

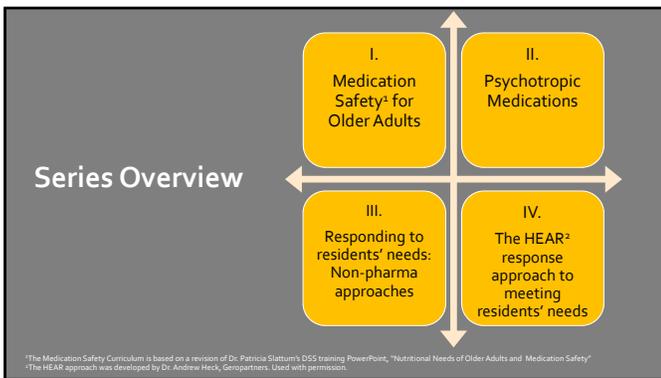
 

Medication Best Practices in ALFs

A four-part webinar series

Developed by Tyler Corson, PhD
for the VCU Department of Gerontology &
Virginia Department of Social Services, Division of Licensing Programs

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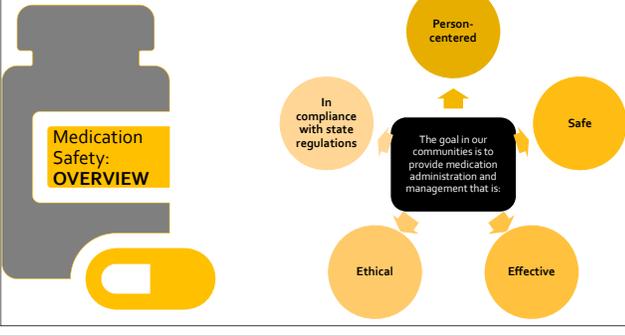
AT the end of this series, you will have an increased understanding of :

Strategies to prevent medication-related problems	Healthcare providers' role as partners in maintaining and improving medication safety	Resources for improving medication safety in ALFs	Psychotropic medications and why they are used.
The warnings concerning antipsychotic use, especially in persons living with dementia.	Antipsychotics as part of a comprehensive care plan for persons with diagnosed mental illness.	Behaviors and psychological symptoms of dementia (BPSD) as communication efforts	Underlying causes of people's behaviors
The impact of approaches/attitudes when responding to residents' needs	Person-centered, non-pharma techniques for responding to residents' needs		

Part I: Medication Safety for Older Adults

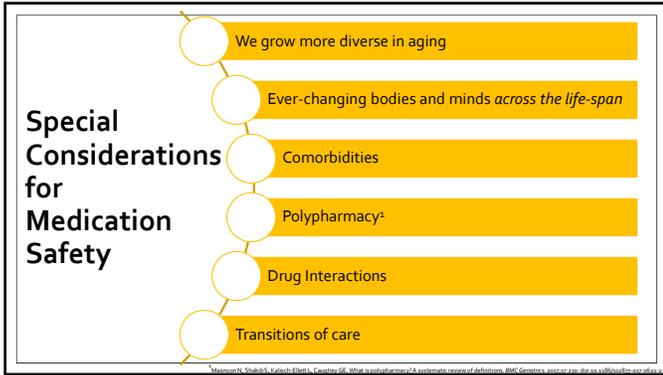
As a result of attending this webinar, you will:

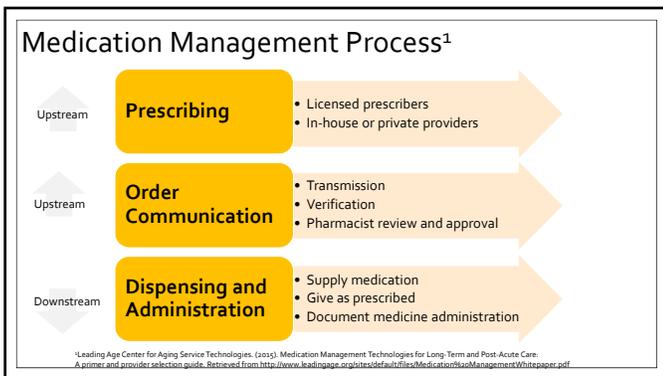
- 1) be able to **identify** medication-related problems in older adults
- 2) have **strategies** to prevent adverse drug events
- 3) understand the role of healthcare providers as **partners** in maintaining and improving **medication safety**
- 4) be able to **identify resources** for improving medication safety in the ALF environment



"...Medications probably are the single most important health care technology in preventing illness, disability, and death in the geriatric population..."¹

¹Worm, J. (1993). Medication use and the elderly: Current status and opportunities. *Health Affairs (Project Hope)*, 14(1), 276-86.







Poll

Where do your role(s) fall in the medication management process? Please check all that apply

- Prescribing**
 - Licensed prescribers
 - In-house or private providers
- Order Communication**
 - Transmission
 - Verification
 - Pharmacist review and approval
- Dispensing and Administration**
 - Supply medication
 - Give as prescribed
 - Document medicine administration



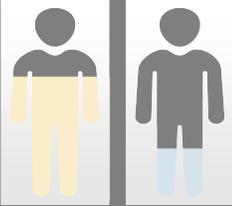
The Aging Body and Medications

Our bodies experience physical changes as we age. These changes can impact:

- How well medications get into and out of the body.
- How the body responds to medications.

Slattum, P.W., Person, E.P., & Ogbonna, K. (2016). The Pharmacology of Aging. In: Firth H.M., Rockwood K., Woodhouse K. (eds). *Brookshire's Textbook of Geriatric Medicine and Gerontology*. New York, NY: Churchill Livingstone.

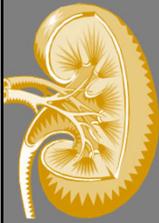
Changes in Body Composition with Aging



Higher body fat Lower body water

Blood concentration of medication → medication effect

Changes in the Kidney and Liver with Aging



Most drugs leave the body through the liver and kidney:

- ❑ Liver and kidney functions decline with aging
- ❑ Drugs take longer to get out of the body
- ❑ Older adults may need lower doses or a longer time between doses



Changes in Drug Response with Aging

Older adults may:

have decreased functional ability before taking the medication.

be more sensitive to medications.

be less able to compensate for the effects of medications.

This may result in medication-related problems



WHAT IS A MEDICATION-RELATED PROBLEM ?

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.

Risk Factors for Medication-Related Problems¹

More than 6 current medical diagnoses	More than 12 doses of medications per day	9 or more total medications	History of adverse drug reactions in the past	Low body weight	Age > 85 years	Low kidney function
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¹Fouts, M, Hanlon, J., Peiper, C., Peretto, E. & Feinberg, J. Identification of elderly nursing facility residents at high risk for drug-related problems. *Cons Pharmacist*, 12:1103

Other Factors Contributing to Medication-Related Problems in Older Adults¹

Incorrect drug or dose	Non-adherence to the drug regimen	Multiple prescribers	Limited evidence base	Limited health professional expertise in aging	Ageism: "That's what happens to older people."
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"Any new symptom in an older [person] should be considered a possible drug side effect until proved otherwise."¹

¹Avorn, J., & Shrank, W. H. (2008). A substantial cause of preventable illness. *BMJ: British Medical Journal*, 336(7650), 956-957. <http://doi.org/10.1136/bmj.3367650.956-957>

Geriatric Syndromes¹

Clinical conditions in older persons that do not fit into exact disease categories

Geriatric syndromes include:

- Delirium
- Falls
- Frailty
- Dizziness
- Fainting or temporary loss of consciousness
- Urinary incontinence
- Functional decline

1. Inouye, S. K., Studenski, S., Tinetti, M. E., & Kuczel, G. A. (2007). Geriatric Syndromes: Clinical, Research and Policy Implications of a Core Geriatric Concept. *Journal of the American Geriatrics Society*, 55(5), 760-773. <http://dx.doi.org/10.1111/j.1532-5415.2007.12226.x>

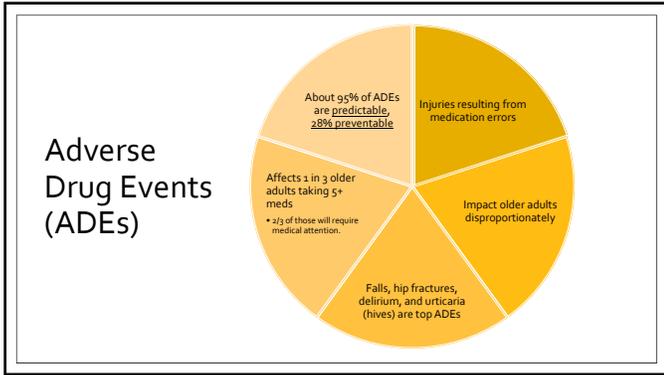
POLL:
In which of these areas have you observed medication-related problems in your workplace (current or former)?
(Please check all that apply.)

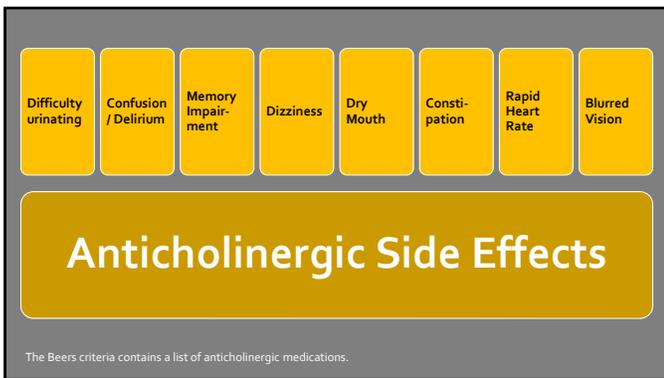
- Allergic or negative drug/drug interactions
- Medication administration errors
- Problems due to side effects (falls, dizziness, etc.)
- Resident refuses medication
- Other

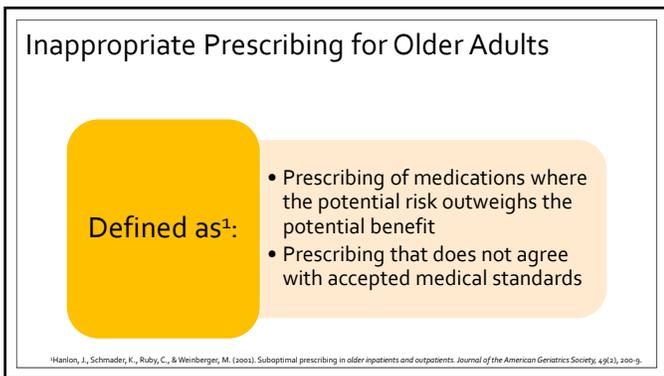
Problems Associated with Medication¹

- Medication errors
- Adverse drug events
- Use of drugs that are potentially inappropriate for older adults
- Polypharmacy
- Increased resource utilization

¹Leading Age Center for Aging Service Technologies. (2015). Medication Management Technologies for Long-Term and Post-Acute Care: A primer and provider selection guide. Retrieved from <http://www.leadingage.org/sites/default/files/Medication%20ManagementWhitepaper.pdf>







Potentially Inappropriate Drugs

- Older adults more likely to take inappropriately prescribed medication
- Leads to Adverse Drug Events
- 29% of elders receive inappropriate meds¹

¹Simon, S. R., Chan, K. A., et al. (2005). Potentially inappropriate medication use by elderly persons in U.S. health maintenance organizations, 2000-2003. *J Am Geriatr Soc*, 53(1), 227.

Polypharmacy (Not *always* a bad thing)

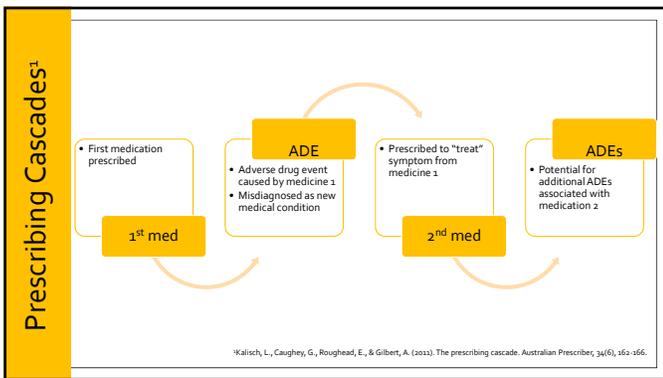
Polypharmacy defined as:

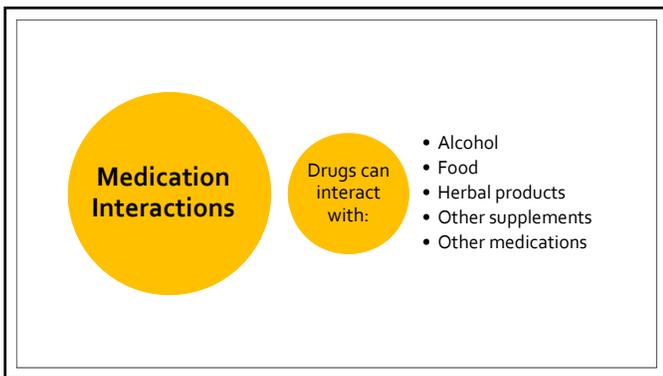
- ▶ Administration of more medications than are needed
- ▶ Concurrent use of multiple medications

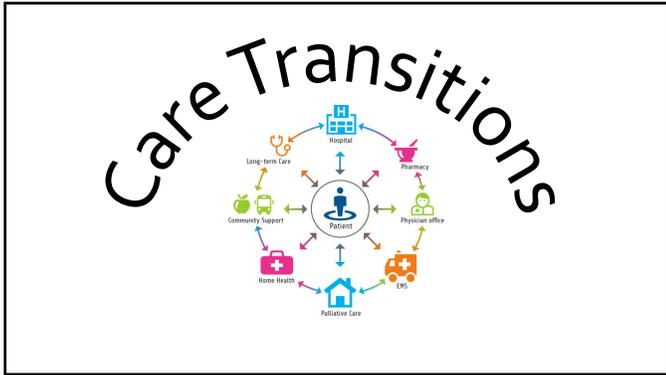


Intermezzo: What are the concerns?

Tools to Reduce PIDs		
Beers Criteria	American Geriatrics Society	List of medications that are potentially inappropriate/to be avoided in older adults.
STOPP	Screening Tool of Older People's Potentially Inappropriate Prescriptions	Clinical criteria that help flag inappropriate prescribing for older adults
START	Screening to Alert Doctors to Right Treatments	Used with STOPP; focuses on medication underuse
ARMOR	Assess, Review, Minimize, Optimize, Reassess	Functional tool that considers pt's clinical profile and functional status. Emphasizes quality of life in making medication decisions.







Poll: Transitions of Care

Have you encountered medication problems during transitions into/out of your communities? (yes/no)

If yes, what was the general problem?
 (Please type answer in Questions box of your webinar's Control Panel)

- How You Can Help with Transitions**
- Identify barriers *before* transitions occur
 - Develop an organizational transition of care plan
 - Establish contacts with other care sites
 - Consider family members as part of care team
 - Provide medication lists for residents' appointments; ask for updates

Regulatory Requirements: Hospital Transitions

• 22 VAC 40-73-650-F:

Whenever a resident is admitted to a hospital for treatment of any condition, the facility shall obtain new orders for all medications and treatments prior to or at the time of the resident's return to the facility. The facility shall ensure that the primary physician is aware of all medication orders and has documented any contact with the physician regarding the new orders.

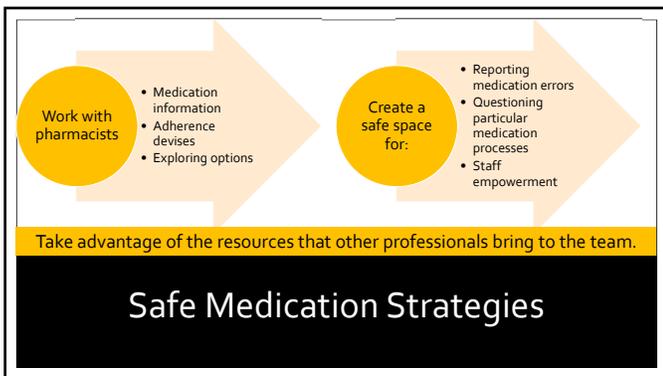


**INCREASED
RESOURCE
UTILIZATION**

**HOW WE CAN
HELP:**

Strategies to prevent and effectively react to medication-related problems





Poll

Do you have safe medication strategies to share?

Please type your short answer in the Questions box.

SHARE YOUR EXPERIENCE!

Additional Resources



HOMEWORK - Case study: Mrs. Velazquez

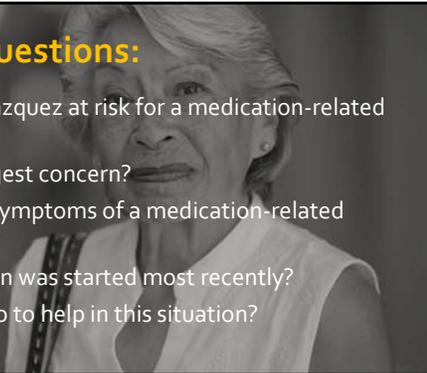
- Mrs. Velazquez is an 86-year-old female whose primary complaint is dry mouth.
- She has recently moved into your AL community and is increasingly having difficulty with activities of daily living.
- She dozes off frequently during the day and seems unsteady on her feet.
- She repeats herself during conversations with her daughter and occasionally does not remember events earlier in the day.
- When her daughter tries to discuss this with her, she claims that this is "normal" for someone her age and to stop worrying her.
- Mrs. Velazquez brings up the issue of dry mouth with each of her three doctors, but the only recommendations she has received are to suck on hard candy and drink more fluids.
- She doesn't feel that these measures really help.

Mrs. Velazquez' medication list

Drug	Brand name	dosage	How long taken?
AM: Calcium		600 mg	3 years
Gabapentin	Neurontin®	800mg	2 years
Noon: Duloxetine	Cymbalta®	600mg	3 weeks
Gabapentin	Neurontin®	800 mg	2 years
Oxaprozin	Daypro®	600 mg	1.5 years
PM: Quetiapine	Seroquel®	25 mg	1 year
Amitriptyline		50 mg	3 months
Temazepam	Restoril®	15 mg	10 years
Gabapentin	Neurontin®	800 mg	2 years
PRN: Mylanta, Gas X, Tylenol, Sudafed			

Discussion questions:

1. Why is Mrs. Velazquez at risk for a medication-related problem?
2. What is her biggest concern?
3. Does she have symptoms of a medication-related problem?
4. What medication was started most recently?
5. What can you do to help in this situation?





THANK YOU!

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