Prescribing in the Elderly

Age related co-morbidities

Polypharmacy

Age related physiological changes

Impact PK/PD effects of drugs

Drug-Drug Interactions (DDI)

Inappropriate drug/dosage use

Increased risk of:
- Adverse drug reactions
- Non-adherence
- Cognitive impairment
- Impaired balance and falls
- Morbidity and hospitalisation

Perform periodic medication reviews
Questions to consider when reviewing a prescription
- Is there an indication for the medication?
- Is this medication appropriate for elderly people?
- Is the dose correct (e.g. adjusted for the renal function)?
- Is there a significant drug-drug interaction?
- Is there a significant drug-disease interaction (e.g. delirium)?
- Is the duration of treatment acceptable?
- Is there any missing medication?
- Is the patient able to manage his/her own medications or is assistance required?

Check for DDIs:
- Between HIV drugs and other comedications (www.hiv-druginteractions.org)
- Between comedications

Check for inappropriate use of drugs:
- Beers
- STOPP/START

The Beers and STOPP criteria are tools established by experts in geriatric pharmacotherapy to detect and reduce the burden of inappropriate prescribing in elderly. Inappropriate medicines include:
- Those which in elderly persons with certain diseases can lead to drug-disease interactions.
- Those associated with a higher risk of adverse drug reactions in the elderly.
- Those that predictably increase the risk of falls in the elderly.
- Those to be avoided in case of organ dysfunction.

The START criteria consist of evidence-based indicators of potential prescribing omission in elderly with specific medical conditions.

References