PREVENTING MEDICATION-RELATED PROBLEMS

WEBINAR
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Featuring
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and moderated by Ayn Welleford, PhD
Medications are probably the **single most important health care technology** in preventing illness and disability in the older population.

Avorn J., Health Affairs, Spring 1996
"Any symptom in an elderly patient should be considered a drug side effect until proven otherwise."

J Gurwitz, M Monane, S Monane, J Avorn
Brown University Long-term Care Quality Letter 1995
What is a Medication-Related Problem?

Medication-Related Problem (MRP)

An undesirable event experienced by a patient that involves or is suspected to involve drug therapy and actually or potentially interferes with a desired patient outcome.
"SYMPTOMS" of MRPs

- Confusion
- Delirium
- Depression
- Changes in Speech
- Falls
- Loss of Appetite
- Weakness or Lethargy
- Incontinence
- Insomnia
- Parkinson’s-Like Symptoms
TYPES OF MRPs

- Medical condition requires new or additional drug therapy that has not been prescribed.
- Patient taking unnecessary drug given present condition.
- Wrong drug for patient’s medical condition or age.
- Correct drug, dose too low.
- Correct drug, dose too high.
- Adverse drug reaction or drug interaction.
- Patient not taking drug correctly.
REASONS OLDER ADULTS ARE AT GREATER RISK FOR MRPs

- Multiple chronic diseases
- Multiple medications
- Multiple prescribers
- Physiologic changes associated with aging
- Under-representation in clinical trials, particularly those over age 75
- Shortage of professionals with specific training to work with older adults
REASONS MRPs ARE NOT ADDRESSED

- The patient has been taking this medication for many years without a problem.
- One provider did not prescribe all of the medications the patient is taking.
- Patients and prescribers are concerned that the risk of discontinuing the medication is greater than the benefit.
- Patients often resist changes in their drug therapy (a stereotype).
- The problems the patient is experiencing are not usually seen with this medication.
PREVENTING MRP

1. Communicate with health care providers about medications
2. Designate a medication manager
3. Keep a medication list
Consult with a doctor or pharmacist before taking over-the-counter medication or herbal supplements

Use common sense when using medications

Obtain refills in a timely manner
# TIPS FOR ADMINISTERING MEDICATIONS TO PATIENTS WITH DEMENTIA

<table>
<thead>
<tr>
<th>Category</th>
<th>Tip</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LANGUAGE</strong></td>
<td>Use clear and simple language.</td>
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<tr>
<td><strong>ROUTINE</strong></td>
<td>Develop a routine.</td>
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<td><strong>MANAGEMENT</strong></td>
<td>Don’t assume the patient can manage medications on their own.</td>
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<td><strong>ORGANIZATION</strong></td>
<td>Keep medications organized.</td>
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<td><strong>ADMINISTRATION</strong></td>
<td>Adapt medication administration to the patient’s needs.</td>
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<tr>
<td><strong>STORAGE</strong></td>
<td>Store medications safely.</td>
</tr>
</tbody>
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*Preventing Medication-Related Problems*  
*Virginia Alzheimer’s Commission AlzPossible Initiative*
Dr. Patricia Slattum graduated with a B.S. and Pharm.D. in Pharmacy, a Ph.D. in Pharmaceutics, and a Certificate in Aging Studies from MCV/VCU. She received further training as a geriatric pharmacy fellow at McGuire Department of Veterans Affairs Medical Center in Richmond and as an NIH-funded postdoctoral fellow in aging and drug disposition at the University of North Carolina at Chapel Hill. Dr. Slattum joined the faculty at MCV/VCU School of Pharmacy in 1996, and is currently Associate Professor and Vice Chair for Graduate Studies in the Department of Pharmacy/Department of Pharmaceutics at VCU. Her primary responsibilities include professional and graduate teaching, clerkship training and clinical program development in assisted-living and community pharmacy practice, and geriatric clinical pharmacology research focusing on central nervous system pharmacodynamics and medication-related problems in the elderly. She is a member of the American Society for Clinical Pharmacology and Therapeutics, the American Society of Consultant Pharmacists, the American College of Clinical Pharmacy, the Gerontological Society of America, and the American Geriatrics Society.

Ayn Welleford, PhD, is Chair, VCU Department of Gerontology, Associate Professor, VCU Department of Gerontology, and Associate Director, Virginia Geriatric Education Center. Dr. Welleford received her B.A. in Management/ Psychology from Averett College, M.S. from the Department of Gerontology and Ph.D. in Developmental Psychology from VCU. She has taught extensively in the areas of Lifespan Development, and Adult Development and Aging. As an educator, researcher, and previously as a practitioner she has worked with a broad spectrum of individuals across the caregiving continuum. As a gerontologist she currently works extensively with formal and informal caregivers to improve elder care through education.