

# Medication Reduction in Long-term Care

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# Statistics of Medication Overload

## Adults 65 and over

42% take more than 5 medications per day

Nearly 20% take more than 10

## LTC residents

90% take 5 or more medications

65% take more than 10



geriatricsforcaregivers.net

# Impact of Medication Overload

- Adverse Drug Events (ADEs)
  - >280,000 over age 65 hospitalized for ADE
  - 5 million doctor's office or ER visits
  - Estimated 2 million ADEs each year in nursing homes
  - 1 in 7 residents hospitalized annually due to ADE
  - **150,000 Premature deaths**

# Adverse Drug Events

- Decreased functional ability—dizziness, falls
- Cognitive impairment—confusion, delirium
- Cardiovascular—heart attack, stroke
- Hypoglycemia
- Dehydration
- Decreased appetite—malnutrition



# Contributing Factors

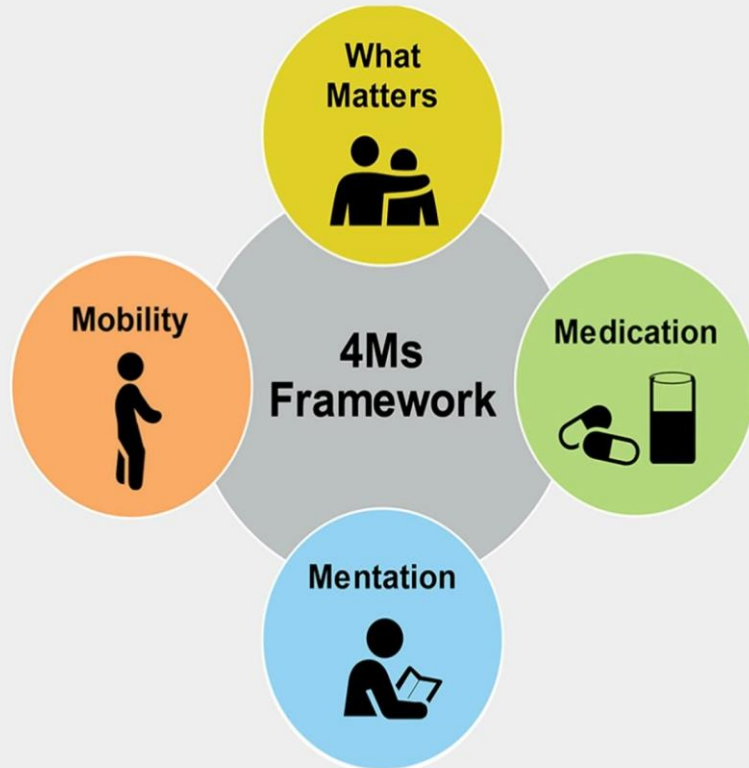
- Multiple providers
- Prescribing cascade
- Hospitalization
- Use of over-the-counter medications
- Lack of understanding



# Benefits of Reducing Medications

- Optimize Quality of Life
- Prevent harm
- Maintain or improve physical and/or cognitive functioning
- Cost savings of \$62 billion next decade in unnecessary hospitalizations
- Decrease medication errors
- Time savings

# 4Ms: Medications



**Aim:** If medication is necessary, use age-friendly medication that does not interfere with **What Matters** to the resident, **Mobility** or **Mentation**



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# High-risk medications

Benzodiazepines

Antipsychotics

Anticholinergics

Sedatives and sleep medications

Muscle relaxants

Tricyclic Antidepressants

Opioids

Anticoagulants

Diuretics

Statins

Antihypertensives

Diabetic medications



# Clinical Practice Guidelines

- Relaxed targets for older adults
  - Blood pressure 150/90
  - Hemoglobin A1C < 7.5%
- Risk vs benefit
  - Potential for increase risk of harm/decline
  - Less preventative benefit for older adults  
(antihypertensives, statins, diabetes medications, aspirin)

# Most Common Medications

Laxatives **48%**

Antidepressants **46%**

Non-narcotic analgesics **44%**

G.I. agents for acid/peptic disorders **43%**

Antipyretics **41%**

# Strategies to Reduce Medications

Don't start medications:

- Without clear indication for use
- If risks outweigh benefit

Stop medications:

- No longer indicated
- No longer appropriate
- No longer align with goals of care or “What Matters” to the resident



# Act on: Review of Medications

- Admission/re-admission
  - Dose reduction
  - Medication discontinuation
- Regular prescription checkups
- Care plan meetings
- Change of Condition
- Engage consultant pharmacist and Medical Director



# Act on: Review of Medications

- Careful assessment of ALL new medications
  - Efficacy
  - New symptoms/problems
- Control prescribing of high risk medications
  - Education
  - Non-pharmacological interventions
    - Behavior assessment
    - Sleep hygiene



# Resources

- 2019 AGS Beers Criteria

[files.hgsitebuilder.com/hostgator257222/file/ags\\_2019\\_beers\\_pocket\\_printable\\_rh.pdf](https://files.hgsitebuilder.com/hostgator257222/file/ags_2019_beers_pocket_printable_rh.pdf)

- “SMART” campaign for deprescribing in nursing homes

[https://www.narcad.org/uploads/5/7/9/5/57955981/polypharmacy\\_brochure\\_draft.pdf](https://www.narcad.org/uploads/5/7/9/5/57955981/polypharmacy_brochure_draft.pdf)

- “Implementing Non-pharmacological Interventions to Reduce Unnecessary Medications”

<https://www.phca.org/wp-content/uploads/2018/03/Unnecessary-Medications.pdf>

Medications **CAN** cause illness!

Reducing medications:

Saves Lives—Saves Function—Saves Ability

# Thank You!

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# Questions?

