



SENIORS AT RISK:

DESIGNING THE SYSTEM TO PROTECT AMERICA'S MOST
VULNERABLE CITIZENS FROM MEDICATION-RELATED PROBLEMS

WHAT IS A MEDICATION-RELATED PROBLEM?

**An event or situation involving drug therapy that
actually or potentially interferes
with an optimum outcome for a specific patient.**

Medication-related problems can be categorized **EIGHT** ways:

1. Untreated conditions

The patient has a medical condition that requires drug therapy but is not receiving a drug for that condition.

2. Drug use without indication

The patient is taking a medication for no medically valid condition or reason.

3. Improper drug selection

The patient's medical condition is being treated with the wrong drug or a drug that is not the most appropriate for the special needs of the patient.

4. Subtherapeutic dosage

The patient has a medical condition that is being treated with too little of the correct medication.

5. Overdosage

The patient has a medical problem that is being treated with too much of the correct medication.

6. Adverse drug reactions (ADRs)

The patient has a medical condition that is the result of an adverse drug reaction or adverse effect. In the case of older adults, ADRs contribute to already existing geriatric problems such as falls, urinary incontinence, constipation, and weight loss.



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7. Drug interactions

The patient has a medical condition that is the result of a drug interacting negatively with another drug, a food, or a laboratory.

8. Failure to receive medication

The patient has a medical condition that is the result of not receiving a medication due to economic, psychological, sociological, or pharmaceutical reasons.

Consultant Pharmacists Taking Care of Older Adults Have a Positive Effect.

- Mrs. GT is an 85-year old white widowed female who lives alone in her home in a small town in North Carolina. Her daughter, who felt that she had become lethargic, belligerent, verbally abusive, and overweight from eating junk food and lying in bed all day, referred her mother to a consultant pharmacist. Mrs. GT recently had back surgery, but refused to participate in physical therapy because she was in pain and had no energy. She was unkempt, very uncooperative, and did not want to be bothered. Her medication, which she had taken for many years, included pain medicine, blood pressure/heart medicine, and a "nerve" pill. She felt that her physician knew what was best for her, so she was not interested in having anything changed.

The consultant pharmacist referred the daughter to a geriatrician and recommended to the physician that all of the above medications be discontinued gradually. The consultant pharmacist suggested replacing them with a routine pain medication/anti-inflammatory for her back pain, adding a narcotic one hour prior to physical therapy, an ACE-Inhibitor for her blood pressure, and an SSRI for her depression. The geriatrician agreed with these recommendations, and within two to three weeks, Mrs. GT was a different person. She was now getting up in the mornings to attend physical therapy. She began a walking program and soon lost weight. Best of all, her mood and demeanor changed dramatically. Instead of her sullen and abusive statements to her daughter, she was now talking quite pleasantly and was much happier with her life's circumstances.

- Betsy M., an 80-year-old female resident of a skilled nursing facility, has had four urinary tract infections (UTIs) over four consecutive months. She was treated with four different, progressively more expensive antibiotics and was at significant risk for a serious blood infection (urosepsis) and hospitalization. After reviewing her medical record, the pharmacist recognized that she was taking four drugs that could lead to urinary retention and increase the risk of UTIs. The physician was consulted about this risk resulting in discontinuation of two of these medications and dose reduction for the other two medications. Over the next 12 months, she experienced only one UTI, which was easily treated. Potential savings were approximately \$300-\$500 in avoided antibiotic costs and \$3,000-\$5,000 in avoided hospitalization costs.