

Medication History

Geriatrics Hub

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Goals and Objectives

Learners will be able to

- Understand the importance of medication history in older adults
- Understand the terms: medication reconciliation (Med Rec), medication review (Med Rev) and best possible medication history (BPMH)
- Construct an approach to obtaining best possible medication history in older adults

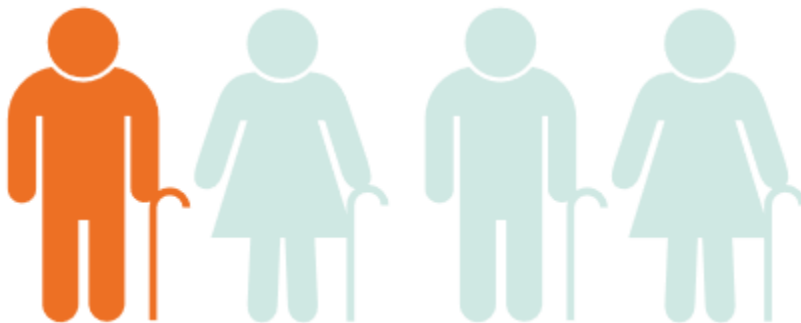
Drug Use in Older Adults

Seniors continue to be prescribed a large number of drugs, and this number increases with age.

2/3 of seniors take >5 prescription drugs

1 in **4** Canadian seniors was prescribed

10+ drug classes in 2016



Medication Considerations in Older Adults

- Older adults are the largest consumers of prescription medications
- Medications play a vital role in improving health of older adults
- Older individuals are at greater risk for adverse drug events
- Adverse events can present as geriatric syndromes and,
- Medications can contribute to geriatric syndromes such as cognitive impairment, falls, frailty and urinary incontinence
- Any new symptom in an older adult could be medication related
- Under-prescribing and inappropriate prescribing are common in older adults

Optimizing Drug Therapy

- Optimizing drug therapy is an essential part of caring for the older adults
- A systematic and stepwise approach to prescribing is essential
- **First step** in safe prescribing is to **know accurate medication history**
- **Medication history \neq list of current medications**
- Holistic approach to care is essential, by knowing the patients past medical history, habits, functional status, support net work, and what matters most, one will be able to provide appropriate recommendations regarding medications
- With a good medication review, one should be able to identify adverse drug reactions, prescribing cascade, inappropriate prescribing and under prescribing
- Given the complexity, it requires a multidisciplinary approach and pharmacists play a vital role

Definitions

Best possible medication history, medication reconciliation and medication review

Best Possible Medication History(BPMH)

- A Best Possible Medication History (BPMH) is a history created using
 - 1) a systematic process of interviewing the patient/family; and
 - 2) a review of at least one other reliable source of information to obtain and verify all of a patient's medication use (prescribed and non-prescribed).
- Complete documentation includes drug name, dosage, route and frequency.
- The BPMH is more comprehensive than a routine primary medication history
- The BPMH is a 'snapshot' of the patient's **actual** medication use
 - May be different from what is contained in their records.
 - The patient involvement is vital

Medication Reconciliation(MedRec)

- Medication reconciliation is a formal process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care.
- The three major steps in MedRec are
 - (1) Establishment of the best possible medication history (BPMH);
 - (2) Comparison of the BPMH with current and/or planned prescriptions, to identify and resolve discrepancies;
 - (3) Communication with the appropriate caregivers and thus the initiation of relevant clinical decisions
- A BPMH is required to ensure that medications being added, changed or discontinued are carefully evaluated.

Medication Review (MedRev)

There is no generally accepted definition of MedRev.

“A structured, critical examination of a person’s medicines with the objective of reaching an agreement with the person about treatment, optimizing the impact of medicines, minimizing the number of medication- related problems and reducing waste”

- “MedRev can be performed in
 - An acute situation (e.g. during a hospital stay) or
 - Periodically to reassess the benefits and harms associated with chronic medication use .
 - May be performed by a single reviewer (a physician, pharmacist, or a trained healthcare professional) or a multidisciplinary team.
 - Explicit criteria such as STOPP and START criteria can be used
- MedRev is more than detecting potentially inappropriate prescriptions (PIPs)
- MedRev → Establish a personalized medication strategy

Medication History Taking

Medication History

What medications do you take ?

Ask about

1. Prescription medications
2. Over-the-counter (non-prescription) medications
3. Herbal or natural medicines
4. Vitamins or other supplements
5. Puffers , inhalers
6. Eye drops/ear drops
7. Topical application – creams, patches
8. Injections

For all of the above ask about regular use Vs. if needed – how often

Medication History

For each medication obtain the following

- 1. The name of the medication**
- 2. The dosage form**
- 3. Frequency**
- 4. How are they taking it (by which route)**
- 5. How many times a day**
6. Any specific times and precautions e.g. levothyroxine early in the morning on empty stomach
7. For what reason (if not known or obvious)
8. Duration
9. Who prescribes it
10. Any recent changes
11. Presumed benefits , adverse effects

E.G. Metformin

Name of the drug	Metformin
Dose	500 mg
Frequency	Bid (twice a day)
Route	Oral
Indication	Diabetes
How long	3 years
Prescriber	Family doctor
Any recent changes	Dose increased from 500 daily to twice daily at the last appointment

Medication History : Allergy and adverse drug reaction

- Do you have any medication allergies?
- What was the reaction?
- Sometimes patients will tell adverse effect as an allergic reaction e.g. GI bleed with NSAID use , they also may be describe an allergic reaction as adverse event
- Therefore it is important to ask the **details**
- Have you ever had any bad reactions to a medication?
- If so, can you describe what happened?

Medication History

Access to medicine

- Which pharmacy they use
- Who gets the medications from pharmacy (self/ family/ delivered by pharmacy)
- Can they afford the medications? In Ontario most of the prescription medications are covered for seniors
- Do they get medicine from anyone else? E.g. neighbours, family members, mailed from other countries

Packaging

- Bottle any challenges with opening the bottles or packages
- Dosette
- Blister pack

Administration

- Self
- Supervised by whom
- Administered by whom

Understanding of meds

- Why are you taking this medication?
- What will happen if they do not take it

Adherence

- Can you describe your routine for taking your medications?
- Do you ever miss any doses of your medications?
- Do you ever take more or less than the prescribed dose of your medications?

Medication History Taking

- For OTC meds you may have to prompt-Are you taking any:
 - Pain medications
 - Stomach medications
 - Medications for bowels
 - Sleeping aids
 - Samples

Other wise this can be missed

Medication History- Information Sources

- Patient
- Family or Caregiver
- Medication Vials / Bubble packs
- Medication List
- Community Pharmacy -list
- Medication Profile from ODB(only medications covered by ODB ... may be incomplete!)
- Primary care physician's/specialists' office

Request Original Medication Packaging

- Ask the patient to bring all medications in original packaging
- In addition to information about name, dose, frequency and route
- Pay **attention** to
 - Drug adherence
 - look at the fill date and the amount in the containers
 - If blister pack- appropriate punching of blister pack
 - Expired medications
 - Number of prescribers
 - Number of pharmacies and contact information

Original Containers- Advantages

- Same medication with generic name and trade name prescribed by different prescribers may be found
- Review each medication with patient
- Confirm content of bottle/ pack
- Confirm instructions on prescription vials are current

Medication History

- Better to confirm with multiple sources
- E.g. original bottles and ODB drug profiler
- In geriatric medicine telephone is your best friend ,If you need further clarification
 - Contact family member who could bring in the medication or read it over the phone
 - Call the pharmacy to get updated list or speak with the pharmacist
 - Call FMD or specialist office
- Time spent in obtaining a complete medication history in geriatric patients is a very good investment

Additional Questions

- Have you recently started any new medications?
- Did your doctor change the dose or stop any of your medications recently?
- Have you recently changed the dose or stopped any of your medications
- Any side effects?
- Impact of arthritic changes of hands, poor vision/hearing/cognition and mood on drug compliance

Documentation Considerations

- Regardless of the format , it is important to document every component of the medication history.
- Documenting that the patient is not currently taking any prescription drugs is as important as documenting that the patient is currently taking a long list of prescription drugs.
- Document all the details.
- Document the generic drug name, may use the proprietary/trademarked name within parenthesis after generic name

To remember

A good medication history is the first step in optimizing the care of your geriatric patient

References

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