Prescribing for the elderly: less may be more

Sir,

I read the article about prescribing for elderly people (Vol 75(8), 2014, p. C119) with a great deal of interest. As a consultant geriatrician one of my most rewarding roles is to discontinue as many potentially inappropriate medications as I can, whether this is in an inpatient setting or while reviewing elderly patients in my falls and syncope clinic. Symptomatic postural hypotension leading to syncope and falls may improve substantially once culprit drugs (mainly vasodilator antihypertensive drugs and diuretics) are identified and either discontinued or have their dosage reduced. Similarly there are a number of psychoactive medications and hypnotics that impair cognition, affect concentration and cause postural imbalance leading to falls and fractures in the elderly.

Sadly I continue to see frail elderly individuals who have for years been left on repeat prescriptions of benzo-diazepines, hypnotics ('Z' drugs such as zopiclone), antipsychotics and many others. This is despite very clear guidelines on short-term recommended use of such drugs easily available from the British National Formulary (Joint Formulary Committee, 2014). And then there is the 'cascade prescribing' – treating the side effect of one medication with the prescription of another. For example amlodipine commonly causes ankle oedema which is then treated with a diuretic such as furosemide.

I would like to draw readers' attention to a published evidence-based tool STOPP (Screening Tool of Older Person's inappropriate Prescription) which can identify inappropriate medications and also be used to identify adverse drug events in acutely unwell elderly patients admitted to hospital (Hamilton et al, 2011). The tool comprises 65 system-based criteria incorporating commonly encountered instances of potentially inappropriate prescribing in older people, including drug–drug interactions, drugs that increase falls risk and duplicate drug class prescriptions.

There is a growing awareness that regular medication review of elderly patients, at least annually for individuals who are taking multiple medications, can provide the opportunity to curtail drugs that may not be necessary in many. Primary care colleagues should consider enlisting the help of community pharmacists and geriatricians in reviewing complex cases, especially the frail elderly at risk of recurrent falls and fractures. In many such cases prescribing fewer potentially inappropriate medications may indeed translate into an improved quality of life for the patient.

Sanjay Suman
Consultant Physician
Department for Elderly Care
Medway NHS Foundation Trust
Gillingham
Kent ME7 5NY
(sanjay.suman@medway.nhs.uk)

Hamilton H, Gallagher P, Ryan C, Byrne S, O'Mahony D (2011) Potentially inappropriate medications defined by STOPP criteria and the risk of adverse drug events in older hospitalized patients. *Arch Intern Med* **171**(11): 1013–19 (doi: 10.1001/archinternmed.2011.215)

Joint Formulary Committee (2014) Hypnotics. In: British National Formulary. www.evidence.nhs.uk/formulary/bnf/current/4-central-nervous-system/41-hypnotics-and-anxiolytics/411-hypnotics (accessed 28 August 2014)