Enhanced Care for Older People
Learning Session Number 4

Medicines Optimisation and Older People

Patrick Dawodu Clinical and medicines optimisation pharmacist, CBC Health

EnCOP Lead: Angela Fraser Date: 22nd February 2022

Housekeeping

During the session

- We will keep participants muted whilst we are presenting. This avoids distracting our speakers and reduces sensory stimulation which is important for some people. However, if you wish to ask a question you can do this by adding it to the chatbox. We will attempt to address questions, if we can't then we will follow up after the event.
- Please feel free to turn your camera on and off as you need to. If you need it off the whole time, that is totally fine.
- If you need a break at any time during the session, then please leave the meeting and re-join again when you feel ready.

Accessibility

- Occasionally you may have difficulty seeing or hearing video clips that are played, this will usually be due to your own device or software settings and not something we can influence during the webinar session. Please be assured all content will be shared following the event so you will have an opportunity to view afterwards.
- Information on accessibility features in Teams can be found here: https://support.microsoft.com/en-us/office/accessibility-support-for-microsoft-teams-d12ee53f-d15f-445e-be8d-f0ba2c5ee68f and you can contact us with any other accessibility questions.

Recording

The event will be recorded. The recording and presentation will be circulated and uploaded on to the website following the event.

Session Aim & Linked Competencies

Aim:

To raise awareness and develop understanding of medicines optimisation in older people's care

Linked EnCOP Domains:

A: Values, attitudes and ethics
D1: Communication with older people, families and friends
D2.1: Frailty – Understanding, identification and recognition
D2.2: Assessing, planning, implementing and evaluating care
D2.5: Management of physical health in frailty
D2.3 Ageing well – promoting and supporting holistic health and wellbeing
D2.4 Ageing well- promoting and supporting independence and autonomy
D2.6: Pharmacology
D3: Management of dementia
D4: Management of mental health
D5: End of life care

Medicines Optimisation and Older People

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Bachelor of Pharm, M.Sc. Medicines Management, Higher Masters Health and Wellbeing, PGCE

Introduction

Medicines Optimization applies to All Demographics

What is Medicines Optimization?

- Right patients get the right choice of medicine, at the right time.
- Focusing on patients and their experiences,
- Improve patient outcomes;
- Avoid taking unnecessary medicines;
- Reduce wastage of medicines; and
- Improve medicines safety.

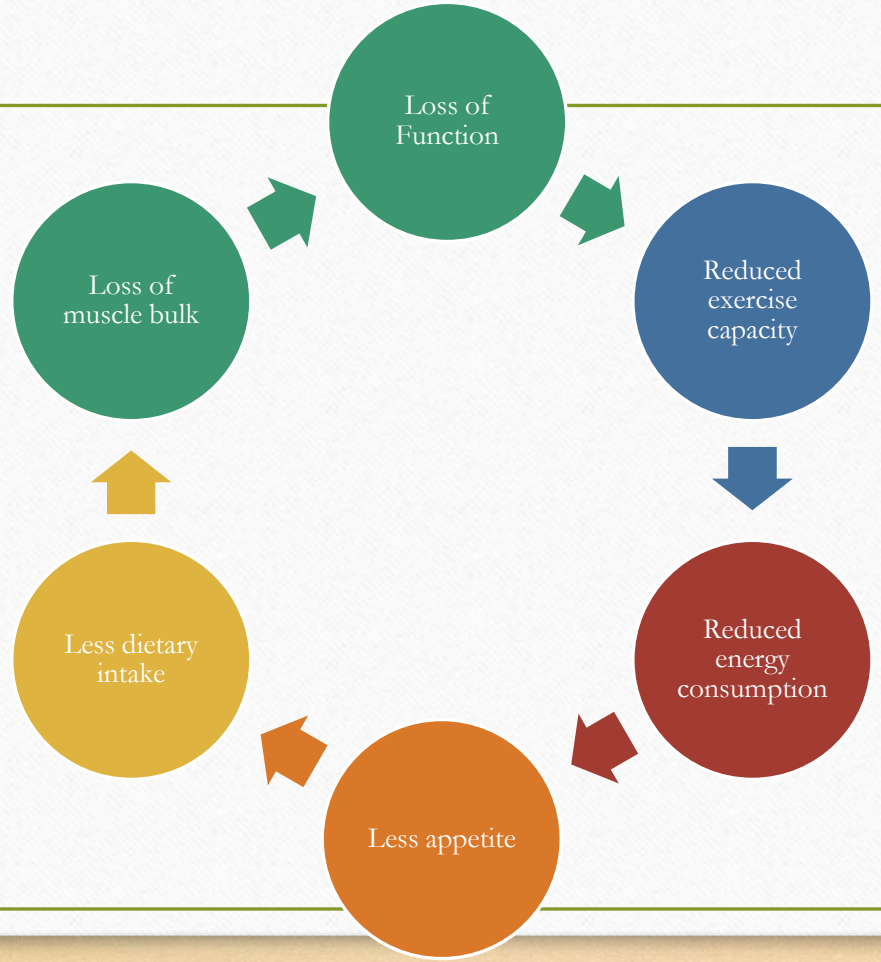
Challenges of Prescribing for Older Adults

- Multiple medical conditions
- Multiple medications
- Multiple prescribers
- Frequently excluded from clinical trials
- Different metabolisms and responses
- Adherence and cost
- Supplements, herbals, and OTC drugs

FRAILTY

- Age-associated decline in physiologic reserve and function across multi-organ systems leading to increased vulnerability for adverse health outcomes (Fried et al. 2001)
- A distinct health state where a minor event can trigger significant changes in health from which the patient may fail to return to their previous level of health(British Geriatric Society)
- Progressive long term condition, with episodic deteriorations

Frailty-Gradual acquisition of comorbidity alongside decline in reserve



What works?

- **Evidence shows benefits from:**
  - Proactive planned multidisciplinary care
  - Comprehensive geriatric assessment (including medication reviews)
  - Care planning

Ageing is not a disease

Aging is not a disease and is not treatable by medicaments.

Many older people admitted to hospital or reviewed during

long term hospitalization improved greatly when the drug

regimen that they had been taking, was stopped.

(WHO)

The science

Pharmacokinetics and disease states

Table 1. Main Age-Related Changes in Pharmacokinetics

Process	Age-related change	Effect
Absorption	Increased gastric pH	Slightly decreased absorption
	Delayed gastric emptying	
	Reduced splanchnic blood flow	
	Decreased absorption surface	
	Decreased gastrointestinal motility	
Distribution	Increased body fat mass	Increased volume of distribution and half-life for lipophilic drugs
	Reduced body lean mass	
	Reduced body total water	Increased plasma concentrations of water-soluble drugs
	Reduced serum albumin	Increased free-fraction of highly protein-bound acidic drugs
	Increased α1-acid glycoprotein	Decreased free-fraction of basic drugs
Metabolism	Reduced hepatic blood flow and overall liver mass	Less effective first-pass metabolism and phase I metabolism
Excretion	Reduced renal blood flow	Impaired renal elimination of water-soluble drugs
	Reduced glomerular filtration rate	

Physiologic Changes Associated with Disease States

1

Cardiac Disease

- Impaired cardiac output (decreased absorption, metabolism, clearance)
- Greater susceptibility to cardiac adverse effects

2

Kidney and Liver Disease

- Decreased drug clearance and altered metabolism

3

Neurological Diseases

- Diminished neurotransmitter levels
- Greater susceptibility to neurological effects

Patient Centred

Taking the older adult perspective.

A patient-centred approach to managing polypharmacy in practice

Patient Cantered

- Access Patient
- Define Contents and Overall goals
- High Risk Medications
- Risk/Benefits in context of Individual Patients
- Agree Actions
- Involve others in MDT
- Monitor and adjust Regularly

ABCD of Medicines Optimisation

Agree to prioritise one or two issues, use a structure to manage the consultation

Balance of

-Importance to the patient ("*what matters to you*")

-Current evidence and clinical uncertainty* (tools, evidence "what's the matter with you")

-Risk/benefits, reasonable alternatives (your clinical judgement)

Communicate shared, values-based decisions and actions with patient/carers, health and social care.

Document the agreed decisions, then monitor and review

Minimizing adverse effect

whenever possible, use non-pharmacological treatments

Start low, increase slowly, monitor frequently

smallest number of medications/simplest dose regimens.Start one medication at a time.

be familiar with drug effects in elderly.

Alternative applications if difficulties swallowing tablets. Assess adherence with regimen.

Minimizing adverse effect

Simple verbal/written instructions for every medication

presenting symptoms may be a result of medications (not old age)

Ensure carer understands treatment

Be aware of patient preferences (Be patient centred) .Once daily is usually best.

Is it efficacious at lower dose?

Medication Review

To reach an agreement

Five As

- *Barnett N Improving pharmacy consultations for older people with disabilities Journal of Medicines Optimisation 2016*

Indications for Drug Therapy

A specific diagnosis
Clearly documented symptom or condition to be treated
Avoid the use of a drug to treat the side effects of another drug
Use a validated tool to support medication review, egSTOPP/START1

Indications for Reduced Dosages

- Weight is less than average
- Decreased liver or renal function
- Experiencing exaggerated responses to drugs that may reflect toxic levels

“Deprescribing” Should Be Considered JAMA Intern Med. 2015;175(5):827-834

- New symptom or clinical syndrome suggestive of ADE
- Advanced disease, terminal illness, extreme frailty
- High-risk drugs or combinations
- Preventive drugs for scenarios associated with no increased risk despite stopping drug
  - Stopping alendronate after 5 years of treatment results
  - Stopping statins for primary prevention
- Patient/family willing to participate in shared decision

Medication review.

"Deprescribing"

JAMA Intern Med. 2015;175(5):827-834

Medication review. "Deprescribing" *JAMA Intern Med.* 2015;175(5):827-834

- Instruct patient to bring all medications to visit (prescription and non-prescription)

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What Are Current Indications for Each Drug? Why prescribed? Still relevant?

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What Are Current Indications for Each Drug? Why prescribed? Still relevant?

Is the Patient Actually Taking the Drug? Dosage form?

Does the Likely Benefit of the Drug Outweigh Its Potential for Harm? Drug interaction? Side effects? Monitoring?

Unnecessary Drug Administration

- Excessive dose (including duplicate therapy)
- Excessive duration
- Inadequate monitoring
- Inadequate indications
- Presence of adverse consequences that indicate the dose should be reduced or discontinued

Measures to Improve compliance

1. Simplifying the regimen if possible
2. Establishing a routine for taking medications
3. Scheduling medications at mealtime or in conjunction with other specific daily activities
4. Developing a method with the patient for remembering if he or she actually took the medication
5. Reducing S/E:More fiber and fluid can help to offset drug-induced constipation,Scheduling diuretic so that it does not interrupt sleep
6. Frequent intake of liquids or the use of lozenges to help with dry mouth caused by medications

Inappropriate Conditions for Use of Antipsychotic Drugs

- Wandering (To move about without a definite destination or purpose)
- Poor self-care
- Restlessness
- Impaired memory
- Anxiety
- Depression (without psychotic features)
- Insomnia

Medicines Optimization in Care Homes

On the lookout

The 6 R's of Medicines Administration in Care Homes

- right resident
- right medicine
- right route
- right dose
- right time
- resident's right to refuse

Prescribers Should Work with-

The resident and/or their family members or carers

Tocal team of health and social care practitioners (multidisciplinary team(MDT)).

The roles and responsibilities of each member of the team and how they work together should be carefully considered and agreed upon locally. Training should be provided so that they have the skills needed

Medication Optimization Should involve the MDT

- This should involve
- pharmacist
- community matron or specialist nurse, such as a community psychiatric nurse
- GP
- member of the care home staff
- practice nurse
- social care practitioner.

Critical Medications

Take Care

Diuretics (27.3%)

Thiazide diuretic with hypokalaemia (i.e. serum K+ less than 3.0mmol/L), hyponatraemia (i.e. serum Na+ less than 130mmol/L) hypercalcaemia (i.e. corrected serum calcium greater than 2.65mmol/L) or with recent/ concurrent gout (hypokalaemia, hyponatraemia, hypercalcaemia and gout can be precipitated by thiazide diuretic. **Bendroflumethiazide**

Loop diuretic: treatment for hypertension safer, more effective alternatives available. Treating dependent ankle oedema without clinical, biochemical evidence or radiological evidence of heart failure, liver failure, nephrotic syndrome or renal failure (leg elevation and/ or compression hosiery usually more appropriate). **Furosemide.**

Non-steroidal anti-inflammatory drugs (NSAIDs), including Aspirin (29.6%)

HISTORY OF ULCER, GI BLEEDING (CONSIDER PPI WITH LONG TERM USE??)

WITH CONCURRENT ORAL CORTICOSTEROID, ANTIPLATELET, ANTI-DEPRESSANT (RISK OF BLEEDING).

SEVERE OR UNCONTROLLED HBP

>3MONTHS WHERE SIMPLE ANALGESIA NOT TRIED

EGFR <50ML/MIN/1.73M (RISK OF DETERIORATION IN RENAL FNX)

WITH WARFARIN OR NOAC (RISK OF BLEEDING).

AVOID DICLOFENAC, COX-2 SELECTIVE IN CVS

Anticoagulants (10.5%)

- Antiplatelet agents with warfarin or NOACs in patients with stable coronary, CV or PAD (no added benefit)
- Warfarin or NOAC limited to 3-12 months in DVT or PE
- DAPT limited to 12 months in CVA

Summary

- Multidisciplinary Person-Centred Care.

References and Resources

- *Barnett N Improving pharmacy consultations for older people with disabilities Journal of Medicines Optimisation 2016*
- ✓**Beers criteria (US)** http://www.americangeriatrics.org/files/documents/beers/BeersCriteriaPublicTranslation.pdf
- ✓**Medication appropriateness index** https://www.ncbi.nlm.nih.gov/pubmed/1474400
- ✓**STOPP/START tool, STOPPFrail(Ireland)** http://ageing.oxfordjournals.org/content/early/2014/10/16/ageing.afu145.full
- ✓**STOPIT tool** https://www.sps.nhs.uk/articles/screening-tool-for-older-peoples-potentially-inappropriate-treatments-stopit-medication-review-tool/
- ✓**Anticholinergic Burden Scales** http://www.medichec.com/assessment
- ✓**Medstoppertool (US)** http://medstopper.com/
- ✓**NHS Wales Health Board 2013** Polypharmacy: Guidance for Prescribing in Frail Adults Practical guide, full guidance, BNF sections to target http://www.wales.nhs.uk/sites3/documents/814/PrescribingForFrailAdults-ABHBpracticalGuidance%5BMay2013%5D.pdf
- ✓**NICE multimorbidity guidance and database of treatment effects** https://www.nice.org.uk/guidance/ng56and https://www.nice.org.uk/guidance/ng56/resources/database-of-treatment-effects-excel-2610552205
- ✓**Canadian Deprescribing Network and Deprescribing.org**https://deprescribing.org/resources/deprescribing-guidelines-algorithms/
- ✓**RPS polypharmacy Guidance 2018.** Getting our medicines right https://www.rpharms.com/recognition/setting-professional-standards/polypharmacy-getting-our-medicines-right
- ✓**National overprescribing review report (UK) 2021**
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019475/good-for-you-good-for-us-good-for-everybody.pdf
- ✓**Articles on deprescribing** https://academic.oup.com/ageing/pages/deprescribing-collection

Thanks

involve consider assess respond evaluate

Ideas for Learning Consolidation & Competency Conclusion

Consolidating Learning:

Reflection on the session & considering application to practice & what this means 'your people'

- Think about this session in relation to your own role
- How much of this was revision?
- What have you learned today ?
- How will this help you in your role ?
- Think about your EnCOP self–assessment; consider which performance indicators this session may relate to and how this can be used as part of your own development / competency achievement.

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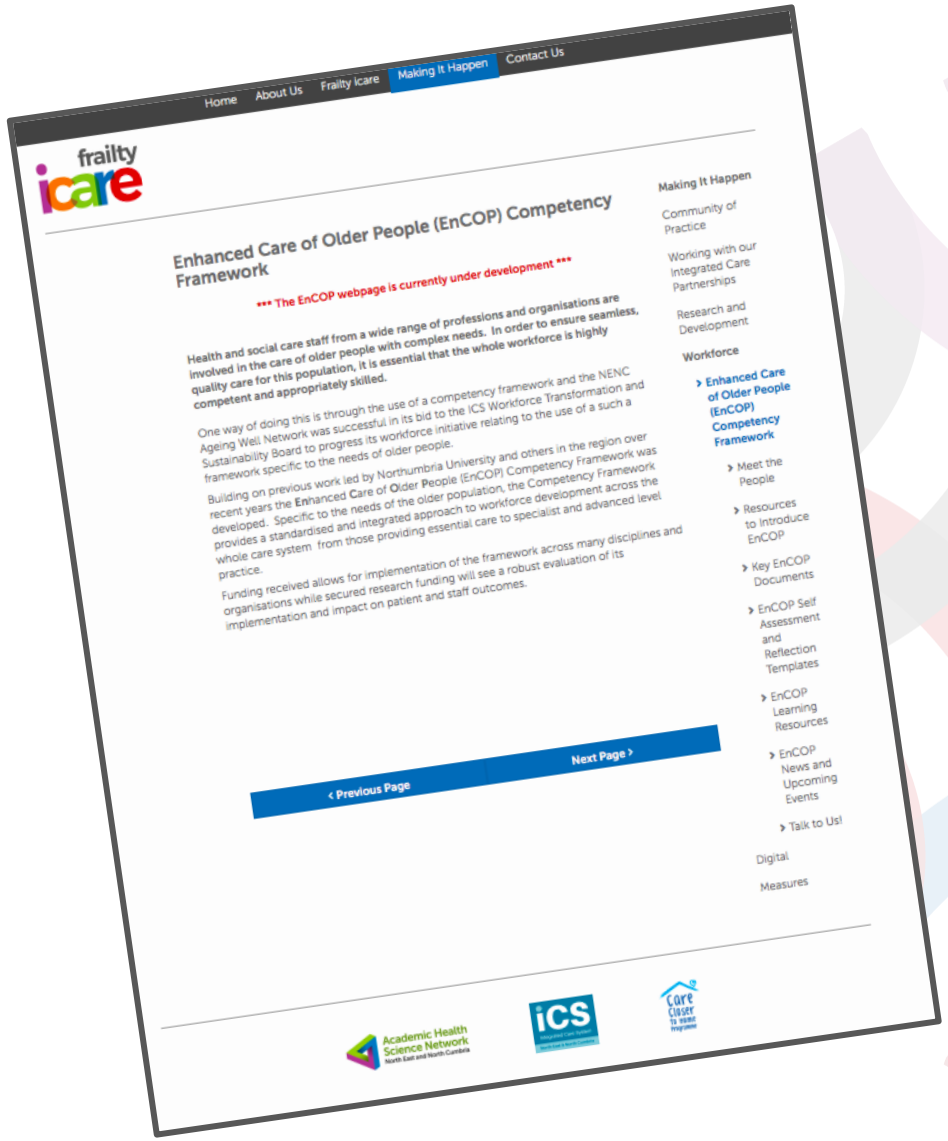

More information can be found within the Frailty icare website

www.frailtyicare.org

Our EnCOP pages are located in the workforce section

EnCOP Library of Learning & Development Resources can be found at:

http://frailtyicare.org.uk/making-it-happen/workforce/enhanced-care-of-older-people-with-complex-needs-encop-competency-framework/encop-learning-resources/learning-resources/

Feedback about today's session and any future sessions you may like to see included in our webinar series….

All feedback welcomed; You may want to consider the following –

Was it easy to book onto the session?
Did you find the session went well in this online format ?
Was the content of the session relevant to your area of practice / job role?
Did you enjoy the session?

Thinking about future webinar's, which topics linked to older person's care would you be most interested in?
Please put any suggestions in the chat.

Please comment in the chat today or feel free to email us: ghnt.encop@nhs.net