

Gerryatric Musings

October 2014

Therapeutic Vigilance

This month I want to discuss therapeutic vigilance.

I would like to direct you to the June-July issue of the Therapeutic Letter, issue 901. This article deals with reducing polypharmacy and presents a logical approach. The article provides some important statistics regarding prescription drug use in British Columbia and the pitfalls of complex medication regimes. One of the main considerations, particularly for our elderly, is to reduce acute adverse drug reactions (ADR). These increase exponentially with polypharmacy. The article references several other articles where a formal intervention reduced the number of prescription drugs. I think we should make a habit of reading this article once a month.

The article summarizes what I call the “lucky 7” steps to, “deprescribing”. For our elderly patients we have to be cognizant of the goal of therapy. Are we improving their life or are we prolonging their life and if you consider ADR, their suffering. Our elderly have many “symptoms” in at their stage of life and not all of these require a prescription. Consider this before you prescribe.

Finally, one other item of vigilance is the discharge prescription from acute care. Our pharmacy has an automatic substitution policy based on the lowest cost alternative. Please review these prescriptions and don’t just sign them. The automatically substituted medication may require special authority (more work); duplicate another prescription at home (leading to potential double dosing) and yet another medication reconciliation (more work). Please review the Pharmacare medical profile that is usually on file to be sure you haven’t missed any that could be discontinued.

¹Therapeutics Letter, June-July 2014, No. 90, www.ti.ubc.ca