

How to get smarter on pills for seniors

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Open the medicine cabinet of a senior and you're likely to find scores of pill bottles. Physicians are often unaware of all the medications a patient is taking, which can result in unnecessary additional prescriptions, non-prescription medications and potential drug-drug interactions that cause unexpected adverse effects. When a cancer diagnosis is thrown into the mix, the drug-drug interactions can become even more complex. A new study evaluates the currently available screening tools for determining if and when seniors with cancer are taking too many medications and finds that a more comprehensive medication assessment and monitoring plan is needed to improve treatment for this population.

"To our knowledge, this study is the first to combine a clinical pharmacist's expert assessment together with clinically validated, up-to-date criteria and screening tools used by researchers in the field," says first author Ginah Nightingale, PharmD, BCOP, Assistant Professor in the Department of Pharmacy Practice in the Jefferson School of Pharmacy at Thomas Jefferson University. "There is still a lot we don't know about the impact of excessive and potentially inappropriate medication use for senior adults with cancer, specifically in terms of whether and how increased pill burdens might lead to compromised cancer management plans." For example, inappropriate medications could cause treatment delays and/or premature discontinuation of treatment.

The study was published in the *Journal of Clinical Oncology* Monday March 23rd.

Cancer is a disease that is much more common in the elderly, with 60 percent of cancers occurring in patients over the age of 65. As the numbers of elderly individuals grows in the United States, physicians who manage their care will have an increasing list of medications to contend with.

As part of a multidisciplinary clinic in which senior oncology patients are seen by an interprofessional healthcare team including a medical oncologist, geriatrician, clinical pharmacist, social worker and dietician, the Jefferson researchers looked at drug regimens of 234 seniors. They used three standard evaluation tools surveys called the Beers criteria list, the STOPP survey, and the HEDIS criteria that were designed to identify medications with a higher risk of causing adverse events in older adults.

Of the 234 senior oncology patients evaluated, 43 percent were taking more than 10 medications at once, and 51 percent of the total were taking potentially inappropriate medications.

"This is a vulnerable population," says Andrew Chapman, D.O., senior author on the paper and Co-Director of the Multidisciplinary Senior Adult Oncology Center clinic at Jefferson. "They are prescribed complicated [medical](#) regimens that have a real risk of interfering with their cancer care."

"It's difficult for an able-bodied adult to keep track of the dosing schedules and appropriate administration of 10 medications, much less for a senior who may have underlying functional or cognitive impairment," says Dr. Nightingale. "This study is meant to give us a baseline, a sense of the landscape, and the risks involved in this population of cancer patients."

Now that the baseline is established, says Nightingale, the next steps are to develop a tool that combines the currently available assessments and

considers [cancer diagnosis](#), prognosis, and [cancer](#)-related therapy in order to minimize the use of inappropriate medication in the elderly. In addition, comprehensive medication assessments and monitoring plans should be implemented and completed routinely for all patients.

More information: G. Nightingale et al., "Evaluation of a Pharmacist-Led Medication Assessment Used to Identify Prevalence of and Associations With Polypharmacy and Potentially Inappropriate Medication Use Among Ambulatory Senior Adults With Cancer," *J Clin Oncol*, 2015.

Provided by Thomas Jefferson University

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