

Aging WELL

Geriatricians discuss how to safely prescribe medicine for seniors

WRITTEN BY **LESLIE PERLMUTTER**

There is a huge demographic shift taking place in Bergen County, as well as the rest of the country. There are now 50 million aging baby boomers.

"The fastest growing age group is people over the age of 85," notes Dr. Bennett Leifer, a geriatrician with Valley Medical Group and director of geriatric transition of care at The Valley Hospital in Ridgewood. Geriatricians are clinically trained providers in the science of aging.

"This involves maintaining quality of life for seniors by managing multiple chronic functional limitations," Leifer says. He emphasizes that an important component of his practice is

"minimizing unnecessary medication use, and thus avoiding hospitalization."

Dr. Lisa Tank, chief of geriatrics at Hackensack University Medical Center and the latest recipient of the Clinician of the Year award from the American Geriatrics Society, advises that "adverse drug reactions are one of the most common reasons elderly patients end up in the hospital, and 90 percent of these events can be prevented."

Why is prescribing for older adults different than prescribing for those who are younger?

"A normal physiological part of getting older is that the body



THE HASTECK



metabolizes drugs differently due to a loss of lean muscle mass and changes in kidney and liver function," Tank says.

For example, a 41-year-old who takes Benadryl will most likely have no issues. At age 80, that same drug may cause confusion, constipation, difficulty with memory and urinary issues.

"Polypharmacy – multiple drugs being taken at a time – is an issue as this leads to a higher risk of adverse effects," Tank says. "Once a medication is started, a symptom such as nausea, unsteadiness, or unclear vision may arise. If another medication is added to alleviate that symptom, this can lead to a prescribing cascade. It's a vicious cycle."

To avoid this, she recommends trying non-pharmacological options first. For example, for anxiety, she suggests patients try activities such as meditation or yoga.

What can geriatricians, other physicians and patients themselves do to prevent adverse affects?

For reference, there is the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, a report updated in October 2015, which serves as a guideline for healthcare professionals to help improve the safety of prescribing medications for older adults. It emphasizes de-prescribing medication that is unnecessary. Both physicians interviewed said that they refer to the Beers Criteria. >

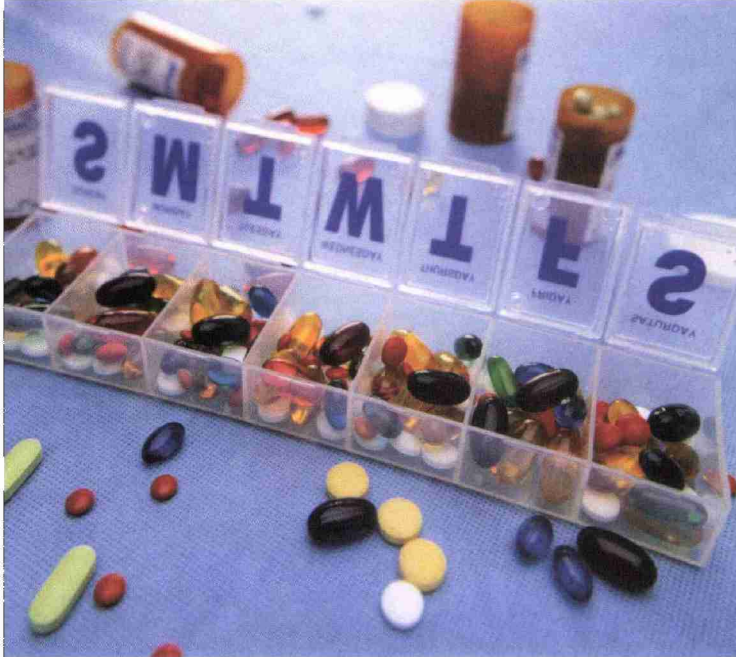
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GERIATRICS

**IMPORTANT ADVICE**

Dr. Lisa Tank, chief of geriatrics at Hackensack University Medical Center, offers these tips for taking medication:

- Do not take medication in the dark; turn on a light.
- Take one pill at a time with water to avoid choking.
- Do not take anyone else's medication, even if they have the same symptoms as you.
- Be mindful of expiration dates.
- Be aware of generic and brand names so that you are not taking duplicate medications.
- If you are having reaction, do not just stop taking medication. Contact your provider.
- Make sure you complete the entire prescription the way it's prescribed; do not take half of a pill to stretch out prescription.
- Use memory aids if necessary, such as pill boxes with compartments or containers that beep on a timer.
- If no longer using a medication, bring it back to the pharmacist for disposal.
- Do not mix alcohol and medications.

For more tips, download or send away for a free copy of the Age Page from the National Institute on Aging at nia.nih.gov/health/publication/medicines.

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 The Valley Hospital

“We use it as a teaching tool and as a complement to the decision-making made as a provider,” Tank says.

The very first thing geriatricians usually do with patients is review all of the medications being taken. Leifer suggests the “brown bag approach.”

“I ask them to bring in all of their medications, including over-the-counter medications, supplements and vitamins. The more medications, the greater the risk is of illness or death, even in healthy patients,” he says. “I convey to the patient and the caregiver that more medicine doesn't always equal better care and better treatment.”

The risks of over-the-counter medications cannot be minimized.

“There can be unexpected side effects. For example, Tylenol PM and Advil PM, which contain the same drug as Benadryl, can be very dangerous medicine in older people,” Leifer says. “They can cause sedative effects and can cause confusion. This can lead to increased falls, hospitalization and even death.”

Tank, who cross-references her patients' lists of medications with their pharmacists, emphasizes the importance of finding the right drug for the

right symptom and then dosing appropriately.

“Once you start a drug, you need to monitor its effects,” she says. “For example, it may be necessary to do blood work to monitor electrolytes. The drug should be re-evaluated at every visit.”

She emphasizes communication with the patient and tries to ascertain any reason for non-compliance with a drug regimen. “Is it financial? Is it that they can't see? Can't remember? Is it too complicated?” she says. “We try to simplify the drug regimen.”

Tank says there can be a gap in health literacy or language barriers.

“An older patient may not hear correctly or the processing of information can be affected,” she says. “I ask the patient to repeat back to me what I told them and make sure that they understand what I said.”

The role of the geriatrician is to promote healthy aging. An important component of that role is to act as a gatekeeper and communication with other physicians is important.

“Older patients want to maintain the highest level of function despite disease,” she says. “We are looking to change the healthcare system to improve health outcomes for seniors.” ❖