, see the "Managing Medications" Category on The Caregiver's Secret.

https://careisthere.com/video-the-role-of-family-caregivers-in-managing-medications-for-elderly-loved-ones

Family Caregiver's Video Guide to Managing Medications

Family caregivers often manage complex medication routines, provide wound care, and perform other challenging medical/nursing tasks. These **videos**, produced by AARP Public Policy Institute in collaboration with **Betty Irene Moore School of Nursing at the University of California Davis**, **The United Hospital Fund**, and the **Family Caregiver Alliance** can help prepare caregivers for those tasks.

Giving Insulin Injections



Dealing with Dementia Related Resistance

Beyond Pills: Eye Drops, Patches, and Suppositories

https://www.nextstepincare.org/Videos/

***"Even in old age they will still produce fruit; they will remain vital and green."* (Psalm 92:14)**

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Questions and Discussion

Thank you for attending!