



Caregiver Advice About Bad Medicine

RESOURCE
COUNSELOR
ADVOCATE
FRIEND



Bad Medicine for Older Adults

Medicine today is full of miracles. But although those over 65 in America constitute only about 13% of the population, they account for about 30% of all prescriptions filled. Their share of over the counter (OTC) drugs is estimated to be closer to 40%-50% of all retail meds sold. Nearly two in five hospitalizations each year are a result of medication issues associated with elders. The elderly are the victims of half of all prescription drug-related deaths annually.

Let me tell you about a list you should know about. Some drugs have added baggage beyond the therapeutic effect sought by a prescriber and a patient. A doctor named Mark Beers, MD, and his associates have been the "baggage handlers" since 1991. That is when they first came out with the "Beers List." Beers and his associates were concerned that certain commonly prescribed medication and OTC drugs were causing what was referred to as adverse drug events (ADEs, sometimes shortened to just AEs). Beers, a geriatrician, found that the elderly were particularly susceptible to many of the undesirable effects of these drugs because their older bodies tend to have less water content and more fat content than younger individuals. This coupled with their bodies' diminished efficiency in metabolizing or processing chemicals through their systems helped to account for the disproportionately high rate of AEs, associated hospitalizations and deaths among the old.

30%
of all prescriptions filled are by people 65-yrs and older

Their most recent list of 48 drugs and drug classes was published in the **Archives of Internal Medicine** and was embraced by the Centers for Medicare and Medicaid Services (CMS). Beers and his associates have established a set of criteria for determining if a drug poses a risk or if it is a potentially inappropriate medication (PIM) for the elderly. Using an expert panel of internationally-recognized experts, Beers and associ-

ates were able to find consensus on the drugs that are part of their list of potentially-hazardous medications.

The Beers list has a number of "old friends" as well as exotic medications of which most of us have never heard. You will find the likes of over the counter Naprosyn or Aleve (generically known as naproxen sodium) as well as Benadryl (diphenhydramine) and Chlor-Trimeton (chlorpheiramine). There are also household names like Valium (diazepam), Tagamet (cimetidine) and Prozac (fluoxetine). It is important not to take the Beers list as a blanket generalization that these are simply drugs to avoid. It is not quite that black and white. Some agents are on the list because they can cause

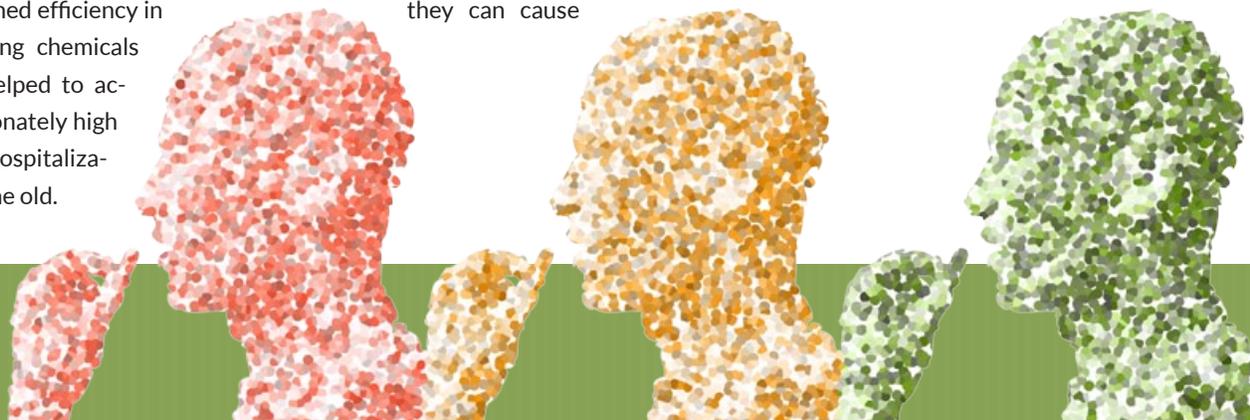


amount of hospitalizations each year as a result of medication issues with elders

NEARLY 40%

complications among specific groups such as diabetics, asthmatics, or insomniacs. Others are contra-indicated for individuals with balance or gait problems because they become prone to falls, some for individuals who have bladder outflow obstruction or others who suffer from chronic obstructive pulmonary disease, emphysema. The list goes on, and in some cases it is simply a dosage or extended release formulation warning that justifies being included on the list.

Check it out at: <https://www.dcri.org/trial-participation/the-beers-list>



MULTIPLE CHOICE TEST FOR SENIORS



\$218.8 billion

The amount of money Americans spent on prescription drugs in the year ending January, 2010

~ Source: IMS Health ~



As geriatric care managers, we regularly do “prescription audits” for our clients to look for problems that can come from their many medications. As you work with an older adult, you should always have them bring a list of all their medications to each health care provider visit, and this includes over the counter meds like vitamins or herbs. Let me explain.

If one pill can take care of one of our “health problems,” and another pill can take care of another of our “health problems,” and so on, it does not take much imagination to see where all the prescribing can take us. Referred to by some as “America’s other drug problem,” polypharmacy – prescribing which results in a patient being on two or more medications - has become the problem that has been spawned by the multiplicity of “cures” and the marketing machines behind them. According to IMS Health, a company that follows prescribing of medications, Americans alone spent more than \$218.8 billion dollars on prescription drugs in the year ending January, 2010. At the start of the millennium, Americans filled about 2

billion prescriptions, and the number of prescriptions has already doubled again.

Some observers have attributed this tremendous rise in prescription drug consumption to the boom in response to the direct to consumer advertising that encourages the patient to “talk with your health care provider about whether (fill in the blank) is right for you.” It does not hurt that we now have new diagnoses with new names like urinary incontinence, overactive bladder, restless leg, gastro-esophageal reflux disorder (GERD to its friends), a wide array of “mood disorders,” and more. The multiple billions of dollars spent by pharmaceutical manufacturers each year advertise these conditions and stimulate the consumer market for their medications. In the trade, they refer to this as the “pull-through” promotion that can result in a prescription that may not have been written had the patient not mentioned the condition, the symptoms or the branded drug by name to their prescriber.

With all the old and new conditions with which a person may now be afflicted, most people stand a very reasonable chance of getting pills for most or all of their “afflictions.” Now, add in what an older adult may pick up over the counter (OTC), and

polypharmacy is the result. Because almost any prescribed or OTC medication brings with it side effects, polypharmacy now brings greater baggage in the form of multiple side effects, multiple unintended consequences or even multiple interactions among the multiplicity of drugs. The older adult in your life also is likely to see more than one doctor for more than one condition. A trip to the cardiologist will get one or more medications to address high blood pressure, arrhythmia or some other issue. But if the same patient is on another medication from another specialist or something they purchased over the counter, there may be interactions. Some pain medications are associated with problems in cardiovascular function. Or the drug that raises the low blood pressure when a person is lying down may also cause a spike in blood pressure when they stand. The list goes on.

2BIL
the amount of prescriptions Americans filled at the start of the millennium.



OVER THE COUNTER

DOES NOT MEAN

HARMLESS

Acetaminophen (Tylenol) is everywhere within mainstream medicine these days. It is used by itself for fever or pain as well as in combination with other medicines for flu, moderate to severe pain, cold symptoms or insomnia.



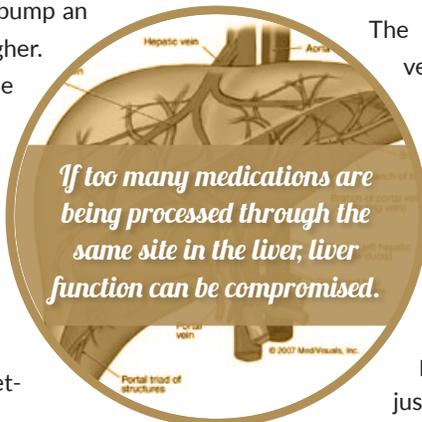
But acetaminophen and a lot of other medications don't simply go from the mouth to where they are needed in the body; they must be absorbed through the digestive tract and into the blood stream. Acetaminophen along with many other meds are then metabolized through the liver. If too many medications are being processed through the same site in the liver, liver function can be compromised. It does not have to be multiple agents that create this liver logjam; it may simply be the amount of a single agent like acetaminophen that can cause problems. Older patients will be able to process even less through their "slower livers."

Historically, patients have been cautioned not to exceed 4,000 mg of acetaminophen a day as the potential for liver failure can follow from that daily dosage even in otherwise reasonably healthy individuals. I hear

from some doctors that the number should be closer to 3,000 mgs, especially for older patients. Pain killers start with as much as 500mg or more per dose taken every six to eight hours. And then there is Tylenol "extra strength" which can bump an individual dose even higher. Some individuals may be tempted by the "if one is great, then more is better" syndrome. And then a person may take an OTC sleep aid that also contains acetaminophen or use a cold formula containing acetaminophen.

Remember also that older patients can become confused, because they have multiple pills to track. They can accidentally take another dose beyond what their regimen

would dictate. I have a client whom I tell to set her acetaminophen tablets in a medication tray like her other meds each week so that she knows how much is left of the total amount she can safely take each day.



The FDA has recently convened to determine just how much acetaminophen should be allowed as a daily limit to avoid problems of liver toxicity, but the jury is still out. So, if you are watching your older parents' meds, don't focus just on their prescriptions

(which can contain acetaminophen); look in their medicine chest for the rest of the drugs they buy at the store without a prescription. Then do the math.

MIXING

Drugs & Food

We all have heard the saying “we are what we eat,” but something many of us do not always think about is how the foods we eat may not mix with the medicines we take.

And this becomes the potential for a perfect storm of medicines and foods among older adults. Their bodies do not eliminate food or drugs as quickly; they typically have a lower body weight; and they have lower water content in their bodies. All of these magnify the problems that younger adults may face, because anything they ingest becomes more concentrated.

It also is an even more likely to be an issue with older adults because research shows that four out of five people over age 57 are on at least one prescription, and half also are taking some medicine or herbal supplement they have bought over the counter. Thirty percent of older adults take more than five prescription drugs.

Computerized medical records make it a lot easier for health care providers today to avoid drug-drug interactions in their patients, but not all of them warn of the interactions between certain foods and medicines.

So, here are some tips to help an elder or someone with special needs for which you may be a caregiver:

✔ *With some antibiotics, like tetracyclines, it is important to not take any dairy products at the same time with them, because it can cause stomach upset.*

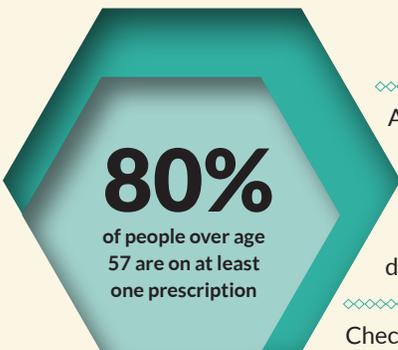
✔ *For someone taking certain medications that treat depression called monoamine oxidase (MAO) inhibitors, eating large amounts of chocolate can raise blood pressure.*

✔ *If your elder takes one of the blood pressure meds referred to as ACE inhibitors which contain potassium, be careful about eating a lot of bananas, oranges or leafy green vegetables that are high in potassium—too much potassium can cause irregular heartbeats.*

✔ *MAOs also do not agree with salami, bologna, pepperoni or certain aged cheeses for the same reasons; they can elevate blood pressure.*

✔ *If your elder loved one takes a blood thinner like Coumadin, be careful with foods high in vitamin K like broccoli, cabbage or spinach as they can negate the effect of the blood thinner.*

✔ *For some of the cholesterol-lowering statins, you should avoid taking in grapefruit juice as it can exaggerate the statin’s side effects.*



As a caregiver, help the elder for whom you care to keep an accurate list of all their prescriptions as well as vitamins and supplements they may take. Make sure you share the list with their health care provider, and read the drug information that your elder may receive from the pharmacist when filling prescriptions. The U.S. Food and Drug Administration also can be an invaluable resource on food and drug as well as drug-drug interaction that you should know.

Check out their web site at: <http://www.fda.gov/forconsumers/consumerupdates/ucm096386.htm#beverages>



CHARLOTTE BISHOP,
Founder of Creative Care Management, Inc.

Creative Care Management (CCM) is a professional story and a **personal story**.

Charlotte Bishop started CCM more than 20 years ago. Soon after that Charlotte's husband was diagnosed with brain cancer. Charlotte became her own spouse's personal case manager until his untimely death three years later. This personal journey evolved into a professional journey and certification as a Geriatric Care Manager (GCM) and the part of CCM dedicated to "Serving Elders and Others."

Creative Care Management is a team of certified professionals providing answers to older adults in Illinois and their families.



CCM, Inc. can be there when you can't

We are the professionals who help families who are caring for older adults (geriatric care management) or others with special needs. Our professional geriatric care managers and special needs case managers can be your eyes and ears when you simply cannot. You can count on us to help you manage both your care-giving responsibilities, and those of your family and your work that cannot be ignored...or postponed. Some of our clients refer to us as their Sister in ChicagoSM.

We serve Chicago's North side and the North, Northwest and West suburbs as well as Central Illinois.

www.creativecaremanagement.com
847-869-5118
1740 Ridge Avenue, Suite #111
Evanston, Illinois 60201