

Safe Prescribing Principles for the Elderly

- 1 At each encounter, assess your patient's current drug regimen (including prescriptions, OTCs, and alternative medications) before prescribing a new medication.
- 2 Determine if any current medications are on the Beers List and can be gradually switched to safer alternative therapies. For medications that have no alternatives, monitor your patient closely for adverse effects.
- 3 Prescribe as few drugs as possible. Consider if one drug could be prescribed to treat two conditions.
- 4 Avoid adding new drugs to treat side effects of current medications.
- 5 "Start low and go slow" with new medications, and increase dose only as needed.
- 6 Discuss potential side effects and treatment adherence with patients and caregivers.
- 7 Decide if drug therapy is needed or if a non-drug alternative exists.
- 8 Discontinue medications without a known benefit or clinical indication.
- 9 Determine how often medications on the Beers List, such as propoxyphene or cyclobenzaprine, are used in your elderly patients through chart review or electronic medical record review. Develop systems or reminders to decrease the use of these medications.
- 10 Understand the side effect profile and pharmacokinetic properties of the medications you are prescribing to your elderly patients.
- 11 If a patient develops a new or unexplained medical problem, consider an ADE as a potential cause.
- 12 Provide patients with written information about their medications, and ensure every patient carries a list of their medications with them at all times.
- 13 Work as an interdisciplinary team consisting of physician, pharmacist, and nurse to optimize patient outcomes and safety.



Source:

1. Fick, D., Cooper, JW, Wade WE, Waller JL, Information for Healthcare Improvement Maclean JR, Beers MH. Updating the Beers criteria for potentially inappropriate medication use in older adults results of a US consensus panel of experts. Arch Intern Med. Dec 8-22 2003; 163(22):2716-2724.