

## Safe Prescribing for the Frail Elderly: Is Your Mom on Drugs?

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Fervid Trimble, age 86 (2003), enjoying her apartment in a senior's residence she'd chosen for herself.



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Fervid's "family care team"  
Johanna, Dale, Fervid and Kathie



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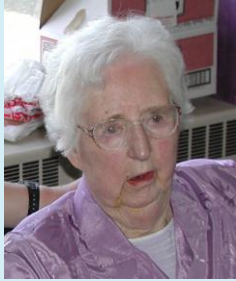
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Fervid experienced a precipitous mental decline after entering the Care Centre for "a few days" to recover from the 'flu in November 2003. We suspected new medications.



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### Why we decided to intervene:

- Her mental and physical decline was precipitous and didn't fit with her diagnosis on admission
- Several new drugs had been prescribed
- We suspected an interaction between a pain drug (tramadol) and an anti-depressant (citalopram), both affecting serotonin, and requested a medication review with facility staff

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### The process

- Pay attention to your loved one: watch, listen, write it down
- Research: identify REPUTABLE internet and print resources to research drugs and treatments
- Compare: symptoms with the adverse effects or interactions
- Communicate: first as a family – then with the doctor
- Timing: delays can cost precious time in reversing adverse effects

*(Fervid could have returned to residential assisted living if we acted sooner, if we only knew then what we know now!)*

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“Assume that any new symptom you develop upon starting a new drug may be caused by the drug. If you have a new symptom, psychiatric or otherwise, report it to your doctor”

Public Citizen, Health Research Group  
www.worstpills.org

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Has a baseline for the patient been determined?  
This is where the family comes in!

- Frail elders are often treated by people who don't know them, their medical history, or their baseline functioning, both cognitive and physical.
- Everyone has good intentions, but they are not seeing the big picture. This happens so often it's routine.
- Much prescribing for the elderly is an “evidence-free zone”.

A Bitter Pill: How the Medical System is Failing the Elderly  
- by Dr. John Sloan

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### Fervid's drug interaction

Symptoms of Serotonin Syndrome that we noticed:

1. Cognitive/behavioral changes: **confusion, agitation, lethargy**
2. Autonomic instability: **rapid heart rate, sweating**
3. Neuromuscular changes: **twitching a muscle or group of muscles**

*Serotonin syndrome is **often self-limited if it is recognized early**, treatment with the suspected drug or drugs is stopped, and supportive care is given. **It can be fatal left unrecognized and untreated.***

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- A further drug, Aricept, an Alzheimer’s drug, was suggested by the facility’s Psychiatrist who had decided Fervid had “vascular dementia”.
- We declined and requested that no additional drugs be prescribed without the family’s consent.
- At the time we didn’t know about delirium or its causes but we now know that this was the cause of Fervid’s decline

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### Delirium

- Fervid’s delirium was a result of a specific drug interaction
- But polypharmacy, along with age, is probably the number one factor in delirium.
- A minor change (in drugs) can precipitate a crisis among vulnerable elders.
- Delirium is a serious health threat, but also largely preventable.
- After an episode of delirium, one year mortality among frail elderly can be as high as 35 to 40%.

- Delirium Prevention Training program: IPPOD  
Sunnybrook Health Sciences Centre, Toronto ON

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### Loss of function

- 1 in 3 elderly admitted to acute care is discharged at a higher level of disability than when admitted.
- These seniors have a risk of further disability when they return home.
- At least 50% of that disability is preventable.
- Physical activity is critical, frail patients can lose up to 5% of functional muscle mass for every day in bed.

- Dr. Janet McElhanev, Geriatrician

*Delirium and confusion in any care setting will keep a patient in bed and result in loss of function.*

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“muscle mass loss is greatest in the antigravity muscles (those used to sit up, stand up, and pull up) and can require up to 2 weeks of reconditioning to return to baseline function for each day of absolute bed rest”

Beers MH, Jones TV, Berkwits M, et al, eds.  
The Merck Manual of Geriatrics

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### The results of Fervid’s “drugectomy”

- A return to normal mental status, but not physical status – she had been bedridden too long
- She did improve physically and work with (& attempt to defy) her physiotherapist
- She was able to attend meetings and complain!
- She returned to “training” care aides she thought needed improvement
- She formed close relationships with several of the care aides
- She was again able to join us for family outings

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Fervid enjoying white wine and oysters at her favourite restaurant with us after recovering from her diagnosis of “Alzheimer’s”



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### Question: Is there really an epidemic of Alzheimer's and dementia?

- The media constantly refers to the "epidemic" of Alzheimer's and dementia and how the "boomer" generation will make our health system unsustainable.
- Is our standard treatment of frail elders with multiple medications and overuse of acute care a big part of the problem?
- How do you want it to be when YOU get there?

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### Alzheimer's Misdiagnosis

"It's a real problem. If you're older and you get a label of Alzheimer's — even a hint that you have Alzheimer's — there's no more critical thinking about it. The difficulty in pinning down Alzheimer's makes misdiagnosis too easy."

Peter Lichtenberg,  
Head of the Institute of Gerontology  
Wayne State University

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### What we learned from Fervid




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### Fervid's words to her family

*"Well, I think I'll leave all my love to the next generation. May they realize the agenda we've set out for them with love and affection. It's too precious not to live—we've enjoyed each other so much. I think it will grow (love). That's the ticket into the next world. We will always be together, our love is always there and we will be part of the great growing field of love".*

Fervid lived for over 4 years after her initial over-medicated, confused & delusory state. If she had died earlier, and delusional, our family wouldn't have received these expressions of love and wisdom as her farewell.

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### Patient Safety

- Lack of patient [& family] involvement in care is the strongest risk factor for self-reported medical errors [twice as likely]. — Take As Directed by Church, R and MacKinnon, N
- Be an informed and involved partner in your own care and those you care about.
- Medical professionals may know medicine, but the family knows the patient.
- *"Don't do it to me, do it with me."*
- Patient advocates ask this question about care: *"Would this be good enough for me, my family and those I care about?"* —"Involving People in Healthcare Policy and Practice", Green, S

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### A profound difference in Fervid



Over-medicated

After the "drugectomy"

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Dedicated to Fervid Trimble 1917 - 2008



A picnic in the garden with Fervid

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