

Advocating for the Safe Use of Medications in Older Adults

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Disclosure

I have nothing to disclose concerning possible financial relationships with ineligible companies that may have a direct or indirect interest in the subject matter of this presentation.

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Objectives

- Discuss “ The Geriatrics 5Ms” and describe how they can be utilized to enhance medication review.
- Use the Beers Criteria to help optimize the medication regimen when conducting a medication review.
- Describe how the transition from hospital to home can increase the risk of medication-related adverse events.
- Describe how the CDC STEADI resources can be utilized to reduce fall risk.

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Focus for this session:

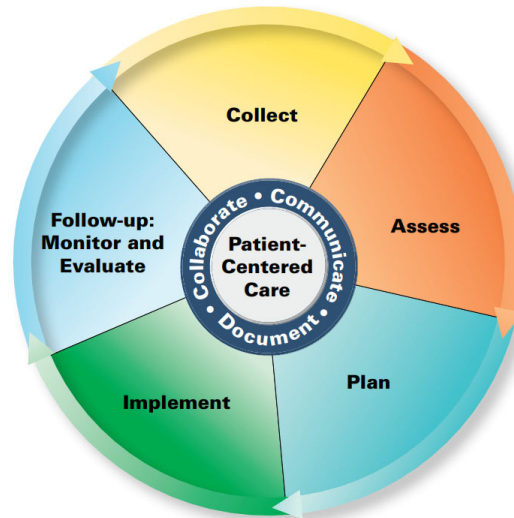
People who:

- Suffer from multiple chronic conditions.
- Find that treatment for one medical condition negatively affects a second condition.
- Are experiencing functional decline or physical frailty.
- Manage multiple medications (especially if they’re causing side effects that interfere with well-being).

<https://www.hopkinsmedicine.org/health/wellness-and-prevention/specialists-in-aging-do-you-need-a-geriatrician>

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Pharmacists' Patient Care Process



[The Pharmacists' Patient Care Process - JCPP](#)

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Medication Therapy for Older People

Know the Person

- Know what the person **takes**
- Consider co-morbidities
- Identify non-drug therapy options
- Evaluate each drug for:
 - Intended outcomes
 - Potential harms
 - Time to benefit vs life expectancy

Know the Meds


- Start low, go slow, but go
- Minimize drugs that are:
 - Anticholinergic
 - Sedating
- Cautiously use drugs that:
 - Lower blood pressure
 - Lower blood glucose
 - Promote bleeding

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The Geriatrics 5M's



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THE GERIATRICS 5M's	Geriatrics health professionals focus on these 4Ms...	
MULTICOMPLEXITY ...describes the whole person, typically an older adult, living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial needs 	<u>M</u> IND	<ul style="list-style-type: none"> ■ Mentation ■ Dementia ■ Delirium ■ Depression
	<u>M</u> OBILITY	<ul style="list-style-type: none"> ■ Amount of mobility; function ■ Impaired gait and balance ■ Fall injury prevention
	<u>M</u> EDICATIONS	<ul style="list-style-type: none"> ■ Polypharmacy, deprescribing ■ Optimal prescribing ■ Adverse medication effects and medication burden
	<u>W</u> HAT <u>M</u> ATTERS MOST	<ul style="list-style-type: none"> ■ Each individual's own meaningful health outcome goals and care preferences

Tip Sheet: The 5Ms of Geriatrics | HealthInAging.org

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AGS
iGeriatrics –
5Ms of
Geriatrics

Free App



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THE GERIATRICS **5Ms**

MULTICOMPLEXITY

...describes the whole person, typically an older adult, living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial needs



Geriatrics health professionals focus on these 4Ms...

MIND

- Mentation
- Dementia
- Delirium
- Depression

MOBILITY

- Amount of mobility; function
- Impaired gait and balance
- Fall injury prevention

MEDICATIONS

- Polypharmacy, deprescribing
- Optimal prescribing
- Adverse medication effects and medication burden

WHAT MATTERS MOST

- Each individual's own meaningful health outcome goals and care preferences

Tip Sheet: The 5Ms of Geriatrics | HealthInAging.org

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THE GERIATRICS **5Ms** Medications

Medication Assessment

- Does each medication have an indication?
- Are any conditions lacking indicated medications?
- Is each medication still indicated, given individualized treatment goals, the patient's goals of care, and prognosis?
- What concerns does the patient have?
- Any difficulty taking medications?

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THE GERIATRICS **5Ms** Medications

Avoid High-Risk Medications


- Which of the patient's medications are on the AGS Beers Criteria?
- Which safer alternatives may be appropriate?
- Avoid anticholinergic medications if possible.
- Look out for prescribing cascades, especially with anticholinergic and sedating drugs:
 drug → adverse effect → new drug.
 (e.g., oxybutynin → constipation → stool softener)

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Anticholinergic Burden

- Drug Burden Index
- ACB calculator – acbcalc.com
- Beers Criteria Table 7 – Highly Anticholinergic Drugs

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Tip Sheet: The 5Ms of Geriatrics | HealthInAging.org

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THE GERIATRICS **5Ms** Multicomplexity

Elder Abuse and Neglect

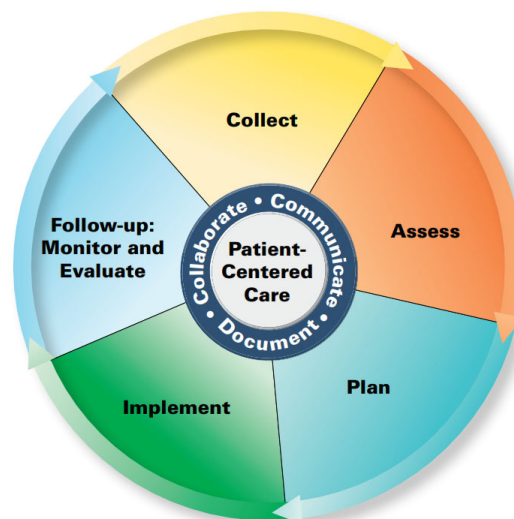
- Note warning signs.

Caregivers

- Consider well-being, respite, education

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Pharmacists' Patient Care Process



[The Pharmacists' Patient Care Process - JCPP](#)

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THE GERIATRICS5Ms Multicomplexity

Elder Abuse and Neglect

- Note warning signs.

Caregivers

- Consider well-being, respite, education

Pharmacists' Patient Care Process

- Implementation
- Communicate, Collaborate, Document: Transitions of care

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THE GERIATRICS5Ms Multicomplexity

Elder Abuse and Neglect

- Note warning signs.

Caregivers

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Pharmacists' Patient Care Process

- Implementation
- Communicate, Collaborate, Document: Transitions of care

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Implementation

- Assists the patient or caregiver in developing a feasible administration schedule.
- Anticipates or addresses barriers to medication access:
 - Formularies
 - Prior authorization
 - Medication cost

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THE GERIATRICS **5Ms**

MULTICOMPLEXITY

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Tip Sheet: The 5Ms of Geriatrics | [HealthInAging.org](https://www.healthinaging.org)

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2023 AGS
Beers
Criteria®

\$10 App



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Using the AGS Beers Criteria®

- Medications in the AGS Beers Criteria® are potentially inappropriate, not definitely inappropriate.
- Read the rationale and recommendations statements for each criterion. The caveats and guidance listed there are important.
- Understand why medications are included in the AGS Beers Criteria® and adjust your approach to those medications accordingly.
- Optimal application of the AGS Beers Criteria® involves identifying PIMs and, when appropriate, offering safer nonpharmacologic and pharmacologic therapies.
- The AGS Beers Criteria® should be a starting point for a comprehensive process of identifying and improving medication appropriateness and safety.
- Access to medications included in the AGS Beers Criteria® should not be excessively restricted by prior authorization and/or health plan coverage policies.

Adapted from: Table 11 in J Am Geriatr Soc. 2023;71(7):2052-2081.

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2023 AGS Beers Criteria

- Table 2. Potentially inappropriate for any older person
- Table 3. Potentially inappropriate in certain diseases or conditions
- Table 4. Medications to use with caution
- Table 5. Potentially inappropriate drug-drug interactions
- Table 6. Medications requiring dose adjustment based on renal function
- Includes rationale, evidence quality, and recommendation strength

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Example criterion

TABLE 2 2023 American Geriatrics Society Beers Criteria® for potentially inappropriate medication use in older adults.

Organ system, therapeutic category, drug(s) ^a	Rationale	Recommendation	Quality of evidence ^b	Strength of recommendation ^b
Antihistamines				
First-generation antihistamines	Highly anticholinergic; clearance reduced with advanced age, and tolerance develops when used as hypnotic; risk of confusion, dry mouth, constipation, and other anticholinergic effects or toxicity. Cumulative exposure to anticholinergic drugs is associated with an increased risk of falls, delirium, and dementia, even in younger adults.	Avoid	Moderate	Strong
Brompheniramine				
Chlorpheniramine				
Cyproheptadine				
Dimenhydrinate				
Diphenhydramine (oral)				
Doxylamine				
Hydroxyzine				
Meclizine				
Promethazine				
Triprolidine	Use of diphenhydramine in situations such as acute treatment of severe allergic reactions may be appropriate.			

By the 2023 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2023;71(7):2052-2081.

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Table 7. Drugs with strong anticholinergic properties

By the 2023 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2023;71(7):2052-2081.

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Which
medications
should be
stopped or
substituted?

Identify a medication

Why is it inappropriate for this patient?

Should it be stopped, tapered, or
substituted?

What is the substitution?

Why is the substitute medication more
appropriate for this patient?

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Transitions of Care

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Hospital Discharge and Readmission

- There are about 34 million discharges each year in the U.S.
- Unplanned readmissions cost the system 15-20 billion dollars each year.
- Many of these readmissions are avoidable.
- Health insurers are starting to implement economic incentives to reduce avoidable readmissions.
- Medication-related issues are one of the most common causes of avoidable readmissions.

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Pharmacist Impact on Transitional Care

- Prospective study of patients on a high-risk medication or at least three medications at the time of discharge.
- Patients were seen by pharmacy on admission and at discharge.
- Pharmacists called patients 3-, 14-, and 30- days after discharge, focusing on the discharge plan.
- The control group received usual care.
- Patients in the intervention group were less likely to be readmitted or seen in the ED within 30 days.
- Discharge medications often play a key role in readmission.

J Hosp Med. 2016;11(1):39-44.

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Care Transition Information Sharing

- Hospitals and nursing facilities have been required to improve transitions.
- Health systems are improving information sharing with primary care providers for patients discharged to home.
- Which key community healthcare providers are shut out of the process?

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What can you do to support
care transitions?

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Medication-Related Falls



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Falls in Older Adults

- Falls commonly occur and threaten independence.
- People who fall often usually have multiple impairments.
- About 60% of people who fell in the previous year will fall again.
- People often don't report falls unless they are injured.
- Even when people are injured, the causes are often not investigated.
- Falls are expensive - \$50 billion in 2015

[Falls in older persons: Risk factors and patient evaluation - UpToDate](#)

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Falls in Older Adults

“Medication use is one of the most modifiable risk factors for falls.”

[Falls in older persons: Risk factors and patient evaluation - UpToDate](#)

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Falls in Older Adults

- CNS medications are most associated with falls.
- Sedating and anticholinergic effects are most closely associated with increasing fall risk.

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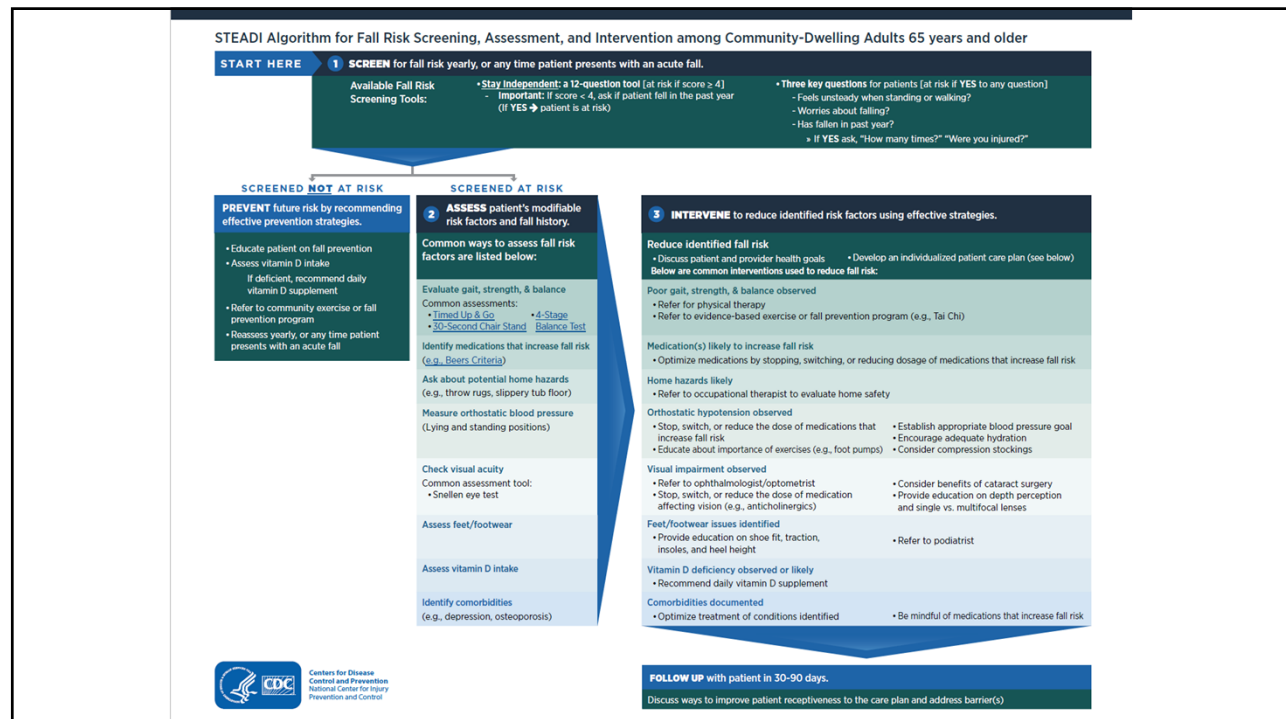


STEADI – Older Adult Fall Prevention


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[Patient & Caregiver Resources](#)
[Success Stories](#)
[VIEW ALL >](#)

Stop Elderly Accidents, Deaths, & Injuries

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Q SEARCH

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[Success Stories](#)
[VIEW ALL >](#)



STEADI

Overview of STEADI and video resources for older adults, health care providers, and caregivers.

[Learn More >](#)

Patient & Caregiver Resources

This page is a collection of patient and caregiver resources relating to older adult falls.


STAND STEADI Videos

This video series highlights how STEADI prevents falls among older adults.

Success Stories


Read success stories of how STEADI is helping older adults age without injury.

For Professionals



Training

STEADI trainings and resources help healthcare providers in implementing fall prevention strategies.




Clinical Resources

View STEADI resources with materials to help healthcare providers screen, assess, and intervene to r...

[Inpatient Care](#)
[Outpatient Care](#)
[Pharmacy Care \(STEADI-Rx\)](#)

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STEADI – Older Adult Fall Prevention

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[EXPLORE TOPICS ▾](#)


APRIL 19, 2024

Pharmacy Care (STEADI-Rx)

How STEADI-R_x works:

1. Screen patient for fall risk at the pharmacy.
2. Perform a medication review.
3. Share information with the patient and provider.
4. Provider responds to shared information.

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STEADI – Older Adult Fall Prevention



EXPLORE TOPICS ▾

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Pharmacy Care (STEADI-Rx)

Clinical Tools

- [STEADI-Rx: Guide for Community Pharmacists \[32 pages\]](#)  CDC partnered with UNC to develop a new resource to help pharmacists implement evidence-based, fall prevention strategies for their older patients.
- [Community Pharmacy Algorithm \[1 page\]](#)  (or flowchart) outlining how pharmacists can conduct fall risk screening, assessment, and care coordination.

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STEADI – Older Adult Fall Prevention

EXPLORE TOPICS ▾





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Pharmacy Care (STEADI-Rx)

Forms

To help pharmacists share information with patients' healthcare providers.

- [Fax form \[1 page\]](#) 
- [Pharmacy fall risk checklist \[1 page\]](#) 
- [Provider consult – Fall Screening \[1 page\]](#) 
- [Provider consult – Medication \[1 page\]](#) 

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STEADI – Older Adult Fall Prevention

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Pharmacy Care (STEADI-Rx)

Additional Resources

- [Medication and fall risk flyer \(for Pharmacists\) \[1 page\]](#) [PDF](#)
- [Auxiliary labels \(for medication bottles\) \[1 page\]](#) [PDF](#)
- [STEADI-Rx flyer \[1 page\]](#) [PDF](#)
- [Postcard \[2 pages\]](#) [PDF](#)
- STAND STEADI video: [Role of Community Pharmacists in Fall Prevention](#)

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STEADI – Older Adult Fall Prevention

EXPLORE TOPICS ▾

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Pharmacy Care (STEADI-Rx)

Provider training

STEADI: Empowering Healthcare Providers to Reduce Fall Risk

With this training, [STEADI: Empowering Healthcare Providers to Reduce Fall Risk](#), you can make fall prevention a part of your clinical practice.

Continuing education is available for this free accredited course.

- To obtain Continuing Education (CE), visit train.org/cdctrain, search for course number WB4895, and follow the steps listed on the webpage. [STEADI: Empowering Healthcare Providers to Reduce Fall Risk \[4 pages\]](#) [PDF](#)
- [Stopping Elderly Accidents, Deaths & Injuries \(STEADI\)](#)
- [Coordinated Care Plan to Prevent Older Adult Falls \[PDF – 64 pages\]](#) [PDF](#)

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Advocating for the Safe Use of Medications in Older Adults

- Apply the Geriatrics 5Ms
- Understand and use the AGS Beers Criteria
- Support transitions of care
- Prevent medication-related falls through STEADI



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Medication Therapy for Older People

Know the Person

- Know what the person **takes**
- Consider co-morbidities
- Identify non-drug therapy options
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- Cautiously use drugs that:
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CE Evaluation Access Code

Capital Letters, No spaces, complete by 05/02/2025

Note: CE credit will be reported to NABP CPE
Monitor within 4-6 weeks

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