

Your Weekly Message for December 19, 2011

Overmedication of Our Elderly

from Jeffrey Johnson

Polypharmacy is the term that is used to define the administration of more medications than are clinically indicated for an individual.

“30% of all prescriptions and 50% of all over-the-counter medications are consumed by the elderly. One third of all prescription related deaths occur in the elderly and 20% of all hospital admissions for elderly patients are due to medication-related problems.”

-Resources for Seniors, February 27, 2007

Clearly, the over medication of our seniors is a serious problem, and one that demands all of us to scrutinize how our care recipients are handled by their doctors and their families (with regard to their medications).

Andrew Duxbury, M.D., a geriatric medicine specialist at UAB, notes, “Adverse reactions to medications represent the number-one health problem facing the elderly today.”

There are numerous reasons for the wide-spread phenomenon, including:

- **Metabolisms change:** As we age, our bodies' metabolisms often change; such as elders' absorption rates slow, medications may stay in the body longer causing higher risks of toxicity.
- **Overmedication:** This tends to lead to greater drug interaction and increased side effects (i.e., dry mouth, dizziness, falls, depression, etc.).
- **Noncompliance of medications:** Elders not taking their meds as prescribed, possibly leading to forgetfulness, confusion, and side effects.
- **Falls:** 10% of all visits to the hospital emergency room are related to falls.

Solutions to overmedication are out there -- it is a matter of implementing those solutions.

Here are some of the more recognizable solutions:

- **Brown Bag Visits:** Have an annual doctor's visit to review all your senior's medications, including both prescription and over-the-counter. (This can also be done with the local pharmacists as well – this serves a good double-check.)
- **Doctor Review:** Gently remind the elder's physician that not every side effect is simple due to old age – some may be due to overmedications or the interaction of certain medications.
- **Research the Medications:** Most medication research is performed on adults under the age of 65. Seek out studies related to the medications taken by your elder that focused on the over 65 age group.
- **“Main Brain”:** Dr. Duxbury suggests using one central person as the gate-keeper for the review of your elder's medications – less confusion, less conflict.
- **Natural Medications:** We live in a Westernized medical culture, yet more and more physicians are beginning to see the value of Eastern medicine – look to see what more “natural” remedies are available.
- **Simplicity is Key:** Keep drug medications simple and routines easy to follow. Make written instructions size appropriate and verbal instruction easy to remember.

The over medication of our elderly is a national crisis. When I worked at Villa St. Michael's in Baltimore (a 250 bed nursing home), the main focus of the attending physician was to reduce the average number of medications taken by a resident from eleven down to five. It took a few years to reach that goal, but the results were noticed by staff, family and, most importantly, by the residents.

Some cultural habits are not positive – **over medicating our elderly is one of those negative results of the medical culture in this country.** With your help and diligence -- the increased education of our clients and care recipients, and continuing to ask the right questions of our elder's physicians -- we can reduce the dependence of our elders on medications and become a healthier population.

Informational source: www.main.uab.edu/show.asp?durki=60834 -- (Over) Medicating the Elderly: The Need for a “Main Brain”, Stanley Holditch, UAB Publications, University of Alabama at Birmingham, Alabama.

..... Jeffrey Johnson