PRESCRIBING PRINCIPLES FOR THE ELDERLY

RISK FACTORS
FOR ADVERSE DRUG EVENTS IN ELDERLY PATIENTS

- ≥ 6 concurrent chronic diagnoses
- ≥ 12 doses of medications per day
- ≥ 9 medications (including OTC)
- Recent transfer from the hospital
- Age ≥ 85 years
- Prior adverse drug reaction
- Low body weight or BMI < 22kg/m
- Creatinine clearance < 50 mL/min

PRESCRIBING PRINCIPLES

1. At each encounter, assess your patient's current drug regimen (including prescription, OTC, and alternative medications) before prescribing a new medication.
2. Determine if any current medications are on the Beers List and could be gradually switched to an alternative, safer therapy.
3. For medications that have no alternative, monitor your patient closely for adverse effects.
4. Prescribe as few drugs as possible. Consider if one drug could be prescribed to treat two conditions. When choosing medication, consider the least frequent dosing interval.
5. Avoid adding new drugs to treat side effects of current medications.
6. "Start low and go slow" with new medications, and increase only as needed.
7. Discuss potential side effects and treatment adherence with patients and caregivers.
8. Decide if drug therapy is needed or if a non-drug alternative exists.
9. Determine how often medications on the Beers List, such as diazepam, are used in your elderly patients through chart review or an electronic health record. Develop systems or reminders to decrease the use of these medications.
10. Understand the side effect profile and pharmacokinetic properties of medications prescribed to elderly patients.
11. Discontinue medications without a known benefit or clinical indication. Recommend disposal of old medications.
12. If a patient develops a new or unexplained medical problem, consider an adverse drug event (ADE) as a potential cause.
13. Work as an interdisciplinary team (physician, pharmacist, and nurse) to optimize patient outcomes and improve safety.
14. Provide patients with written information about their medications, and remind patients to carry a list of their medications with them at all times.

Sources: Fick DM, Cooper JW, Wade WE, et al. Updating the Beers Criteria for potentially inappropriate medication use in older patients. *Arch Intern Med*. 2003; 163: 2716-2724; Fouts M, Hanlon J, Pieper C, et al. Identification of elderly nursing facility residents at high risk for medication-related problems. *Consult Pharm*. 1997; 12: 1103-1111; Novielli K, Koenig J, White E, et al. Individualized prescribing for the elderly. *Pharmacy & Therapeutics*. September 2001; Suppl. (26): 1-29; AMA. The physician's role in medication reconciliation. 2007. Available at: www.ama-assn.org/go/makingstrides.Accessed November 11, 2010.