



► **Most older adults are at risk because of the medications they take without undergoing regular evaluations**

PAGE 1



► **“Caregiver Tips” offers practical suggestions for caring for people**

**with Alzheimer’s disease**

PAGE 2



► **Understanding the difference between non-compliance and**

**nonadherence**

PAGE 3



► **The “Trainer’s Corner” helps you relate the topic to caregivers’**

**personal experiences**

PAGE 4



# ALZHEIMER’S *In-Service* M O N T H L Y

BEST PRACTICES IN RESIDENT-CENTERED CARE

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## Many Pains, Many Pills

### KEY POINTS

- | **Older adults are at high risk for adverse drug reactions with dangerous and potentially lethal consequences.**
- | **To detect possible negative interactions, older adults need semi-annual evaluation of all the products they use to treat their conditions. This includes prescription and OTC meds, drops, creams, salves, supplements, and any unusual dietary items used regularly.**
- | **They should also provide all their physicians and their emergency contact with a current list.**

A few years ago, an email was circulating with the new words Julie Andrews supposedly sang to "My Favorite Things" at an AARP concert. The chorus went like this:

*When the pipes leak,  
When the bones creak,  
When the knees go bad,  
I simply remember my favorite things,  
And then I don't feel so bad.*

Simply remembering favorite things, however, doesn't help most older adults thrive as age-related physical changes occur. On the contrary, many - perhaps most - older adults rely on a variety of pills, ointments, creams, salves, eye drops, nasal sprays, herbs, vitamins, and dietary supplements. Ideally, their entire regimen of goodies is evaluated every six months or so by their pharmacist or physician to prevent:

- Adverse interactions
- Incorrect dosages
- Expired medications
- Use of medications that are no longer appropriate

Unfortunately, it is estimated that only about 10 percent of older adults obtain such an evaluation. This means that most older adults are at risk, not



just because of their physical conditions, but because the products they are taking to alleviate those conditions may be harmful.

A study by the American Public Health Association (APHA) estimated that although people over 65 make up only 12 percent of the population, they account for 34 percent of all prescription medication and 30 percent of all over the counter (OTC) drug use. The APHA also estimates that about 60 percent of older adults take their prescriptions improperly. As a result, more than a million people are hospitalized, and over 100,000 people die annually either as a result of the side effects of the drugs or from taking them improperly.

# CAREGIVER TIPS

## BE AN ADVOCATE

As caregivers for older adults, one of our primary roles is advocate. When people have Alzheimer's disease, they can seldom verbally express their discomfort with a medication, so it is up to us to give them a voice.

First, we can make sure they are being given the right medicine. People with AD often express pain through anxious behavior. Too often they were (and still are) given psychotropic or anti-psychotic drugs for treating their behaviors when they needed a pain-killer.

Second, we can watch for other sudden changes or behaviors/conditions that may be the result of the wrong drug or the wrong dose such as:

- Dry mouth, nausea, vomiting, diarrhea, skin rashes
- Involuntary tics such as sticking out one's tongue (tardive dyskinesia)
- Increased balance and movement problems
- Increased confusion



# Many Pains, Many Pills

FROM PAGE ONE

Part of the reason for adverse reactions in older adults is that most drug dosages are developed for a 150 pound male, aged 22 - 26. Older adults absorb, metabolize, and eliminate medicines from their bodies at different rates than do younger people, and they usually require lower dosages of most drugs. Older adults also tend to have multiple health conditions not generally found in young males. Additionally, many older adults were lifelong smokers and/or abusers of alcohol. Many do not eat healthy diets or get regular exercise. All of these things influence not only their overall health but how their bodies respond to medication.



Furthermore, most older adults see multiple doctors, and those physicians don't always coordinate treatment. A person may be prescribed two drugs by two separate doctors for high blood pressure, for example, and have a toxic reaction. There is also a strong tendency among many physicians to continue prescribing a drug they've started, rather than periodically evaluating the need for continuing its use. This, too, can cause toxic reactions over time. Few doctors know all of the medications - including over the counter drugs and things like dietary supplements, herbal medicines and topical creams - their patients are using, which is why "the brown bag solution" (bringing everything in for periodic evaluation by a pharmacist or physician) is so helpful.

Older adults or their caregivers should also make multiple copies of a complete list of drugs, dosages, and directions, carry one copy in their purse or wallet, and give the others to each physician and their emergency contacts, such as neighbors or relatives. If the list is stored on a computer, it is easy to make changes and to print more copies as needed.

## KEEP IN MIND: WHAT TO ASK THE DOCTOR

When a new medicine is prescribed for you or your care receiver, ask these questions before leaving the doctor's office:

- What is the name of the medicine? What is it for?
- How often, when and with what (food, water?) should I take the medicine?
- Are there any risks for me in taking this medicine with my other medicines (prescribed and over the counter)?
- How will I know it is working? How soon am I likely to notice? How long must I take it?
- What side effects are likely and which ones should I be concerned about?
- What if I miss or forget a dose?

- Should I avoid any foods, drinks, other medicines, dietary supplements, or activities while taking this medicine?

If needed and possible, get directions in large print or translated into your primary language.

### Key Points:

Ask all the questions you need to be comfortable with any new medicine prescribed and to fully understand how to take it for maximum benefit.

If you need to, ask if you can have all the answers to your questions printed out in large type or your native language.

# Non-compliance vs. nonadherence

Most older adults take multiple medications, and physicians are often frustrated by patients who fail to take those drugs as prescribed. Patients are called noncompliant when they unintentionally fail to follow the instructions of doctors or pharmacists. Nonadherence is a deliberate choice made by patients to go against the physician's wishes. There are many reasons for both actions. For example, patients may be noncompliant because they:

- 1) Have a hearing or vision deficit or a poor understanding of English and a reluctance to share this information with their doctors. This often creates misunderstandings about directions and interferes with their ability to read the labels or side effect warnings.
- 2) Are confused about a complex regimen of 8-10 medicines, some of which must be taken multiple times a day, some with food or without. Again, they often don't admit their confusion, in part because it's a threat to their self-esteem and independence.

They may be nonadherent - willfully not taking the medicines as prescribed - for some combination of the following reasons:

- 1) They are worried about the cost and try to stretch their prescriptions by, for example, taking only two a day when four are prescribed. This is a common problem and is not limited to people who are poor.
- 2) They resist taking certain medications because they are in denial about their own aging.
- 3) They are experiencing unpleasant side effects and rather than telling their doctors, they simply stop taking the medicine or lower the dose on their own.
- 4) They may not believe it is essential to avoid alcohol or caffeine or follow other directions precisely.
- 5) They may stop taking the medication as soon as they feel better and don't understand the importance of continuing it.
- 6) If they have memory problems, they may forget to take the meds or forget they have already taken them and take them again.
- 7) If they are depressed, they may be

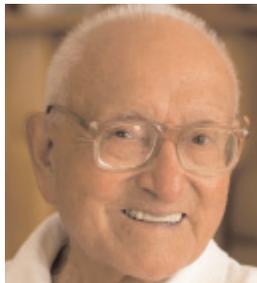
unmotivated to take any medicine at all.

- 8) They may fear addiction (especially with pain medications), or their caregivers fear their addiction and influence their care receivers' intake.

On the other hand, many people may have adverse or unintended reactions to medicines, even when they take them according to directions. Medicine is a complicated science, and our understanding is imperfect. Here, for example, are a few of many oddities of drug interactions:

- Aspirin and alcohol interfere with vitamin C absorption; anti-inflammatory drugs interfere with the absorption of B vitamins; diuretics cause potassium loss.
- Diabetics who are also smokers require higher doses of insulin.
- The combination of antidepressants and aged cheese can cause high blood pressure.
- Aspirin can cause internal bleeding, and it is "hidden" in many other commonly used drugs, such as Alka-seltzer, Anacin, Excedrin, and Pepto-Bismol.

If those examples are not confusing enough, consider that research often produces mixed results, so that one year's recommendation on estrogen supplements may change next year, for example.



## KEY POINTS

- | People who unintentionally fail to follow their prescribed drug regimen are said to be noncompliant.
- | People who willfully fail to follow their prescribed drug regimen are said to be nonadherent.
- | There are logical, understandable reasons for both noncompliance and nonadherence.
- | Even when people follow directions, adverse reactions from their medications can still occur.

## RESOURCES

If you type "adverse drug reactions elderly" into your web browser, you will come up with hundreds of thousands of entries - as you will for most topics researched on the web. Furthermore, as with most topics, you will find information of varying validity. Drugs have provided enormous benefits to millions of people, but they also have side-effects and risks. Your physician or pharmacist is likely to be able to provide much more useful information than you can analyze in a quick web search. Nevertheless, here are a few sites that you may find helpful:

<http://www.fda.gov/cder/consumerinfo/medAndYouEng.htm>

[http://www.medscape.com/viewarticle/501879\\_print](http://www.medscape.com/viewarticle/501879_print)

<http://www.healthanddna.com/adversedrugreactions.html>

# TRAINER'S CORNER

## IN-SERVICE GUIDE

The "Trainer's Corner" helps you relate the topic to caregivers' personal experiences in order to make it relevant and memorable. With each issue, we will provide

discussion questions and an engaging exercise. A quiz is available on Page 5 to test participants' knowledge. (The answers appear on the bottom of this page.)

### Bringing the lesson home

Try this simple game to illustrate how we react to confusing directions. Print these two columns on a white board or flip chart:

Old direction	New direction
Up	Turn right
Down	Face the rear
Left	Sit down
Right	Face front
Front	Stand up
Rear	Turn left

Tell participants they are to follow the new direction when you give the old direction. For example, if you give the old direction of "down," participants should follow the new direction, "face the rear." Start by giving the directions slowly so the participants get the hang of it. Then speed up the directions. Speak loudly and impatiently to anyone who is slow to follow.

Because participants must begin by standing up, the first direction you should give is "front." Here is a possible sequence:

- a. Front
- b. Down
- c. Rear
- d. Right
- e. Up
- f. Right
- g. Down
- h. Rear
- i. Up
- j. Down
- k. Right
- l. Down
- m. Rear
- n. Down
- o. Up
- p. Down
- q. Right
- r. Left



### Let's talk

As their condition progresses, people with Alzheimer's disease live in an increasingly confusing world and ordinary directions lose their meaning, so nothing is simple. But if we still think we have made a simple request, we tend to speak more loudly and impatiently. The person with Alzheimer's disease immediately tunes in to our body language and tone of voice and the directions are lost. You are trying to recreate that feeling in your participants.

Ask:

- How difficult was it to follow directions when I spoke slowly and gave you time to respond?
- How did things change as I began to rush you and became loud and impatient? (Look for feelings of frustration, resentment, this-is-stupid-and-I'm-just-going-to-sit-down. Relate it to the feelings of the person with Alzheimer's disease.)
- How could I have helped you understand the directions better? (By modeling the action or giving you clues of which way to turn?)
- What if I had asked you to remember the new meaning for those words, and told you use them to give directions tomorrow to someone going from his room to the dining room; could you do it? (Compare this to remembering confusing directions for taking medications and how difficult it might be, if you have no sense of time, to even know if you had done what you were supposed to.)

### Answer Key for Quiz on Page 5

1) c    2) e    3) b    4) e    5) b

# QUIZ: Medications — Part 1

PLEASE COPY AND DISTRIBUTE TO EACH PARTICIPANT

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Quiz Date

\_\_\_\_\_

Supervisor's Signature

\_\_\_\_\_

Date

*Please answer the following questions based on the information on the previous pages.*

**1) Older adults need their medications and other products used to treat various ailments evaluated every six+ months to prevent adverse interactions. Which of the following is LEAST likely to need to be evaluated?**

- a. Prescription medications, drops, ointments
- b. Over the counter medications, drops, ointments
- c. Lipstick and face powder
- d. Vitamins and dietary supplements
- e. Health food store products including anti-aging creams

**2) All of the following are common reasons older adults are at risk for adverse drug reactions EXCEPT:**

- a. Drug dosages are commonly developed based on recommendations for healthy young males
- b. They absorb, metabolize and eliminate drugs at different rates than younger people
- c. For many reasons, older adults may not accurately follow the directions for taking their meds
- d. They tend to take multiple medicines
- e. They pay more attention to diet and exercise than their medications

**3) People are said to be noncompliant if they willfully fail to take their prescribed drugs as directed and nonadherent if they accidentally take them wrong.**

- a. True
- b. False

**4) The following are examples of nonadherence:**

- a. They are worried about the cost of their medicines
- b. They are confused by what to take when and don't want to admit it
- c. They start taking fewer pills because they don't like the side effects
- d. B only
- e. A and C only

**5) All of the following are important reasons to become an advocate for people with Alzheimer's disease who are taking various medications, EXCEPT:**

- a. When they are in pain, they can seldom ask directly for medicine
- b. Without your intervention they may become addicted to pain meds
- c. They may not recognize that their diarrhea is a possible side-effect of a medication
- d. Since they already have a diagnosis of Alzheimer's disease, others may not recognize a sudden increase in confusion as a possible drug side effect
- e. Their loss of sense of time puts them at risk for failing to take medication or taking pills too often

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