

## Prescribing Tips in the Elderly

### “A Baker’s Dozen”

1. Use the least possible number of medications and the simplest possible dosing regimen to improve adherence and avoid drug interactions.
2. Avoid medications known to be potentially harmful in the elderly (Beers criteria).
  - Especially medications with anticholinergic effects which can cause toxicity such as, CNS confusion, urinary retention, constipation, dry mouth and eyes, and blurred vision.
3. Use extra caution when prescribing high alert drugs: digoxin, calcium channel blockers (CCB), opioids, warfarin, theophylline, oral hypoglycemics, lithium, SSRIs, MAOIs, anticonvulsants, antimicrobials (macrolides, quinolones, antivirals, antifungals).
  - Organ dysfunction or drug interactions can result in toxicity
4. Avoid prescribing something for “nothing”.
  - Are the benefits worth the risks? Is the problem self-limiting or only a minor inconvenience?
5. Avoid overestimating renal function based on serum creatinine that is in normal range.
  - Note that creatinine clearance declines by 10% per decade after age 40.
  - Calculate creatinine clearance (to account for age and weight) and adjust doses of renally cleared medication accordingly.
6. Start at the lowest drug dose and titrate up slowly (except for antibiotics) so as to avoid:
  - The occurrence of excessive pharmacologic effects or adverse drug reactions that result in harm or refusal to take the medication.
7. Avoid the prescribing cascade— adding a medication to combat the side effects of another one.
  - This may occur because of failure to attribute current signs and symptoms to drug effects.

8. Rule out medication side effects as a cause of new symptoms such as confusion, falls, functional decline or memory loss.
  - Drug accumulation can occur after several weeks or months, or with declining renal function.
  - Drug adverse effects (especially falls, incontinence, confusion) may be incorrectly attributed to normal aging.
  - The elderly may not tolerate their usual medications when acutely ill, requiring dose reduction or temporary discontinuation.
  - Elderly persons with type 2 diabetes may need to hold medications on sick days (SADMANS).
  
9. Avoid making simultaneous changes in medications.
  
10. The moment of prescribing is an opportunity to review the current medication list.
  - Is each drug indicated? —STOP unnecessary, outdated or duplicate medications
  - Is a drug required? — START guideline-recommended therapy as appropriate
  - Do current prescription label instructions match the person's drug taking practice?
    - Forced compliance of outdated instructions can cause problems.
  - Consider potential interactions with caffeine, cigarette smoking, OTCs, or herbals.
  
11. Write a time-limited prescription.
  
12. Encourage elders to understand the importance of each of their medications and to have a system to remember doses.
  - Dose organizers (blister pack, dosette), reminders, education
  
13. Encourage elders to use one pharmacy so that drug interactions can be identified quickly, medication-taking problems can be addressed, and periodic medication reviews can be conducted.
  - Ontarians over 65 years of age should obtain Meds Check at their pharmacy and bring medication list to their scheduled doctor appointments.