

Psychotropic drug use among seniors: What you need to know

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Approximately 20 percent of older adults have been diagnosed with a mental disorder, including dementia (Smyer et al., 2012).

Mental health problems — particularly dementia or moderate-to-severe cognitive impairment — are more common among nursing home residents when compared to elders living in the community.

In addition, many seniors face significant life challenges, struggle with mental health problems that are not diagnosed and deal with mental health symptoms that are related to chronic physical conditions.

While a minority of elders receive mental health services from the specialty mental health sector (e.g., therapists and/or psychiatrists in private practice or community mental health centers), most older adults receive help from primary care physicians.

Psychotropic drug use is common among older adults in all settings.

However, psychotropic medication use is especially prevalent in nursing homes, in part due to the large proportion of residents living with dementia-related behavioral problems.

Categories of psychotropic drugs include antidepressants, anxiolytics or anti-anxiety medications and antipsychotic agents.

Prescribing psychotropic medications is only one way to treat individuals with mental health conditions.

In addition, psychotropic drugs may be used to manage symptoms (e.g., apathy, cog-

nitve slowing, agitation) associated with mental health conditions such as depression, anxiety and dementia.

While psychotropic medications may be useful and even warranted in some instances, physicians and their patients should consider the rationale for using them, whether or not benefits outweigh risks, and what the anticipated outcomes will be.

Medication optimization is a conservative approach to prescribing medications such as psychotropic drugs. Objectives for this approach are (1) to prescribe the lowest number of medications possible, (2) to prescribe the lowest dosages possible, (3) to prescribe for the shortest duration possible, (4) to minimize adverse side effects and (5) to have benefits outweigh risks.

Older adults are more likely to deal with multiple physical problems, chronic conditions and diagnoses, sometimes requiring medications to manage symptoms rather than cure diseases. The American Society of Consultant Pharmacists reports that on average, adults aged 65 to 69 used almost 14 prescriptions per year while those aged 80 to 84 took 18 prescriptions per year. These rates do not account for the concomitant use of over-the-counter drugs. Polypharmacy (use of multiple drugs) is common for most seniors, translating into a higher potential for drug interactions and related adverse reactions.

The "costs" associated with overuse or inappropriate psychotropic drug prescrib-

ing are high, in terms of overall wellbeing, physical and mental health, and level of independent functioning. "Costs" can include the need for visits to the emergency room, for psychiatric or other inpatient hospitalizations, for having to recover from injuries sustained from falling due to dizziness (potential adverse side effect), and for having to be treated for a condition called "delirium" which looks a lot like the exacerbation of dementia.

When engaged in shared-decision making with primary care physicians, seniors (sometimes with involvement from family members or caregivers) will have the opportunity to ask questions, to have an open dialogue, to be heard and to have a say in decisions that are made about the care they receive. Shared decision-making should be expected as a central feature in an appointment with your doctor.

An excellent resource on talking in general with physicians is: "Talking with your doctor: A guide for older people" (2010). It is available online in PDF form or in hard copy via mail for free (<https://www.nia.nih.gov/health/publication/talking-your-doctor/opening-thoughts/why-does-it-matter>). Notably, there is a document targeted for physicians titled "Talking with your older patient: A clinician's handbook" (National Institute on Aging, 2008, reprinted 2011), and is available online (https://www.nia.nih.gov/sites/default/files/talking_with_your_older_patient.pdf). This resource about communicating effectively with elderly people may

prove to be particularly useful for physicians interested in making shared decision-making a reality.

When use of psychotropic agents is discussed, an older adult should pose the following questions:

- What is this psychotropic medication for and why is it recommended for me? How will using it benefit me?

- What are the alternatives to use of psychotropic medications? What else can I do to remain well and feel better emotionally instead of or in addition to taking psychotropic medications? Options may include individual counseling, family therapy, meditation, learning to deal with stress more effectively, or making changes in sleep, diet exercise patterns.

- If drug use is needed (be sure to discuss why), what are the possible side effects? Side effects can vary widely, and can affect overall health and wellbeing. They may include symptoms that are a bit uncomfortable, and those that are more problematic and serious. The latter may include sedation, severe confusion, dizziness placing one at risk of falling, hallucinations and marked agitation.

- What happens if I have a side effect? How will I know if I am having an allergic reaction? What should I do if I have a serious side effect? When would it be appropriate to stop taking this psychotropic medication?

- How will I know that the psychotropic medication is "working" and how long will it take for the drug to "work" for me? How long will I need to take it?

The effectiveness of decisions made jointly can be maximized by seniors:

- Keep a log of psychotropic medications used and when they were started, side effects, changes in symptoms and how you feel in general. Note changes in activity level, your sleep and eating patterns and how well you were able to attend to responsibilities and tasks.

- Share this information with your physician at your follow-up appointments.

- Notify your physician if you have any questions or encounter any problems with taking the psychotropic medication(s) prescribed.

- Information tracking how you are doing will also prove helpful in discussions with your pharmacist or with emergency room physicians if admission is warranted.

- Let your doctor know if you make the decision to not start taking a prescribed medication or to stop

taking a medication as well as why. While the ultimate decision is yours as to whether or not to take a psychotropic medication, keeping your physician informed will optimize the quality of care that you receive.

- Never hesitate to ask questions...you deserve to receive answers.

For more information about medication optimization, contact Steve Stone, executive director, (ssstone@ashlandmhrb.org) or David Ross, associate director (dross@ashlandmhrb.org), MHRB, 419-281-3139. Visit the MHRB website and review the Three Legs of the Stool document which presents an overview of medication optimization (www.ashlandmhrb.org).

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