

Medication Safety in Older Adults: Excellent Care for Geriatric Patients in the Community Setting

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Objectives

1. Describe the impact of pharmacist intervention over 3 decades of a patient case.
2. Identify three ways to take a preventive vs reactive approach to healthy aging with plans to incorporate these in your practice.
3. Incorporate the team that can help you achieve your clinical goals and help your patient meet therapeutic goals.



How many
have at least
25%
geriatric
patients in
your
practice?

Yes = raise your
hand high

No = keep your
hand down

Some interesting facts

- Over 65 average TV consumption 7.25 hours/day
- 10,000 turning 65 each day



<https://www.statista.com/chart/15224/daily-tv-consumption-by-us-adults/>



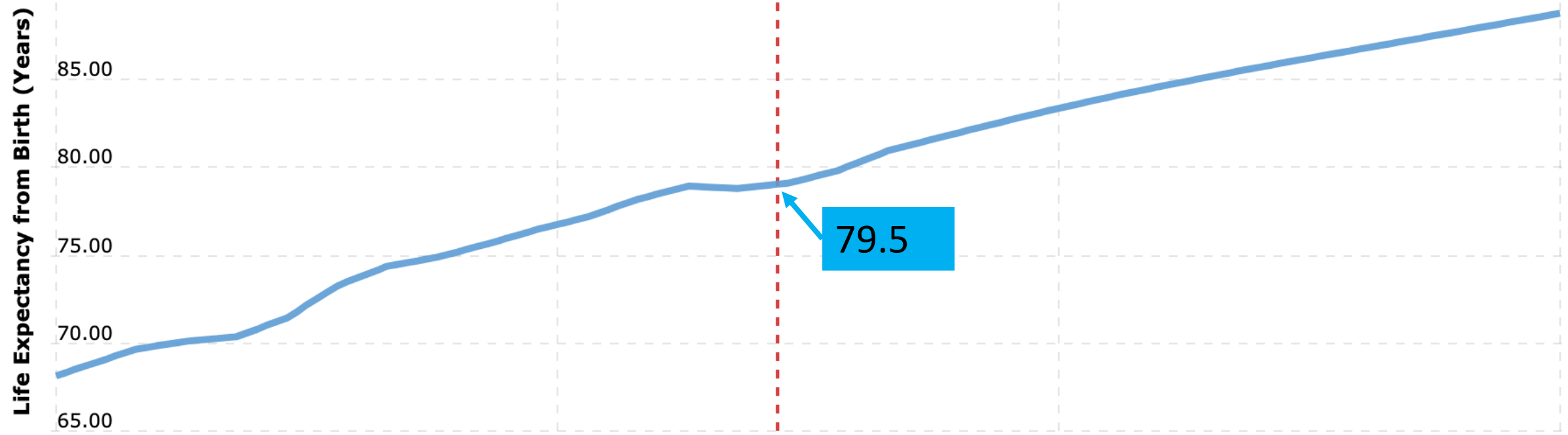
From: To:

Zoom:

Historical

Current

U.N. Projections



Historical

Current

U.N. Projections

How many
have a falls
risk
reduction
program?

Comprehensive program = raise
both hands high

Some falls risk reduction = raise
one hand high

Nothing for fall yet, but open to
ideas = wave your hand in the air

I don't see that happening = keep
your hand down

How many
have a
patient's full
medication
list in your
system?

Rx, OTC, supplements, & anything
else updated= raise both hands high

Rx and OTC = raise one hand high

Just Rx, but open to ideas = wave
your hand in the air

Rx is all we keep = keep your hand
down

Prescription

Over-the-counter

Tobacco

Vitamins

Do you know ALL
medicines/substances your
patients take?

caffeine

Herbal

Supplements

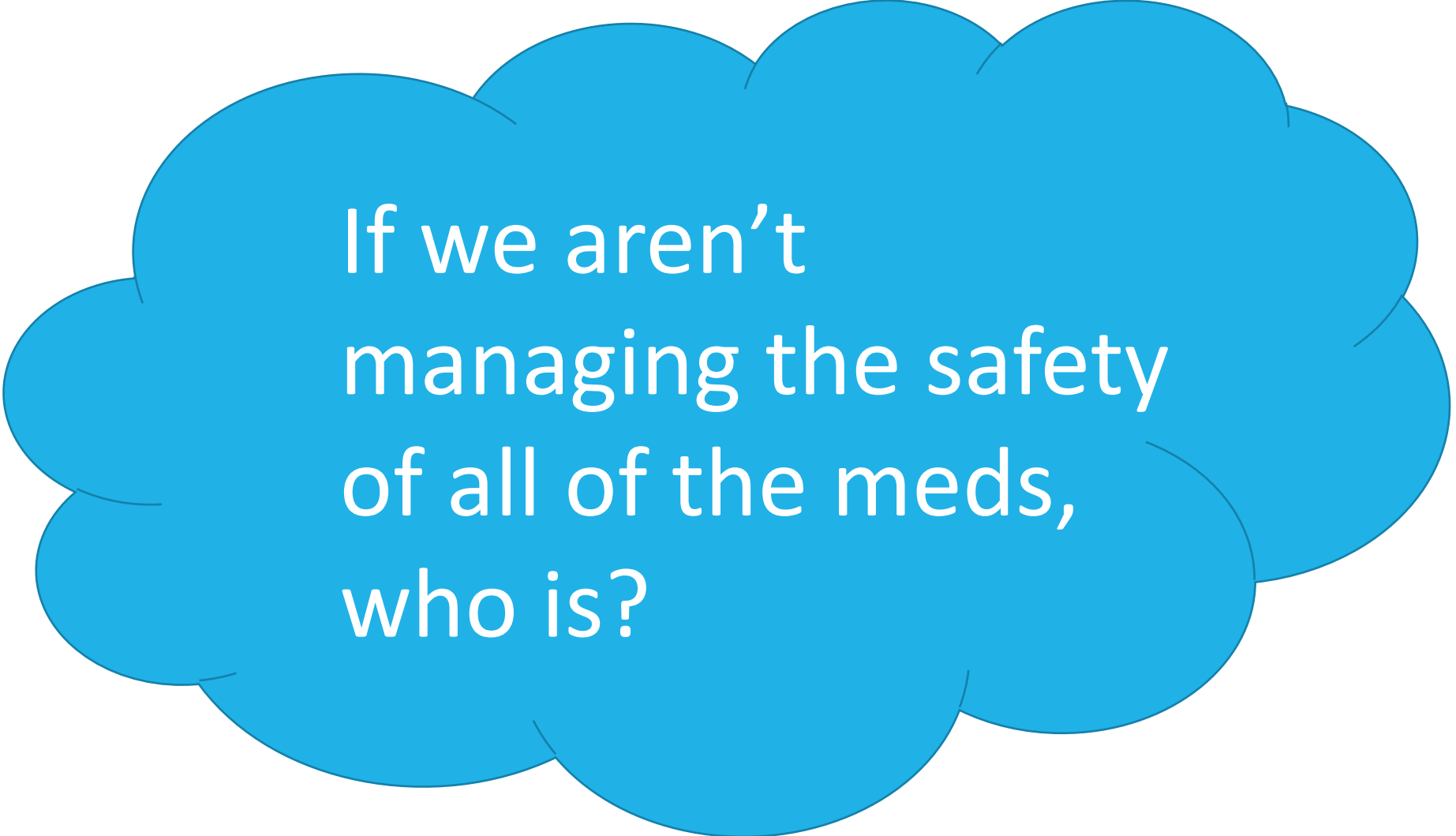
Marijuana/CBD

Holistic

Drug Interactions

- Drug interactions have been shown to cause a decline in functional abilities in older people. Drugs can interact to alter the absorption, distribution, metabolism, or excretion of a drug or interact in a synergistic or antagonist fashion altering their pharmacodynamics.
- Increase ER visits
- Increase hospitalizations
- Increase physician visits

Crit Rev Oncol Hematol. 2003 Nov;48(2):133-43.

A large, blue, cloud-shaped graphic with a white outline, centered on a white background. Inside the cloud, the text "If we aren't managing the safety of all of the meds, who is?" is written in white, sans-serif font.

If we aren't
managing the safety
of all of the meds,
who is?

How well do you really know your patients?

Cost

At risk of
isolation?

*Understand
directions*

*Safety of
environment*

Remember to take it

Who is backup?

*Able to get to
the pharmacy*

Able to open the bottle

Providing more Whole-Person Geriatric Care

‘We draw from decades of accumulated knowledge, skills, and experience in areas that are central to geriatric medicine, including expertise in complexity and the biopsychosocial model; attention to function and quality of life; the ability to provide culturally competent, person-centered care; the ability to assess people’s preferences and values; and understanding the importance of systems in optimizing outcomes.’ J Am Geriatr Soc 67:17–20, 2019.

Patient Case

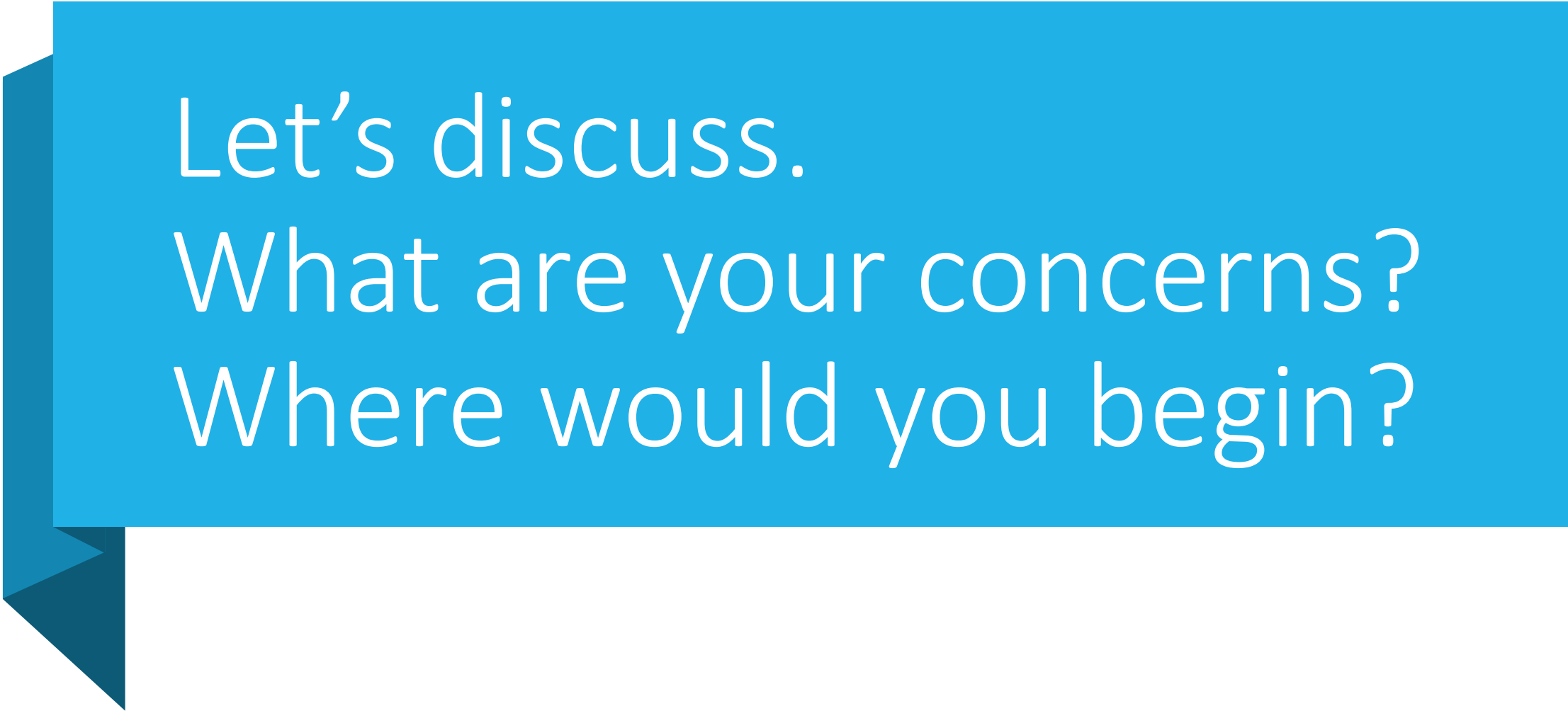
Lee is an 82-year-old living in assisted living; ambulates w/ rollator

Past Medical History

- Severe knee & shoulder osteoarthritis, s/p arthroplasty on right knee
- s/p left hip arthroplasty after a fall when left knee gave out
- Urinary incontinence
- Hypertension
- Type 2 diabetes
- Depression
- BMI 32

Current Medications

- Oxycodone 5mg every 6 hours
- Naproxen 220mg two every 12 hours
- Gabapentin 300mg three times daily
- Oxybutinin ER 15mg daily
- Losartan 100mg daily
- Metoprolol succinate 100mg daily
- Metformin XR 2000mg daily
- Glimepiride 1mg daily
- Sertraline 50mg daily
- Medical cannabis 14:1 gummies 2 twice daily



Let's discuss.
What are your concerns?
Where would you begin?

- Falls
- Falls Risk Inducing Drugs
- Falls risk associated medical conditions
- Bone health

Patient Case

- Risk for isolation
- Quality of life
- Purpose*

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Past Medical History

- Severe knee & shoulder osteoarthritis, s/p arthroplasty on right knee
- s/p left hip arthroplasty after a fall when left knee gave out
- Urinary incontinence → Functional? Stress? Prostate?
- Hypertension → BP? A1c?
- Type 2 diabetes → BP? A1c?
- Depression → Weight changes?
- BMI 32 → Weight changes?

Current Medications

- Oxycodone 5mg every 6 hours
- Naproxen 220mg two every 12 hours
- Gabapentin 300mg three times daily
- Oxybutinin ER 15mg daily
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If you were performing a review in this assisted living facility, how much time would you spend on this review?

Patient Case

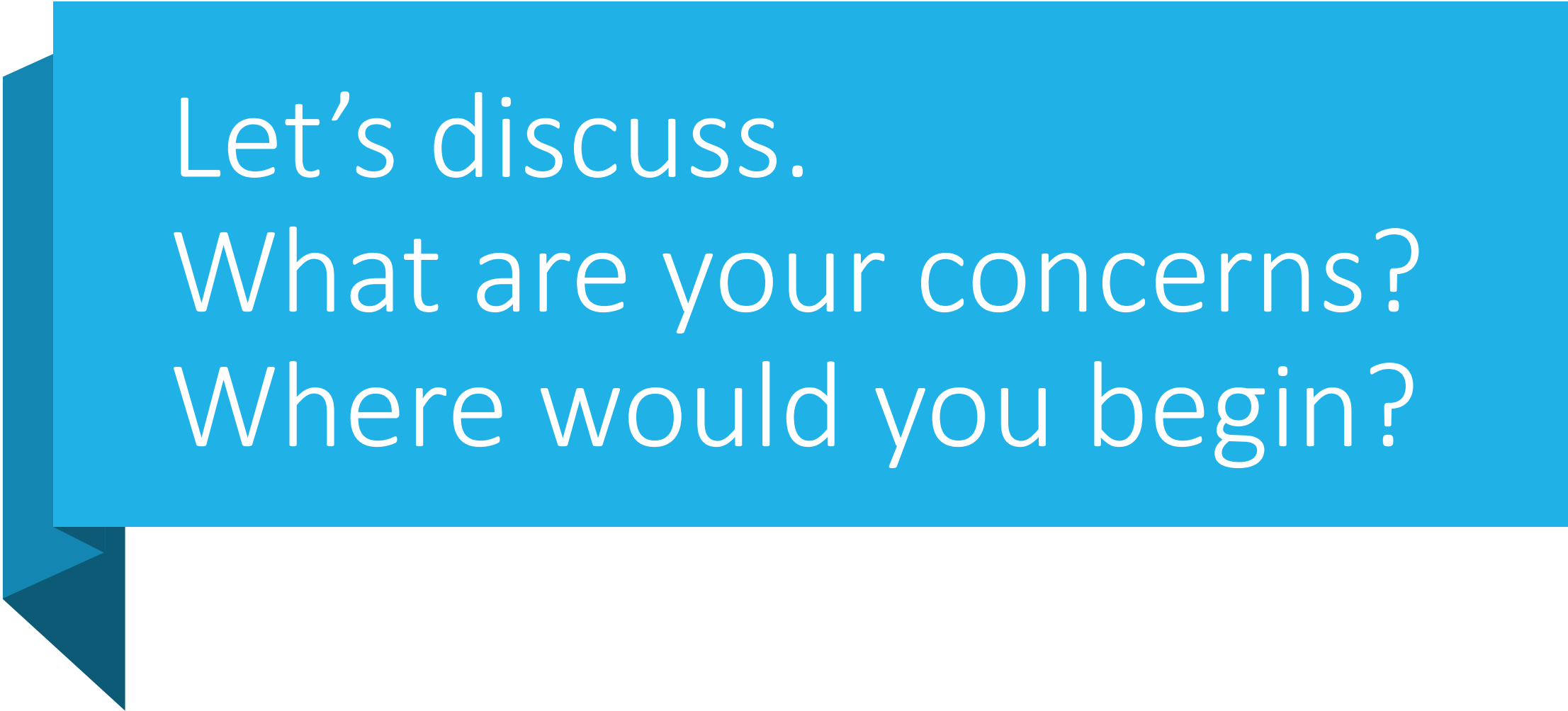
Lee is a 72-year-old living at home

Past Medical History

- Moderate knee & shoulder osteoarthritis, planned arthroplasty on right knee
- Urinary incontinence
- Hypertension
- BMI 28.8

Current Medications

- Naproxen 220mg two every 12 hours
- Gabapentin 300mg twice daily
- Oxybutinin ER 15mg daily
- Lisinopril 10mg daily
- Metoprolol succinate 25mg daily



Let's discuss.
What are your concerns?
Where would you begin?

- Falls risks?
- FRIDs?
- Falls risk with medical conditions?
- Bone health?

Patient Case

- Risk for isolation
- Quality of life
- Exercise, Diet
- Social health
- Purpose*

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Past Medical History

- Moderate knee & shoulder osteoarthritis, planned arthroplasty on right knee
- Urinary incontinence ← Functional? Stress? Prostate?
- Hypertension ← BP?
- BMI 28.8 ← Weight changes?

Current Medications

- Naproxen 220mg two every 12 hours
- Gabapentin 300mg twice daily
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What if an opioid was added?

Patient Case

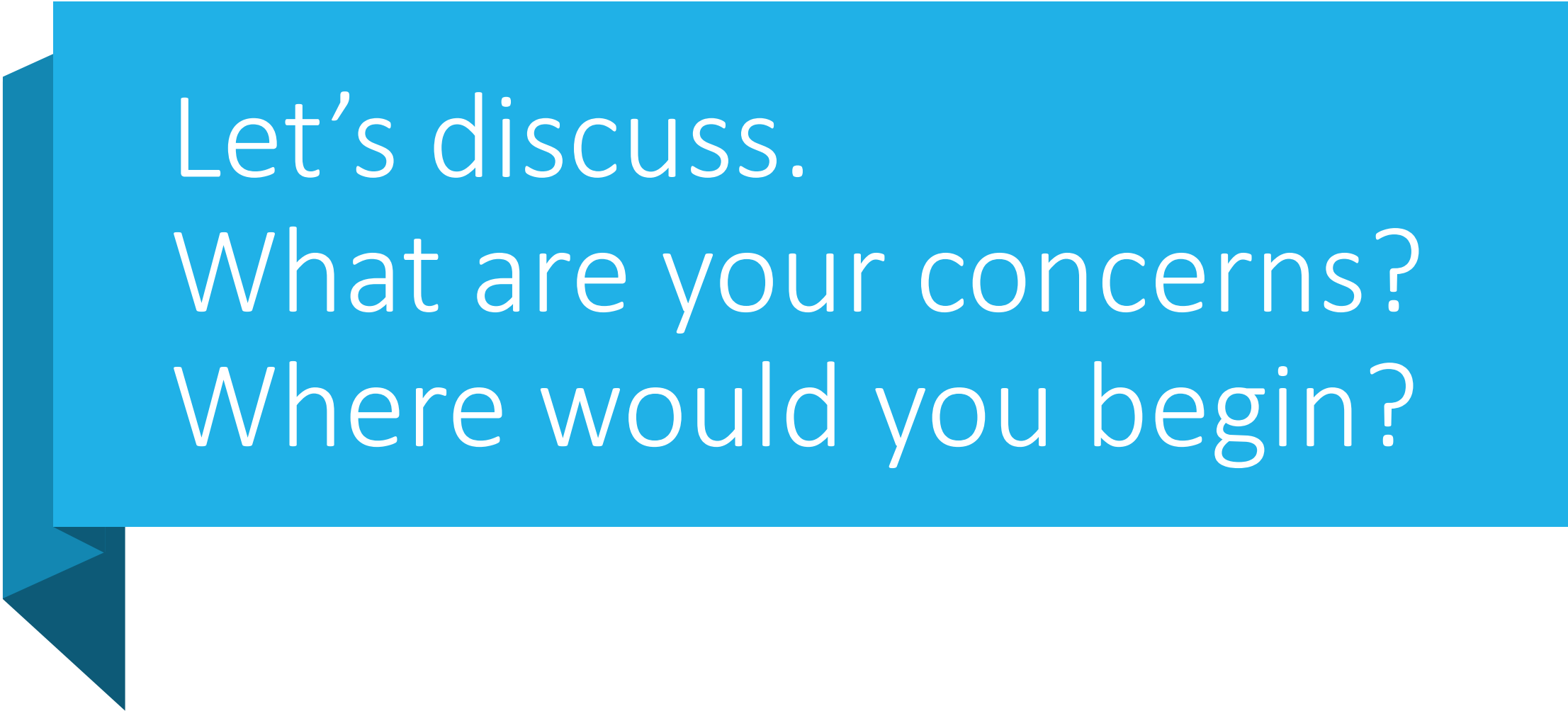
Lee is a 62-year-old living at home

Past Medical History

- Mild knee & shoulder osteoarthritis
- Hypertension
- BMI 24.8

Current Medications

- Naproxen 220mg one as needed
- Lisinopril 10mg daily



Let's discuss.
What are your concerns?
Where would you begin?

- Falls Risks?
- Bone Health?

Patient Case

- Risk for isolation
- Quality of life
- Exercise, Diet
- Social health
- Purpose*


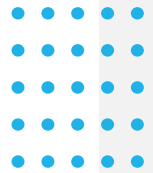

Lee is a 62-year-old living at home

Past Medical History

- Mild knee & shoulder osteoarthritis PT?
- Hypertension BP?
- BMI 24.8 Wt changes?

Current Medications

- Naproxen 220mg one as needed APAP?
- Lisinopril 10mg daily



If we provide more whole-person geriatric care, what does that entail?



Asking more
questions

Thinking more about prevention

When and how do we best incorporate pharmacogenomics and other precision medicine elements?

What non-medication options could be added to the therapeutic plan? What is our role as pharmacists?

Where do we fit in integrative medicine?

How can we help prevent falls?

How can we help prevent functional decline?

How can we help prevent weight gain?

Creating a solid team

Local primary care providers

Local geriatricians, or within the state

Physical therapists

Occupational therapists

Dieticians

Medication Safety Includes...

- Drug interactions with other meds, food, or conditions
 - Allergies
 - Untreated medical indication
 - Not the best medication choice for this patients
 - Subtherapeutic dose
 - Excessive dose
 - Failure to receive the medications
 - Medication without an indication
- Inappropriate prescribing
 - Inappropriate delivery
 - Inappropriate patient behavior
 - Patient idiosyncrasy
 - Inappropriate monitoring

Patient Case

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- BMI 24.8

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In case you're interested...
www.rapidalliance.org

