

# Drug Safety: Safe Prescribing Practices for the Elderly

As part of the Centers for Medicare & Medicaid Services' 9<sup>th</sup> Scope of Work contract, CIMRO of Nebraska will provide education and resources to prescription drug plans, physicians and pharmacists in Nebraska to reduce the use of medications that may be harmful for seniors.

## The elderly are at risk of:

- ❖ Hospital admissions: 30 percent of admissions in patients, age 65 and over, are linked to drug-related problems (Fick and Cooper, 2003\*)
- ❖ Adverse drug events: 66 percent of long-term care residents experience an adverse drug event
- ❖ Depression, falls, constipation, immobility and confusion can be because of adverse drug events
- ❖ An increased likelihood of adverse drug events due to complex chronic conditions and polypharmacy

## Risk factors for adverse drug events in the elderly:

- ❖ Six or more chronic conditions
- ❖ Twelve or more doses of medication per day
- ❖ Nine or more regularly scheduled medications, including over-the-counter and complementary medicines
- ❖ Recent transfer from the hospital
- ❖ More than 85 years old
- ❖ Prior adverse drug event
- ❖ Creatinine clearance < 50mL/min

## Safe prescribing practices include:

- ❖ Updating a patient's medication list (including prescription, over-the-counter and complementary medicines) at each physician visit, pharmacy visit or transition into a new healthcare setting in their personal health record, as well as the records of the healthcare provider.
- ❖ Prescribing the fewest number of drugs possible and eliminating any medications that are not indicated. When possible, choosing a medication that can address more than one condition the patient is experiencing.
- ❖ Choosing non-drug alternatives, if appropriate, and making environmental changes in their living arrangements to reduce the need for medications.
- ❖ Avoiding drug-drug or drug-disease interactions when prescribing medications.
- ❖ Evaluating if new medications are being added to treat the side effects of a current medication.
- ❖ Choosing a medication with the simplest dosing regimen and/or lowest cost to improve adherence.
- ❖ Starting low with the dose and going slow in making dosage adjustments when adding a new medication.
- ❖ Replacing medications that are potentially inappropriate (on the Beers List) with safer alternatives.
- ❖ Using teach-back techniques and written information to assure the patient and their caregiver understand the use, dosing, side effects and other important to manage their medications.
- ❖ Promoting cross-setting communication among the interdisciplinary team members to optimize patient outcomes and safety.

\* Source: 1. Fick, D., Cooper, J., et al. Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Patients. Arch Intern Med. 2003;163:2716-2724.



Resources for better healthcare

**Questions?** Contact a member of the CIMRO of Nebraska Patient Safety Team at 800-458-4262 with questions or additional information.