

## Polypharmacy & Medication Management

Developed by	American Geriatrics Society
How developed	Literature review and consensus process engaged in by members of expert panel and society leadership.
Additional essential patient information	<ul style="list-style-type: none"> <li>• <b>Why did you refer the patient?</b> <ul style="list-style-type: none"> <li>○ Use of 5 or More Medications (“polypharmacy”) (Review medications, make recommendations on appropriate use of medications in the elderly)</li> <li>○ Use of Medication from Beer’s List (Potentially inappropriate medication for use in the elderly)</li> <li>○ Medication Management for Geriatric related issues (Including adverse drug event, difficult to manage Geriatric Syndrome)</li> </ul> </li> <li>• <b>Current Medication List</b> (including vitamins, supplements &amp; OTC medications)</li> <li>• <b>Recent lab studies</b> (metabolic panel, liver function tests, blood counts)</li> </ul>
Additional patient information, if available	<ul style="list-style-type: none"> <li>• <b>Patient and/or family, caregiver concerns</b> <ul style="list-style-type: none"> <li>○ Concern over number of medications being taken by patient?</li> <li>○ Concern about specific medication being taken?</li> <li>○ Side effects reported</li> </ul> </li> <li>• <b>Prior adverse medication related events</b></li> <li>• <b>“Brown Bag” medication list</b> (see Reference section below for details.)</li> <li>• <b>Shared Decision Making</b> <ul style="list-style-type: none"> <li>○ What are the patients goals of care?</li> <li>○ Do the patient’s goals &amp; preferences coincide with medication prescribing and use?</li> <li>○ Has the healthcare provider discussed the patient’s goals, preferences and medication use with the patient and/or healthcare surrogate?</li> </ul> </li> </ul>
Alarm symptoms	<ul style="list-style-type: none"> <li>• Change in cognition, mental status</li> <li>• Functional status decline or change</li> </ul>
Tests/Procedures to avoid prior to consult	<i>Not applicable</i>

<p>Common rule-outs to consider prior to consults</p>	<p><i>Not applicable</i></p>
<p>Relevant "Choosing Wisely" elements</p>	<p><u>Primary Elements:</u></p> <p><i>American Geriatric Society</i></p> <ul style="list-style-type: none"> <li>• <b>Don't prescribe a medication without conducting a drug regimen review.</b></li> </ul> <p><u>Secondary Elements:</u></p> <p><i>American Geriatrics Society</i></p> <ul style="list-style-type: none"> <li>• Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.</li> <li>• Don't use antimicrobials to treat bacteruria in older adults unless urinary symptoms are present.</li> <li>• Avoid using medications other than metformin to achieve hemoglobin A1C&lt;7.5% in most older adults; moderate control is generally better.</li> </ul> <p><i>American Psychiatric Association</i></p> <ul style="list-style-type: none"> <li>• Don't routinely prescribe antipsychotic medications as a first-line intervention for insomnia in adults.</li> <li>• Don't routinely prescribe two or more antipsychotic medications concurrently.</li> </ul> <p><i>The Society for Post-Acute &amp; Long Term Care Medicine (AMDA)</i></p> <ul style="list-style-type: none"> <li>• Don't prescribe antipsychotic medications for behavioral and psychological symptoms of dementia (BPSD) in individuals with dementia without an assessment for an underlying cause of the behavior.</li> </ul> <p><i>Society of Hospital Medicine – Adult Hospital Medicine</i></p> <ul style="list-style-type: none"> <li>• Don't prescribe medications for stress ulcer prophylaxis to medical inpatients unless at high risk for GI complications.</li> </ul>

<p>Physician and/or patient resources</p>	<p>Healthcare Professional Information:</p> <p>Campanelli CM et al. American Geriatric Society Updated Beer’s Criteria for Potentially Inappropriate Medication Use in Older Adults. J Am Geriatr Soc 2012 Apr;60(4): 616-631.</p> <p>Hijjar ER, Cafiero AC, Hanlon JT. Polypharmacy in elderly patients. Am J of Geriatr Pharmacother 2007;5(4):345-351.</p> <p>Maher RL, Hanlon J, Hajjar ER. Clinical consequences of polpharamcy in elderly. Expert opinion on Drug Safety, Jan 2014; 13(1): 57-65.</p>
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