

# Half of Elderly May Have Prescription Errors

BY TIMOTHY F. KIRN  
Sacramento Bureau

SEATTLE — Nearly half of a sample of elderly persons in Los Angeles were taking medications that they probably should not have been, and the likelihood of such a problem rose sharply with the number of medications they were taking, Gretchen E. Alkema said at the annual research meeting of AcademyHealth.

In fact, of the elderly persons who were

taking 12 or more medications, 70% had one or more medication problems, and of those taking 7-9 medications, 50% had one or more medication problems.

About one-half of the individuals who participated in the study were taking nine or more medications.

The study shows how complicated caring for the elderly has become and how frequently they end up being given a medication they shouldn't be using, said Ms. Alkema of the Davis School of

Gerontology at the University of Southern California, Los Angeles, in a poster presentation.

The study looked at a cohort of 615 individuals in a Medicaid waiver program who were living at home but were at risk for institutionalization. Their average age was 80 years, about 40% were living alone, and 60% were English speaking.

A pharmacist reviewed each individual's medications by using a validated home-health screening tool, looking for

four types of medication problems:

► Unnecessary therapeutic duplication.  
► Inappropriate psychotropic medication use in a person with confusion or a fall in the past 3 months.

► Cardiovascular medication problems, such as poorly controlled hypertension based on dizziness, blood pressure, or pulse.

► Inappropriate NSAID use in a patient at risk for peptic ulcer complications (over age 80 years, on an anticoagulant, or on a corticosteroid).

Overall, 49% had one medication problem, 19% had two medication problems, and 5% had three or more problems. The most common type of problem was therapeutic duplication, in 24% of the individuals, followed by inappropriate psychotropic use and cardiovascular medication problems, each in 14% of the individuals, and finally, inappropriate NSAID use, in 13% of the individuals.

Apart from simply the number of medications a person was using, the study found that an important risk factor associated with medication error was that the individual had been to a hospital, emergency department, or skilled nursing facility in the past year. Those contacts with the medical system doubled the risk of a problem. ■

## Elective, Major Bowel Surgery Well Tolerated

SEATTLE — Elderly persons who undergo major bowel operations on an elective basis fare much better than those who have emergency surgery, Dr. Demetrios J. Louis said at the annual meeting of the American Society of Colon and Rectal Surgeons.

Dr. Louis reviewed 138 patients over the age of 80 years who underwent major intestinal operations at Rush University Medical Center, Chicago, between 1995 and 2005. Overall, 53% of the 138 patients had surgical complications and the mortality rate was 8%. He found much higher rates of complications, morbidity, and mortality in those who had the emergent procedures than in those who had elective procedures. For instance, their length of hospital stay was 2.7 times longer (21 days average versus 8 days), their major complication rate was more than twice as high (81% versus 35%), and their mortality rate was more than 16 times higher (32% versus 2%).

Patients who underwent emergency procedures tended to have significantly worse American Society of Anesthesiologists (ASA) status.

The findings suggest that success in older individuals is determined primarily by ASA status and the need for emergency surgery and, therefore, that "absolute age is not a determinant in outcome," said Dr. Louis, of the department of general surgery at Rush University.

—Timothy F. Kirn

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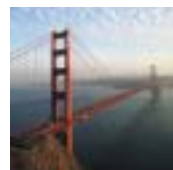
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