Assessing older adult patients’ medications for fall risks

This past December, our pharmacy team worked with CDC to develop an educational program for pharmacists about their role in preventing falls in older adults. Given the significant morbidity and mortality associated with falls in the senior population, CDC is looking to incorporate pharmacists as part of the health care team that will assess older patients’ medications for fall risks.

Comorbid medical conditions, risk of polypharmacy, and physical changes brought on by aging make older adults more susceptible to falls. An estimated 25% of older adults take five or more medications chronically, and depending on the medication class, some medications (e.g., anticonvulsants, antidepressants, antipsychotics, benzodiazepines, opioids, and sedative-hypnotics) may put older adult patients at an increased risk of falls.1

Pharmacists can collaborate with the other health care team members to provide screening services for fall risk, regularly review patients’ medication regimens for potentially inappropriate medications, provide recommendations to prescribers to discontinue or change a medication or change a dosage, and recommend appropriate vitamin D supplementation.

MTM pearls
When contacted by CDC about our participation in this project, we did not hesitate to accept. In our pharmacy, we regularly use fall risk tools to screen our patients. We also routinely review our patients’ medication regimens to determine if they are taking high-risk medications considered to put an older patient (>65 y) at an increased risk of falls.

Pharmacists can assess patients’ medication regimens to determine which medications may predispose a patient to an adverse event.

Our goal is to ensure that our patients are achieving their goals of therapy with safe and effective medications. By doing this consistently and systematically, we also ensure that our patients stay healthy, reduce their risk of falls, and maintain their independence.

This requires that we have the baseline knowledge about age-related changes that affect pharmacokinetics and pharmacodynamics of medications. It also requires that we know which medications put a patient at risk and that we monitor our patients for adverse events. Older patients are complex because of their comorbidities, and pharmacists need to use their knowledge of pharmacology and therapeutics to determine if, and which, medications are appropriate. Certain conditions (e.g., congestive heart failure) may require multiple medications, so taking multiple medications (>5) is appropriate in many instances.

Conversely, there are also examples of patients using polypharmacy inappropriately, increasing their risk of an adverse event. For example, some patients who are prescribed medications for an acute medical condition (e.g., proton pump inhibitors for stress ulcer prophylaxis) continue to take the medication once the situation resolves. Pharmacists need to use their clinical judgment when assessing their older patients’ medication regimens to ensure that all medications are appropriate and accurately dosed.

It is impressive to me that CDC sees the value of pharmacists on the health care team and considers the impact we can have on our patients’ health outcomes. Pharmacists can provide clinical services to ensure that their older patients are achieving their therapeutic outcome with safe and effective medications.

In addition, pharmacists can further collaborate with other health care providers by screening patients for fall risks and identifying and affecting modifiable risk factors (including environmental factors).

As a profession, we need to embrace this recognition by CDC and demonstrate that pharmacists can indeed positively affect this public health concern.

Reference

Randy P. McDonough, PharmD, MS, CGP, BCPS, FAPhA, column coordinator (mcdonough9@mchsi.com), and Co-owner and Director of Clinical Services, Towncrest and Solon Towncrest Pharmacies, Iowa City; www.thethrivingpharmacist.com

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