

AN ORIENTATION TO THE GERI-RXFILES: ASSESSING MEDICATIONS IN OLDER ADULTS

Purpose

The Geri-RxFiles was created to assist health care professionals in assessing medication use in older adults. It is also intended to highlight potentially problematic medications in older adults based on the Beers Criteria, the STOPP Criteria, & others.

The Beers Criteria & STOPP Criteria

The Beers Criteria is a list of “potentially inappropriate” drugs in older adults; these criteria have evolved to include discussion of various clinical factors that need to be included in the equation. A similar list is **The STOPP Criteria** (STOPP = Screening Tool of Older Persons’ potentially inappropriate Prescriptions). Medications from these two lists are highlighted throughout the Geri-RxFiles to allow for easy identification. Additional medications not identified within these two lists, but potentially problematic are indicated by **RxFiles**.

Familiarizing Yourself with the Geri-RxFiles

Table of Contents

Here you will find a list of all the topics & their corresponding page #s or sections.

Introduction

The *Introduction* discusses drug therapy in older adults, highlighting various considerations for optimal prescribing & deprescribing. Practical ideas are provided to help health care providers optimize drug therapy in the older adult population including how to avoid common pitfalls like prescribing cascades.

Acknowledgements

In this section, we acknowledge all the individuals who contributed to the Geri-RxFiles. Their input provides invaluable perspectives & real-life experience making the Geri-RxFiles a more usable tool.

Therapeutic Topics (Section 1 to 36)

Seven systems are covered in the Geri-RxFiles including: cardiology, endocrine & metabolic, gastrointestinal, genitourinary, musculoskeletal & connective tissue, neurology & psychiatry, & finally respiratory. A variety of miscellaneous topics are also covered. The therapeutic topics cover both an approach to assessing & optimizing the disease or condition, as well as highlights medications that may be potentially problematic in older adults. A more detailed description is contained in the section entitled “*The Anatomy of a Geri-RxFiles Therapeutic Topic*”.

Tapering Information (Section 37)

This symbol indicates that a medication should be tapered upon discontinuation. Within the tapering section you will find the rationale for tapering a medication, common withdrawal symptoms, & a suggested tapering approach. This section is divided by medication classes, with the exception of clonidine.

Indices (Section 38 & 39)

In these sections you will find what all the acronyms stand for, & in the *Key Words Index*, you will find key terms related to drugs (both brand & chemical name), diseases, & trials.

Appendices (Sections 40 to 42)

The Appendices contain other RxFiles resources that compare anticoagulants or anti-hyperglycemic using a traffic light colour comparison. Time-to-benefit & other select considerations are also highlighted.

The Anatomy of a Geri-RxFiles Therapeutic Topic

Systolic Heart Failure (HF) in Older Adults

Functional Impairment

- Class I (Beers): New-onset delirium with acute onset, fluctuating course, and no other cause.
- Class II (Beers): New-onset delirium with acute onset, fluctuating course, and no other cause, plus evidence of acute change in mental status.
- Class III (Beers): New-onset delirium with acute onset, fluctuating course, and no other cause, plus evidence of acute change in mental status, plus evidence of acute change in mental status.
- Class IV (Beers): New-onset delirium with acute onset, fluctuating course, and no other cause, plus evidence of acute change in mental status, plus evidence of acute change in mental status.

Contraindications

- ACE inhibitors: Contraindicated in patients with aortic stenosis, aortic regurgitation, or mitral regurgitation.
- Beta-blockers: Contraindicated in patients with heart block, second or third degree, or sinus bradycardia.
- Diuretics: Contraindicated in patients with severe hyponatremia.

Medication Therapy

- ACE inhibitors: ACE inhibitors are the mainstay of treatment for HF. They improve survival and reduce hospitalizations.
- Beta-blockers: Beta-blockers improve survival and reduce hospitalizations in patients with HF.
- Diuretics: Diuretics are used to manage symptoms of HF, such as fluid overload.

The **first section** of most therapeutic topics provides a step-wise approach to assessing a disease/condition including exploring potential contributors such as other medical conditions or medications. This section also discusses the non-pharmacological & medications treatments options.

Heart Failure in Older Adults: STOPP & Beers Criteria

Drug or Drug Class	STOPP	Beers	Clinical Concern**
Beta-Blockers (BB)	5	5	• Risk of bradycardia • Aggravates heart failure in patients with HF • May worsen heart failure in patients with HF
Calcium Channel Blockers (CCB)	5	5	• Risk of symptomatic heart block or bradycardia • Aggravates heart failure in patients with HF • May worsen heart failure in patients with HF
Diuretics	5	5	• Risk of toxicity due to reduced renal clearance • In heart failure, higher dosages/levels associated with an additional benefit/difficulty versus lower doses • The addition with the dose of spironol 25 mg daily may have been to have a larger beneficial effect about the same other side effect a dose - renal clearance may lead to 17 mg of spironol 25 mg daily benefit level & renal clearance

The **second section** of most therapeutic topics is a table of the potentially problematic medications used in the treatment of the disease/condition. This section indicates if the medication appears on either the **Beers** or **STOPP** Criteria, in whom the medications are problematic, & other clinical concerns.

Symbols

- These medications must be tapered upon discontinuation (see Section 37)
- These medications are renally eliminated & may require a dose adjustment in renal impairment

Colours within Geri-RxFiles

A “traffic light” approach when highlighting different medications or key points.

- Green – Go!**
A first-line choice. Likely well tolerated with few concerns (adverse effects, drug interactions) or perhaps has the best evidence
- Yellow – Caution, slow down!**
Careful with these medications. Monitor closely for adverse events.
- Red – Stop, re-evaluate!**
Determine if there are better alternatives. These medications are likely best avoided. Risks likely outweigh the benefits.



Order Form

Geri-RxFiles - Assessing Medications in Older Adults

1st Edition - May 2014

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- ⇒ 128 pages outlining many of the specific drug therapy considerations for drug prescribing in older adults and long-term care
- ⇒ includes list of problematic medications from the **STOPP** and **Beers** Criteria, with discussion of specific concerns and alternatives
- ⇒ explores the issues of **poly-pharmacy**, prescribing **cascades** and when and how to "deprescribe" in older adults, include **tapering** recommendations

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Topic "Under Construction" for a future edition of the Geri-RxFiles