Medication Use in Older Adults:
Updated AGS Beers Criteria

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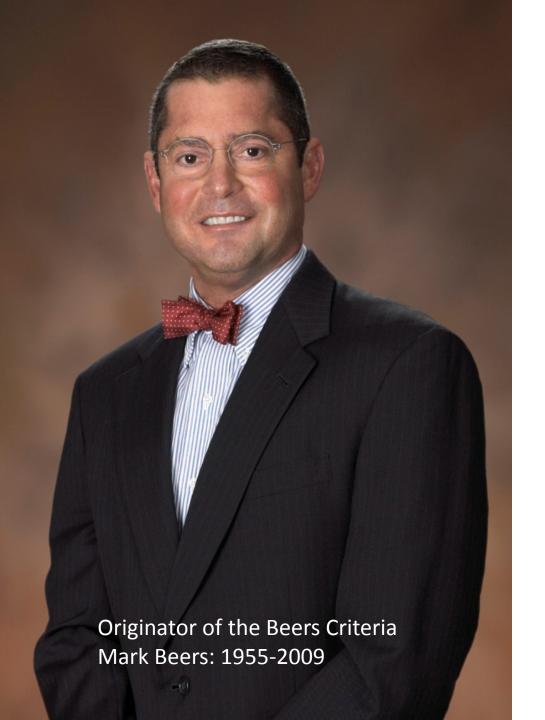School of Pharmacy

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Agenda

1. Provide an update on the newly released 2015 AGS Beers Criteria.

2. Discuss how the AGS Beers Criteria can be use in clinical practice, and how they can be used to educate other members of the healthcare team.

Originator of the Beers Criteria
Mark Beers: 1955-2009

"A ballet-dancing opera critic who hiked the Alps and took up rowing after diabetes cost him his legs"

- MD, Univ of Vermont
- First med student to do a geriatrics elective at Harvard's new Division on Aging
- Geriatric Fellowship, Harvard
- Faculty, UCLA/RAND
- Co-editor, Merck Manual of Geriatrics
- Editor in Chief, Merck Manuals

Why is inappropriate medication use important in older adults?

> Increases mortality, morbidity & risk of adverse drug events

> Increases healthcare costs and utilization

> Is increasing in use in the oldest and most vulnerable adults

> Is highly common but preventable

What is the purpose of the Beers Criteria?

> To identify drugs to avoid in older adults:
>   1) Independent of diagnosis
>   2) Considering diagnosis

> To reduce adverse drug events and drug related problems and improve medication selection and medication use in older adults

> Designed for use in any clinical setting, also used as an educational, quality and research tool

Disclaimer from the Panel

"The changes in the 2015 update are not as significant as those of the previous update, but two major components have been added:

1. drugs for which dose adjustment is required based on renal impairment and
2. drug-drug interactions.

Neither of these new additions is intended to be comprehensive, because such lists would be too extensive; instead, an interdisciplinary expert panel focused on those drugs and drug-drug interactions when there is evidence that older adults are at risk of serious harm if the dose is not adjusted or the drug interaction is overlooked."

Additional 2015 Updates

> Alternatives List

> How To Use The AGS Beers Criteria
  – 7 key principles

> Example of update:
  – Non-benzodiazepine hypnotics ("z" drugs)
    > Changed "avoid chronic use (>90 days)" to avoid regardless of duration
      – Increase in the evidence of harm with minimal efficacy in treating insomnia
      – Increased risk of hip fracture in nursing home residents, particularly new users

What are the challenges of using the AGS Beers Criteria in clinical care?

> RN/Family Request

> Lack of Tested Non-pharm Alternatives
  - Non-pharm alternatives not covered by Part D, but may be by Part B

> Multiple prescribers/pharmacies

> Risk of drug is less than risk of condition

> Palliative Care and other special cases and populations

Application to Clinicians

> Think of Beers Criteria as a warning light
- Why is patient taking the drug; is it truly needed?
- Safer and/or more effective alternatives?
- Does patient have particular characteristics that increase or mitigate risk of this medication?
- At time of initial Rx and at follow-up

> Actively assess for symptoms, and assess whether these could be related to meds

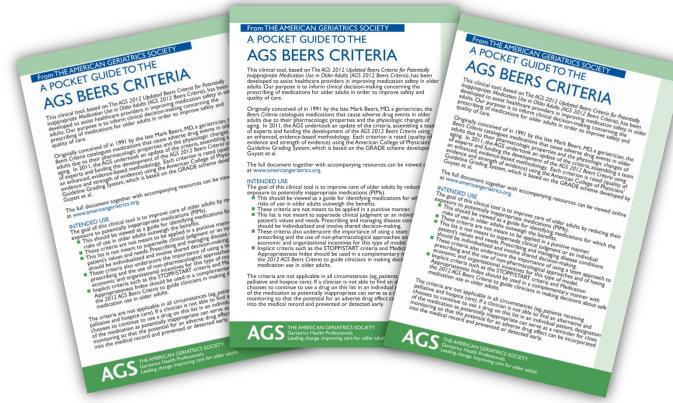> Don't automatically defer to colleagues

What can I do as a member of a multidisciplinary team?

> Lead multidisciplinary practice rounds with other team members/disciplines using AGS Beers Criteria pocket cards

AGS Beers Criteria Resources

Criteria:
- AGS Updated Beers Criteria
- How-to-Use Article
- Alternative Medications List

- *Updated Beers Criteria* Pocket Card
- *Updated Beers Criteria* App

Public Education Resources for Patients & Caregivers:
- *AGS Beers Criteria* Summary
- 10 Medications Older Adults Should Avoid
- Avoiding Overmedication and Harmful Drug Reactions
- What to Do and What to Ask Your Healthcare Provider if a Medication You Take is Listed in the *Beers Criteria*
- My Medication Diary - Printable Download
- Eldercare at Home: Using Medicines Safely - Illustrated PowerPoint Presentation

Available at:
GeriatricsCareOnline.org

Questions

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