

Medication Adherence in the Elderly

How Can you Differentiate Between
Treatment Failure and
Non-adherence?



Case Study

- JH is 75 WF living alone with a history of :
 - Breast cancer
 - Type 2 Diabetes with neuropathy
 - Depression / Anxiety
 - COPD
 - Hypertension
 - Sleep Apnea
 - Osteoporosis
 - Back Pain



JH's medication Regimen

- Tamoxifen 10mg twice daily
- Paroxetine 40mg once daily
- Lorazepam 1mg 4 times daily
- Aspirin 81mg once daily
- Lisinopril/HCTZ 20/12.5mg once daily
- Zocor 20mg once daily
- Humulin N 34 AM and 12PM
- Humulin R 8 units twice daily
- Albuterol MDI 2 puffs as directed
- Spiriva 1 inhalation once daily
- Fosamax 70mg once weekly
- Calcium +D 600mg twice daily
- Hydrocodone/APAP 7.5/750mg 4 times daily
- Soma 350mg 4 times daily
- Amitriptyline 25mg at bedtime
- OcuVite Preser Vision
- One touch test strips



Chief problems

- Extreme Anxiety with periods of Physical Outbursts (hitting daughter)
- Unrelieved Pain
- Frequent Falls



What Would You Do?

- Increase the medications she is already taking?
- Stop some of the medications she is currently taking and see what happens?
- Suggest the family consider assisted care living or a nursing home placement?
- Call GRIPA for help?



Assessing Patient Adherence

- To unravel this case we need to know what medications the patient is actually taking.



Factors Effecting Adherence

- Cognitive abilities
 - Memory
 - Understanding
- Personal Beliefs
 - Consequences of disease
 - Benefits from medications
- Complexity of Regimen
 - Frequency of dosing
 - Adverse side effects
- Economics
 - Med costs
 - Insurance
 - formularies



Assessing Cognition

- MMSE –most widely used tool in primary care to assess cognition
 - In patients scoring in the normal range (24-30) problems with executive function can go undetected.
 - In one study of 68 patients mean age 79, 32 had normal MMSE (24-30) but 50% (16 patients) had abnormal clock-drawing scores as well as abnormal Executive Interview test (gold standard for detecting executive dysfunction).



Medication Complexity

- Address Polypharmacy
 - Simplify regimens
 - Avoid treating side effects of one medication with a second medication
 - Use 1 medication to treat 2 problems
 - Eliminate medications no longer needed



Economic Factors

- Medications costs
 - Does the patient have drug coverage?
 - Are the patients current Rx benefits being maximized?
 - Has EPIC and not writing for #100 tablets
 - On 3rd tier medications when 1st and 2nd tier alternative that are less expensive have not been tried



GRIPA Geriatric Assessment Service (GAS)

- A team comprising a Social worker, Nurse and Pharmacist reviewed this case.
- A home visit was conducted with the daughter present that included:
 - Cognitive Assessment
 - Emotion Assessment
 - Safety Assessment
 - Medication Assessment



Actions taken

- Monroe Oxygen to fix/replace C-PAP machine
- Refer for Emergency call system (PERS unit)
- Mediset provided and instructions given with Daughter to fill mediset weekly
- BG monitor replaced and instructed
- Encouraged pt to keep referral to psychiatrist for depression and anxiety
- Balance Training Video /Silver Sneakers
- Simplify and eliminate medications / Optimize EPIC Rx benefits
 - Change Vicodin ES QID to Oxycodone SR BID
 - Teach how to use Spiriva
 - D/C Soma
 - Write for #100 on EPIC



Results

- The patient is managing better at home with less anxiety, better pain control and more compliant with medications.
- For GRIPA patients with Preferred Care Gold, please call 922-1520 and asked for our Geriatric Assessment Team if you need help with a complex, elderly patient.

