



Adverse Drug Events:

What You Should Know if you are 60 years and older!

Adverse Drug Events (ADE) especially effect older people due to the high number of drugs they take and how their bodies no longer process medications as they did when they were younger. As a result, drugs often build-up and remain in the body longer causing drug toxicity. Nearly one in three hospital admissions among those over sixty-five years is due to a drug-related problem. Read the

following two Question and Answers from Dr. Rhodes to learn about what to watch for and what you can do to save yourself from a life threatening adverse drug reaction.

Q: My mom is now taking six different prescription drugs and lately she's been acting confused and has had some intestinal bleeding. Could this be a result of taking too many medications?

A: Yes, that certainly is a possibility. It's not always a matter of taking too many medications but rather if any of them interact with another in a harmful way. Drug-drug interactions can be very serious especially among the elderly who are often struggling with two or more medical conditions that compromise their body's ability to absorb and process the drug.

Research shows that thirty percent of hospital admissions in elderly patients may be linked to drug-related problems or drug toxic effects. Prescriptions that were supposed to have helped an older person have, instead, been linked to depression, constipation, falls, immobility, confusion, and hip fractures. Adverse drug events (ADE) are now a major public health problem. It's no wonder: people 65 years and older account for 14 percent of the population yet they take nearly one-third of all prescription drugs. The more drugs they take, the greater their risk for a damaging drug reaction. "Statistically, if you take six different drugs," warns Wayne K. Anderson, Dean of SUNY School of Pharmacy, "you have an 80 percent chance of at least one drug-drug reaction."

As our bodies age, we process medications differently. More body fat, less lean body mass, less total water in the body, lower metabolism, along with reduced kidney and liver cleansing function makes for a perfect storm of toxic drug build-up. Add to that, the numerous ingredients contained in each drug – multiplied by six for your mom -- and her fragile geriatric body finds itself hosting a chemical slug fest. Somebody's going to lose.

There is a tool that physicians are urged to consult known as the "Beers Criteria" or "[Beers List](#)." It identifies medications noted by an expert panel of geriatricians and pharmacologists to have risks that outweigh benefits of the drug for patients sixty-five years and older. It also alerts physicians for potentially inappropriate medications for older adults by disease or condition.

Here are some highlights from the [Beers List](#) on “Potentially Inappropriate Medication Use in Older Adults:”

- Indomethacin (Indocin): This anti-inflammatory drug often prescribed for arthritic pain produces the most central nervous system (CNS) adverse effects of all other drugs in its class (NSAID) such as spasms, blurred vision and/or stroke. Other NSAIDs like Aleve and Naprosyn have the potential of causing gastrointestinal bleeding, high blood pressure and renal failure if taken at full dosage levels and over a long period of time.
- Fluoxetine (Prozac): This anti-depressant has a long half-life (meaning it stays in your body longer) and thus, in the elderly, it may cause harmful excessive central nervous system problem and sleep disturbance.
- Digoxin (Lanoxin): This cardiovascular drug has a tendency to build-up because renal clearance of digoxin is decreased in the elderly. Taking it in lower doses not exceeding 0.125 mg per day reduces the risk.
- Methyldopa (Aldornet): This drug used to treat hypertension may cause an abnormally low heart rate that can lead to fainting spells and exacerbate depression.
- Antihistamines (Benadryl): All over the counter antihistamines often contained in cold and cough medications should be avoided because of their potent anticholinergic properties that can cause disorientation and loss of coordination.
- Benzodiazepines (Ativan, Xanax, Restoril, Serax): These drugs are sedatives often given as sleep aids but they accumulate in the elderly causing confusion and drowsiness that leads to falls and fractures. Rarely should an older person be prescribed the maximum daily dosage. Longer acting sedatives like clonazepam (Klonopin) and diazepam (Valium) should be avoided as they are more likely to mount up impairing balance and memory.

Anyone taking a blood thinning drug such as Wafarin (Coumadin) should alert their doctor when he or she prescribes another drug. It reacts negatively to a high number of other drugs commonly prescribed to the elderly, according to the Multidisciplinary Medication Management Project.

Your mom should call her family doctor and tell him or her that she is experiencing some confusion and bleeding and give the list of medications she is taking. If these symptoms are new and seem to be linked to any new medication she has been prescribed, then she should alert her doctor.

Q: How can I help protect me and my parents from having one of those adverse drug events?

A: The wisest thing you can do is to go on the offense and be very vigilant about the medications you take. Here is my “Top Ten Prevention List against Adverse Drug Events:”

1. Always keep a current list of all your medications including over the counter drugs and vitamins to share with every physician treating you. Share it with him or her before they prescribe a new medication and ask if any of the current medications you take could possibly interact negatively.

2. It's good to use one pharmacy, especially if you take multiple medications from different doctors. By doing so, the pharmacist can cross check your prescriptions with their medication interaction software to flag possible adverse reactions before you take the drug and they can alert your doctor.
3. Keep track of any physical or mental symptoms you may have after you've been taking a new medication. If these symptoms become problematic then alert your physician. Even if you've been taking a medication for quite a long time, don't assume that unusual complaints aren't side effects of your medication.
4. Always ask your pharmacist to check any new medication against your current list of medications; don't assume it's automatically being done.
5. If you are being prescribed a medication for a new symptom, ask your physician if it could be due to another medication that you are taking. Be cautious of what's known as the "prescribing cascade" whereby a medication is prescribed to treat what's believed to be a new medical condition but instead, it's really an adverse drug reaction.
6. It's important to monitor the prescriptions you take: read the material given you with your prescriptions and take advantage of www.medlineplus.com, a site operated by the National Institutes of Health that provides a comprehensive review of prescription medications, vitamins and over the counter drugs. It also shows both the generic and brand name for a drug.
7. Ask your doctor if he or she would conduct a "Brown Bag" review of all the drugs you are taking. The term is used to describe the process of a patient taking all of their prescriptions and placing them in a bag for their doctor to review during an office visit. By seeing the actual pill bottles, the physician may pick up problems (such as expiration dates, or drugs that should have been discontinued) that he or she would have missed by merely looking at a list.
8. If you take multiple medications during different times of the day, it may be very helpful to purchase an automatic pill dispenser with reminder alarms and the capacity of storing and dispensing medications for a week and more.
9. Unless you speak up, your physician may think that you are able to afford the medication she prescribes for you. Be sure to let her know if you can't afford the medication and ask for an alternative drug that may be more affordable. Also ask if samples are available or if they know of a patient assistant program that may help you.
10. Consider asking your physician about taking a "drug holiday," if you take a complicated regimen of medications and they don't seem to be working. Sometimes a break may be warranted to determine what medications are most effective in treating which symptoms. This can only be done under the close supervision of a physician.