

Geriatrics Session: 10/22/12

- “reach” patients both literally and figuratively.
 - o Effort is important! Look in the phonebook if you don’t know a doctor’s phone number.
- Dr. Beers made lists of medication classes that are not meant for older people.
- Drugs in older people are more likely to cause chronic kidney disease, liver failure, other conditions.
 - o Consider how drugs are metabolized and excreted.
 - o Consider drug interactions – “polypharmacy”
 - o In patients with a predisposition to falling, use care when prescribing psychotropic meds and antihypertensives
 - o In patients with cognitive impairment, certain drugs may cause increased confusion and memory problems. It’s important to distinguish confusion from long-term memory problems (delirium vs. dementia)
- Delirium is a medical emergency. It’s important to get to the root cause of the delirium. Try and get patients back to their previous functional status.
 - o If patients have strokes or heart attacks, you cannot always get them back to their previous functional statuses.
 - o Make sure to get a history of the patients’ previous functional status. Avoid ageism.
 - o “Begin with the end in mind.” –Stephen Covey, Seven Habits of Highly Successful People
- When prescribing meds: “start low, go slow. When in doubt, leave it out.”
- Beers divided medications up by class.
 - o Red flag: patient is taking diphenhydramine (Tylenol PM). Determine patient’s functional status before they started the diphenhydramine-containing drug.
 - o Hydroxyzine is unusual because it has the letters “xyz” consecutive in its name.
 - o Anticholinergics may have side effects in the elderly.
 - o Parkinson’s drugs increase dopamine levels, so they may cause psychotic side effects.
 - o In contrast, Haldol can cause Parkinson’s-*like* effects: it decreases dopamine levels.
- Always double-check meds. Make sure you know what happens when you stop various drugs.
- Patients sometimes accumulate meds that they don’t need when they are acutely discharged.
 - o Example of woman who was on 21 meds, 11 of which were successfully eliminated
- EMRs force you to review a patient’s meds at each visit! Good
- You have to earn a patient’s trust to be able to start/stop medications
- You have to “choose your battles” in medicine.
- Pharmacies screen for drug-drug interactions, but they don’t screen for side effects very well.

- StallGeriatrics.com has a medication-symptom checker.
 - o Database has top 200 prescribed medications.
- Dr. Stall's oldest patient was born in 1893, and lived to be 107!
- Problem with side effects: there's no uniform way to define them
 - o For example, "urine leakage" and "urine incontinence" are the same thing.
 - o "Fuzzy thinking" and "confusion" are the same thing.
 - o You have to include side effects as equivalents when you program a database, for example
- It's important to match symptoms with drugs that may be responsible for those symptoms.
- We reviewed the principles of geriatrics.
 - o Today's session focused on Principle 3: "Medication use in the elderly is a major drug problem in America."
- Not many outpatient centers in America are dedicated to memory care – this is a problem: increased incidence of memory problems will continue to be seen until the number of elderly people levels off in 2050.
- Remember: seniors have sex too!
- Humor and inspiration are important.
 - o We looked at "texting for seniors"
- "The worst thing a doctor can do is not to kill a patient, but to make them wish they were dead."
- Resources for safer driving
 - o Elderly driving is a controversial issue.
 - o Recent car crash on 190 involving an elderly driver.
- Call people "Mr.-" or "Mrs.-" unless they tell you otherwise.
- StallGeriatrics.com has information for caregivers.
 - o The website is a way to consolidate information, and get information out to seniors.
- We discussed ACE units and their potential.
- We looked at the "Auscultation Assistant" website.
- When you Google "geriatric medication," Beers' list comes up first!
- We discussed what caregivers would be likely to Google if they were looking for drug interactions.
 - o Caregivers might Google "side effects."
 - o Tylenol and diphenhydramine have similar lists.
 - o Diphenhydramine has caused delirium in elderly patients.
 - o Look for warning labels on Tylenol PM.
- If caregivers call with a concern, always ask them about the patient's medications.
- We Googled "statin problems" and "statin problems elderly."
 - o Memory problems such as forgetfulness and confusion were reported.
 - o When memory problems are reported, always ask about statins and Tylenol PM.

- If a medication might be causing a memory problem, stop it for a month if possible. If there is no change, put the patient back on the medication. If patient's memory improves, discuss the medication with the patient.
- With statins, look at patient's baseline cholesterol and use your judgment. Different classes of statins can be substituted.
- Always communicate well and establish a rapport. You are less likely to get sued if you communicate, even if you make a mistake.
 - "The art of medicine is avoiding lawsuits as well."
 - "All doctors screw up. It's a learning experience."