

Nurse practitioners and physicians similarly likely to inappropriately prescribe medications to older patients: Study

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A study of more than 73,000 primary care physicians (PCPs) and nurse practitioners (NPs) suggest that both are similarly likely to

inappropriately prescribe medications to older patients. According to the authors, this study adds to growing evidence indicating that when prescriptive authority is expanded to include NPs, these new prescribers do not perform worse than physicians. The study is published in *Annals of Internal Medicine*.

NPs, registered nurses with advanced degrees and more experience, are helping to solve the ongoing PCP shortage problem in the United States. Currently, [state laws](#) determine what type of medical care NPs can provide, such as practicing independently and prescribing medications without physician supervision.

Researchers from University of California, Los Angeles, Yale Law School, and Stanford University calculated inappropriate prescribing rates for 23,669 NPs and 50,060 PCPs prescribing medications to patients aged 65 years and older across 29 states that have granted NPs prescriptive authority. Inappropriate prescribing was defined using the American Geriatrics Society's Beers Criteria.

The researchers found that both PCPs and NPs averaged approximately 1.7 inappropriate prescriptions for every 100 prescriptions written.

However, NPs were overrepresented among clinicians with the highest and the lowest rates of inappropriate prescribing. According to the authors, these findings provide useful lessons for policymakers, lawmakers, and regulators. Use of clinician-level performance measures, coupled with efforts to improve prescribing at the organizational and individual levels, could help to address deficient performance among all clinicians who prescribe.

The authors say that technologic interventions, such as prescription drug monitoring, have a role to play, as do initiatives aimed at ensuring better adherence to trusted guidelines like the Beers Criteria.

An accompanying editorial from authors at University of California, Los Angeles suggests that rates of inappropriate prescribing are too high among clinicians of all stripes. The authors note that NPs are providing a greater proportion of care to older adults outside of large metropolitan areas, many of whom would likely have no other source of primary care.

They also emphasize that NPs will continue to serve critical roles in ensuring that older adults in areas with inadequate numbers of health care providers receive primary care. The goal of clinicians should be to reduce variation and improve prescribing quality among all clinicians who care for [older adults](#).

More information: Inappropriate Prescribing to Older Patients by Nurse Practitioners and Primary Care Physicians, *Annals of Internal Medicine* (2023). [DOI: 10.7326/M23-0827](https://doi.org/10.7326/M23-0827)

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