

Seniors being given too many drugs, according to pharmacy expert

Senior citizens might be a lot happier (not to mention healthier and maybe even a little wealthier) if doctors and politicians stopped focusing exclusively on costs of prescriptions and instead looked closely at why patients take so many medications in the first place.

According to Wayne K. Anderson, Ph.D., dean of the University at Buffalo School of Pharmacy and Pharmaceutical Sciences, senior citizens in the U.S. age 65 and over take an average of six-to-eight prescription drugs daily.

"That's probably too many," he said. "Proper pharmaceutical therapy management could probably cut in half the number of drugs most senior citizens now are taking," he added, "so the amount of money they are spending is reduced and the quality of their lives is much improved."

Anderson said that most senior citizens see several doctors, each of whom may prescribe a medication based on symptoms the patient is experiencing.

"Different physicians use different drugs to treat different conditions," he explained, "and some of these drugs interact, in some cases exacerbating the side effects of other drugs that are being taken for other conditions."

Statistically, a person taking eight drugs can expect at least one drug interaction that will have a negative effect on his or her health, Anderson noted.

He explained that the scenario is a common one.

An elderly patient sees a doctor about a particular condition and the physician prescribes a medication. But that drug produces a side effect, so another drug is prescribed, often by another health care provider, to combat the side effect. That drug makes the patient shaky, so another drug is prescribed, but that drug makes the patient sleepy, so a stimulant is prescribed but then the patient can't sleep at night, so another medication is prescribed to induce sleep.

These outcomes not only compromise the patient's health," Anderson warned, "but may lead to much higher health care costs that are entirely avoidable."

He noted that national data from the American Association of Consultant Pharmacists suggest that 25% of admissions to nursing homes result from failed drug regimens, noncompliance by patients, drug interactions, inappropriate medications being prescribed for certain conditions and the lack of good therapeutic monitoring.

"There often is no single physician who is looking at the patient's entire health picture and who can ask, 'Why is this person taking so many drugs?'," he explained.

SOURCE: "New Approach to Pharmacotherapy," Media Report, University at Buffalo, November 30, 2000.