



**REGONCAREPARTNERS**

Creating a Culture of Quality Care

# Minimizing Medication Risks & Maximizing Quality of Life

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## Class Workbook



*Safe Medication Management Series for Family Caregivers*

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**INTRODUCTION:**

This class was designed for the family caregiver. Examples and discussions throughout the course will focus on older adults living in their own homes with family serving as the primary caregiver.

This course is intended to provide education and awareness of the topics contained herein. The presenters are not providing legal or medical advice for how to manage any situation you may encounter. If you have questions or concerns regarding your medications, please consult a physician or pharmacist.

If you are attending this class as a professional caregiver, be sure to learn and follow the laws, regulations and specific policies and procedures in the setting where you provide care.

**DEDICATION:**

This workbook is designed to provide clear, easy-to-understand information for family caregivers who are assisting a loved one with medication management. The workbook is yours to keep and has been designed as a tool that you might refer to again and again.

**ABOUT OREGON CARE PARTNERS:**

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Oregon Care Partners is a collaboration of statewide long-term care and non-profit organizations who share a vision and concern for the quality of life and care for Oregon's most vulnerable. Oregon Care Partners seeks to equip caregivers with the tools and training needed to provide care that support the independence, dignity, and choice of the person in their care.

**Your voice can help other caregivers by spreading the word!**

Chances are you know someone who is caring for an aging adult. Please tell them about Oregon Care Partners free in-person and online classes to give them the opportunity to learn effective ways to deliver care and support to the people in their care.

Visit [www.OregonCarePartners.com](http://www.OregonCarePartners.com) to browse our entire catalog of in-person and online classes, or to register for a class. Trainings are free for people living and working in Oregon thanks to funding from the state.

## **LEARNING OUTCOMES:**

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During this class you will:

- ◆ Explore ways the aging process affects how medications work in older adults
- ◆ Identify issues that affect medication use
- ◆ Address the risks of commonly prescribed medications and review some non-medication interventions
- ◆ Define the term “polymedicine” and list reasons why it should be avoided
- ◆ Learn ways to create a safe at-home medication regimen

## KNOWLEDGE CHECK: Minimizing Medication Risks

Directions: Circle the best answer for each question.

1. **TRUE**    **FALSE** If medications are taken as prescribed, there are very few adverse side effects.
2. **TRUE**    **FALSE** The more medications an older person takes, the higher risk of bad outcomes.
3. **TRUE**    **FALSE** Over-the-counter pain medications like aspirin and Naproxen are always safer than prescription pain medicine.
4. **TRUE**    **FALSE** Anti-depressants and anti-anxiety medications are risky for older adults.
5. **TRUE**    **FALSE** Medications affect older people differently than they affect younger people.
6. **TRUE**    **FALSE** It is important to know an older person's goals related to health and medication therapy.
7. **TRUE**    **FALSE** Sometimes doctors prescribe medications to treat side effects from another medication.
8. **TRUE**    **FALSE** Non-medication alternatives to treat pain, depression, and other conditions should be tried.
9. **TRUE**    **FALSE** Anti-psychotic medications like Risperdal and Seroquel are safe to treat behaviors in people with dementia.
10. **TRUE**    **FALSE** The benefit of each medication should outweigh the risk.

Notes

## WHAT HAVE YOU HEARD?

“The United States is in an opioid crisis”

“Deadly drug-resistant infection creates havoc in healthcare”

“More than 1.5 million Americans hospitalized last year for adverse reactions to medications prescribed and taken as directed.”

## SURVEY SAYS...

*In a recent national poll, researchers discovered the following:*

- ⇒ 50% of older Americans take more than FOUR prescriptions a day
- ⇒ 21% of older Americans use more than one pharmacy
- ⇒ 69% see multiple health providers
- ⇒ 90% are confident in avoiding drug interactions
  - ◊ Only 35%, however, have talked with a doctor, pharmacist, or nurse about drug interactions

~University of Michigan National Poll on Healthy Aging, December 2017.  
[www.healthlyagingpoll.org](http://www.healthlyagingpoll.org)

*What does this mean?*

# MORE MEDICINE = MORE RISK

177,000 older Americans visit the ER every year for adverse drug effects

**Twice as many as the rest of the population**

and

**Seven times more likely to be hospitalized  
after the emergency room visit.**

# but why?

## Changes in the Aging Body

+

## Multiple Chronic Health Conditions

+

## Multiple Medications

—

# RISK OF ADVERSE DRUG REACTIONS

## Notes

Notes

## OTHER FACTORS INFLUENCE RISK OF ADVERSE EFFECTS

Nutrition

Hydration

Cognition

Perception of need

Affordability

Personal beliefs

## WHAT IS AN ADVERSE EFFECT?

# An undesired or harmful effect from taking a medication

## Adverse Effect or Normal Aging?

- |  |  |
|--|--|
| <input type="checkbox"/> Confusion           | <input type="checkbox"/> Tremors           |
| <input type="checkbox"/> Weakness            | <input type="checkbox"/> Taste changes     |
| <input type="checkbox"/> Constipation        | <input type="checkbox"/> Hair loss         |
| <input type="checkbox"/> Dry mouth           | <input type="checkbox"/> Fainting          |
| <input type="checkbox"/> Abnormal heart beat | <input type="checkbox"/> Urinary           |
| <input type="checkbox"/> Falls               | incontinence                               |
| <input type="checkbox"/> Increased tiredness | <input type="checkbox"/> Behaviors/changes |

Notes

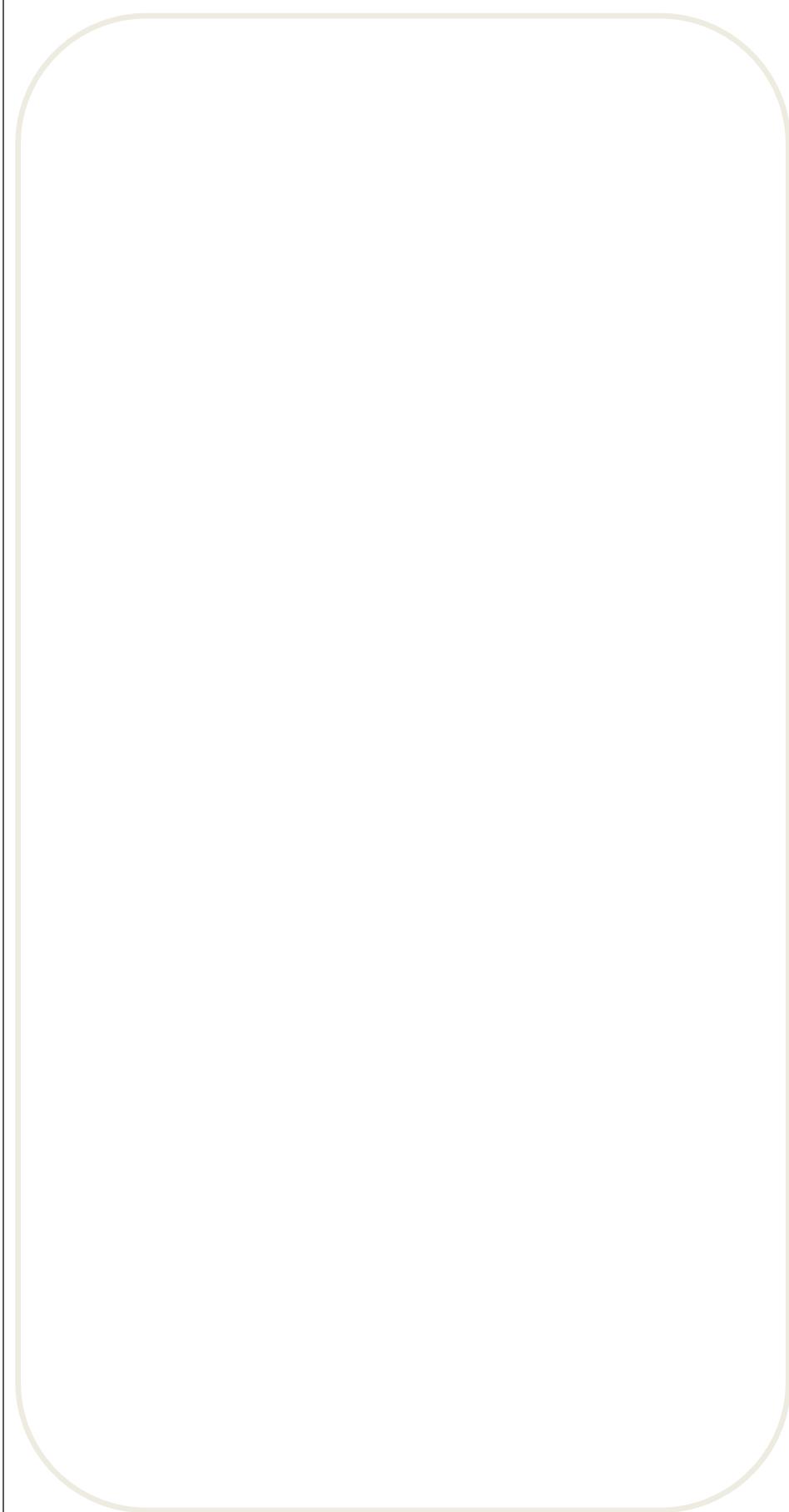
*“Any symptom in an elderly patient should  
be considered a drug side effect until  
proven otherwise.”*

*~Gurwitz J., Monane M., Monane S., Avorn J.*

*Long-term Care Quality Letter, Brown University, 1995*

Notes

## ALL CURRENT MEDICATIONS:

A large, rounded rectangular frame with a light beige border, designed to hold a list of medications. It occupies the right half of the page, starting below the header and ending above the page number.

## WHAT ARE YOUR PERSON'S LIFE GOALS?

Notes

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Benefits of a pharmacist's support:

Benefits of regular medication reviews with the doctor:



Notes

## HIGH RISK MEDICATIONS: BLOOD THINNERS

### **What they are used for:**

*To prevent blood clots due to irregular heart beats, artificial heart valves, history of blood clots in large veins and lungs, to prevent stroke*

### **Examples:**

- ⇒ Coumadin (warfarin)
- ⇒ Aspirin
- ⇒ Xarelto (rivaroxaban)
- ⇒ Eliquis (apixaban)
- ⇒ Plavix (clopidogrel)

### **Concerns/Risks:**

Bleeding in stomach/intestines (look for black stool)

Lots of interactions with food, supplements, medications (Coumadin)

Close monitoring and dosing adjustments (Coumadin)

### **Considerations:**

Ask the doctor how long you'll need to be on this medication.

Newer anticoagulants, like Xarelto and Eliquis, have fewer side effects, fewer interactions with foods and other medications, and no routine blood testing requirements.

Take special care to avoid serious injuries, as internal bleeding can be a serious issue that warrants immediate attention.

If you hit your head or experience bleeding that will not stop, go to the hospital immediately.

***Take as directed, report concerns to the doctor right away.***

## HIGH RISK MEDICATIONS: DIABETES MEDICATIONS

Notes

### What they are used for:

*To keep blood sugar within normal range*

### Examples:

ORAL:

- ⇒ Glucophage (metformin )
- ⇒ Januvia (sitagliptin)
- ⇒ Glucotrol (glipizide)

INSULIN (INJECTABLE):

- ⇒ Lantus
- ⇒ Novolin , Humulin
- ⇒ Novolog, Humalog

### Concerns/Risks:

Low blood sugar

Insulin Shock (hyperglycemia, hypoglycemia)

### Considerations:

Check blood sugar readings; keep a diary and know what readings are off target and when to report to the doctor.

Know how to respond to high and low blood sugar readings.

Eat a healthy diet and get regular exercise. Lose weight if needed.

***Take as directed, report concerns to the doctor right away.***

Notes



## HYPOGLYCEMIA (Low Blood Glucose)

**Causes:** Too little food or skip a meal; too much insulin or diabetes pills; more active than usual.

**Onset:** Often sudden; may pass out if untreated.



SHAKY



FAST HEARTBEAT

### SYMPTOMS:



SWEATING



DIZZY



ANXIOUS



HUNGRY



BLURRY VISION



WEAKNESS OR FATIGUE



HEADACHE



IRRITABLE

### WHAT CAN YOU DO?



**CHECK**  
your blood glucose,  
right away. If you can't  
check, treat anyway.

**TREAT**  
by eating  
3 to 4 glucose  
tablets or  
3 to 5 hard  
candies you  
can chew quickly (such as  
peppermints), or by drinking  
4-ounces of fruit juice, or 1/2  
can of regular soda pop.



**CHECK**  
your blood  
glucose again  
after 15 minutes.  
If it is still low, treat again.  
If symptoms don't stop, call  
your healthcare provider.

Concept developed by Rhoda Rogers, RN, BSN, CDE.

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**If the above steps do not work to get blood sugar readings up, call 911.**



# **HYPERGLYCEMIA**

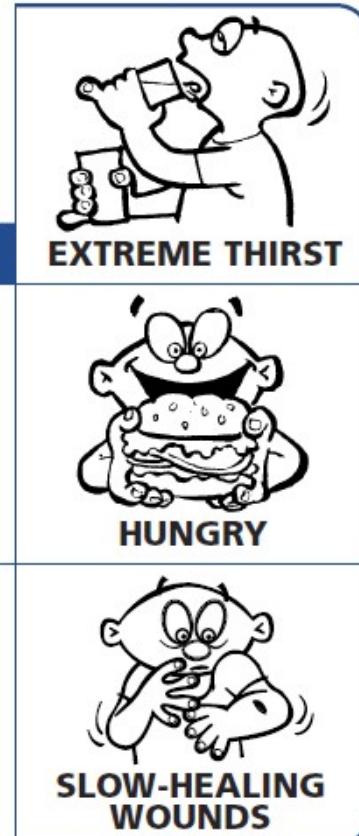
**(High Blood Glucose)**

**Causes:** Too much food, too little insulin or diabetes pills, illness, or stress.

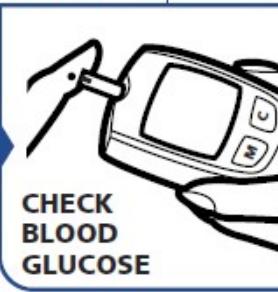
**Onset:** Often starts slowly. May lead to a medical emergency if not treated.



## **SYMPTOMS:**



## Notes



If your blood glucose levels are higher than your goal for 3 days and you don't know why,

**CALL YOUR  
HEALTHCARE  
PROVIDER**



Concept developed by Rhoda Rogers, RN, BSN, CDE

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**If blood sugar reading is above 400 and/or if you can't keep food and fluids down, call 911.**

Notes

## HIGH RISK MEDICATIONS: HEART MEDICATIONS

### What they are used for:

*To treat or prevent heart conditions such as high blood pressure (hypertension), congestive heart failure (CHF), atrial fibrillation, angina (chest pain), coronary artery disease (CAD), and other conditions that affect the heart.*

### Examples:

- |                        |                             |
|------------------------|-----------------------------|
| ⇒ Lanoxin (digoxin)    | ⇒ Nitrostat (nitroglycerin) |
| ⇒ Cardizem (diltiazem) | ⇒ Coreg (carvedilol)        |
| ⇒ Zestril (Lisinopril) | ⇒ Lasix (furosemide)        |
| ⇒ Cozaar (losartan)    | ⇒ Zocor (simvastatin)       |

### Concerns/Risks:

Low blood pressure (dizziness, falls)

Tiredness

Water retention (edema)

### Considerations:

Promote a healthy lifestyle (regular exercise, increase fruits/vegetables and decrease packaged/fast food, decrease stress, stop smoking)

Review medication regimen with MD and/or pharmacist whenever a change in condition or a change in prescription (new medication(s), changed dosing, etc.).

***Take as directed, report concerns to the doctor right away.***

## HIGH RISK MEDICATIONS: PAIN MEDICATIONS

### What they are used for:

*To decrease chronic or acute pain. In the older adult, it is likely that these medications are used to treat chronic conditions such as arthritis, neuropathy, old surgery sites, chronic back pain, fibromyalgia, and other long-standing pain.*

Notes

### Examples:

- |   |  |
|---|--|
| ⇒ NSAIDs  | ⇒ Opioids  |
| <ul style="list-style-type: none"> <li>• Motrin, Advil (ibuprofen)</li> <li>• Celebrex (celecoxib)</li> <li>• Bayer (aspirin)</li> <li>• Voltaren (diclofenac)</li> </ul> | <ul style="list-style-type: none"> <li>• Vicodin (hydrocodone)</li> <li>• Oxycontin (oxycodone)</li> <li>• Duragesic (fentanyl)</li> <li>• Roxanol (morphine)</li> </ul> |

### Concerns/Risks:

Addiction, overdose

Adverse effects with other prescription medications such as benzodiazepines, anti-anxiety meds, antipsychotics, and muscle relaxers.

Increases risk of heart attack and stroke

Can cause confusion, falls, tiredness, constipation, low blood pressure

### Considerations:

Short-acting to address immediate pain

Keep a pain diary—when pain occurs, steps taken to reduce pain, what worked and what didn't.

Try alternatives

***Take as directed, report concerns to the doctor right away.***

Notes

## KEY POINTS

Chronic pain is complex

Doctors have guidelines to follow

Opioids MAY BE required

There are pain medications that are dangerous for older adults

## UNMANAGED PAIN CAN LEAD TO:

Insomnia

Dementia/memory loss

Endocrine disorders

Infections

Drug and/or alcohol abuse

Depression

Decreased independence

EVERY OLDER ADULT DESERVES:

Notes

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**effective pain management**

**treatment based on goals**

**team approach**

Notes

## PROMOTING COMFORT

### Gentle touch

*Sometimes we are rushed, and tasks come before the person*

*Ask “how was that?” and change approach if necessary*

### Movement

*Frequent, gentle movement of neck, arms, wrists, fingers, legs, ankles, and toes*

*Moving the person from one surface to another can be scary AND painful*

### Skin care

*Apply warmed lotion*

*Gentle massage*

### Consider the environment

*Cushions on chairs, height of toilet seat*

*Loudness and temperature of the room*

### Consider personal items

*Fit of dentures, footwear, glasses, clothing*

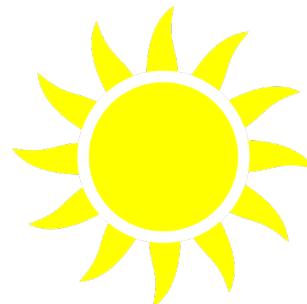
*Softness of sheets, blankets, towels*

*Consider pain related to dressing—snaps, zippers, buttons, etc.*

## NON-MEDICATION INTERVENTIONS



**cold**



**heat**



**positioning**

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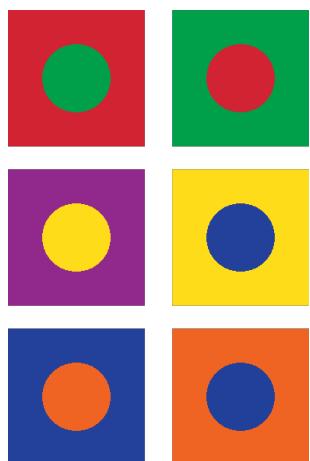
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**distraction**



**complementary  
therapies**

## DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

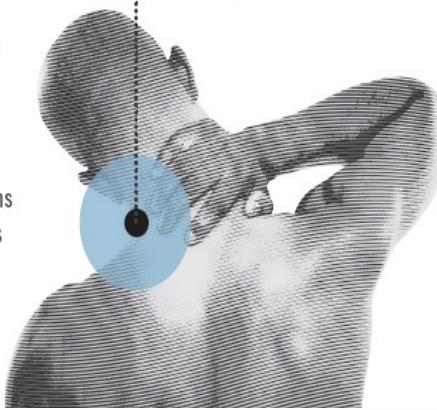
**1** Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

**2** Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

**3** Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

### CLINICAL REMINDERS

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient



## OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

### CLINICAL REMINDERS

- Use immediate-release opioids when starting
- Start low and go slow
- When opioids are needed for acute pain, prescribe no more than needed
- Do not prescribe ER/LA opioids for acute pain
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed

**4** When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.

**5** When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to  $\geq 50$  morphine milligram equivalents (MME)/day, and should avoid increasing dosage to  $\geq 90$  MME/day or carefully justify a decision to titrate dosage to  $\geq 90$  MME/day.

**6** Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

**7** Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.



## ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE

**8**

Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages ( $\geq 50$  MME/day), or concurrent benzodiazepine use, are present.

**9**

Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

**10**

When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

**11**

Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

**12**

Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

### CLINICAL REMINDERS

- Evaluate risk factors for opioid-related harms
- Check PDMP for high dosages and prescriptions from other providers
- Use urine drug testing to identify prescribed substances and undisclosed use
- Avoid concurrent benzodiazepine and opioid prescribing
- Arrange treatment for opioid use disorder if needed

**LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)**

*From “Guidelines for Prescribing Opioids for Chronic Pain”, CDC 2017*

### IF PAIN MEDICATIONS ARE PRESCRIBED:

Follow directions and report any concerns to your doctor

Use caution when mixing with over-the-counter medications

Monitor for side effects, and report

Re-evaluate effectiveness and need at every doctor visit

Notes

## HIGH RISK MEDICATIONS: ANTIBIOTICS

### **What they are used for:**

*To treat bacterial infections of the bladder (UTIs), respiratory tract (pneumonia, bronchitis), and skin.*

### **Examples:**

- ⇒ Amoxicillin (penicillin-derived)
- ⇒ Septra, Bactrim (sulfonamides)
- ⇒ Keflex (cephalosporins)
- ⇒ Cipro (fluoroquinolone)

### **Concerns/Risks:**

Overuse = resistance

Side effects (yeast infection, antibiotic-induced diarrhea (called clostridium difficile , kidney function changes called renal toxicity)

### **Considerations:**

#### *Prevent infections*

#### UTI:

- wipe front-to-back, increase water intake, don't hold in your urine (use bathroom frequently), eat low-sugar foods, wash hands

#### PNEUMONIA:

- cover your cough; if others are sick around you, protect yourself, exercise, eat healthy foods, drink plenty of water, get plenty of rest, breathe deep, wash hands, excellent and frequent oral care

**ANTIBIOTIC-INDUCED DIARRHEA (CLOSTRIDIUM DIFFICILE):**

- Note diarrhea quickly, especially after TAKING antibiotics.  
Avoid anti-diarrheals. Drink plenty of fluids. Wash hands

Notes

**SKIN INFECTIONS:**

- Keep skin clean and dry. Apply lotion regularly. If you have a break in your skin, clean it thoroughly and apply first aid.  
Wash hands

**SOME CONDITIONS WARRANT ANTIBIOTICS! Sepsis, some pneumonias, and kidney infections can be serious. The key is, we want to limit the overuse of antibiotics in minor infections so they will work in major ones.**

**IF ANTIBIOTICS ARE PRESCRIBED**

- ⇒ Take the full amount
- ⇒ Get plenty of rest
- ⇒ Drink fluids
- ⇒ Report side effects or no improvement to doctor immediately.

# Choosing Wisely®

*An initiative of the ABIM Foundation*

ConsumerReportsHealth

AGS  
Geriatrics  
Healthcare  
Professionals

Leading Change. Improving Care for Older Adults.



## Antibiotics for urinary tract infections in older people

When you need them—and when you don't

**A**ntibiotics are medicines that can kill bacteria. Doctors often use antibiotics to treat urinary tract infections (UTIs). The main symptoms of UTIs are:

- A burning feeling when you urinate.
- A strong urge to urinate often.

However, many older people get UTI treatment even though they do not have these symptoms. This can do more harm than good. Here's why:

**Antibiotics usually don't help when there are no UTI symptoms.**

Older people often have some bacteria in their urine. This does not mean they have a UTI. But doctors may find the bacteria in a routine test and give antibiotics anyway.

The antibiotic does not help these patients.

- It does not prevent UTIs.
- It does not help bladder control.
- It does not help memory problems or balance.

Most older people should not be tested or treated for a UTI unless they have UTI symptoms. And if you do have a UTI and get treated, you usually don't need another test to find out if you are cured.



You should only get tested or treated if UTI symptoms come back.

**Antibiotics have side effects.**

Antibiotics can have side effects, such as fever, rash, diarrhea, nausea, vomiting, headache, tendon ruptures, and nerve damage.

**Antibiotics can cause future problems.**

Antibiotics can kill “friendly” germs in the body. This can lead to vaginal yeast infections. It can also lead to other infections, and severe diarrhea, hospitalization, and even death.

Also, antibiotics may help “drug-resistant” bacteria grow. These bacteria are harder to kill. They cause illnesses that are harder to cure and more costly to treat. Your doctor may have to try several antibiotics. This increases the risk of complications. The resistant bacteria can also be passed on to others.

**Antibiotics can be a waste of money.**

Prescription antibiotics can cost from \$15 to more than \$100. If you get an infection from resistant bacteria, you may need more doctor visits and medicines that cost more.

**When should older people take antibiotics for a UTI?**

If you have UTI symptoms, antibiotics can help.

- The most common UTI symptoms are a painful, burning feeling when you urinate and a strong urge to “go” often.
- Other UTI symptoms in older people may include fever, chills, or confusion. Along with these symptoms, there is usually pain on one side of the back below the ribs or discomfort in the lower abdomen. There may be a change in the way the urine looks or smells.

Some kinds of surgery can cause bleeding in the urinary tract—for example, prostate surgery and some procedures to remove kidney stones or bladder tumors. If you are going to have this surgery, you may need testing and treatment for bacteria in urine.

This report is for you to use when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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[ConsumerHealthChoices.org/about-us/](http://ConsumerHealthChoices.org/about-us/).

**Advice from Consumer Reports****Steps to help you prevent urinary tract infections (UTIs)****Drink water.**

Most healthy people should drink 6 to 8 glasses a day. A glass is about a cup, or 8 ounces. If you have kidney failure, you should talk to your doctor about how much to drink.

**Don't hold it in.**

If urine stays in the bladder too long, infections are more likely. Try to urinate when you first feel the need.

**Use good hygiene.**

- After a bowel movement, women should wipe from front to back, to avoid bringing bacteria into the urinary tract.
- Both men and women should urinate after sex to flush out bacteria.

**Use urinary catheters briefly, if at all.**

- Catheters are tubes put into the bladder to help with bladder control. They increase the risk of infection.
- Many people in long-term care, such as nursing homes, have catheters. They can be helpful near the end of life when comfort is the main goal. In other cases, ask caregivers or the doctor to manage bladder-control problems without a catheter.
- If you are in the hospital with a urinary catheter, ask your doctor to remove it as soon as possible. Chances of infection increase after just 3 days.

For more information, visit the Foundation for Health in Aging at [www.healthinaging.org](http://www.healthinaging.org).

Notes

## HIGH RISK MEDICATIONS: PSYCHOTROPICS

*Any medication capable of affecting the mind, emotions, and behavior.*

Synonym: Psychoactive

### Examples:

- ⇒ Antipsychotics
- ⇒ Anti-anxieties
- ⇒ Sedative & Hypnotic medications
- ⇒ Antidepressants



## HIGH RISK MEDICATIONS: ANTIPSYCHOTICS

### What they are used for:

*Most often used to treat schizophrenia and bipolar disorders.  
Have been used recently to treat dementia-related behaviors but  
NOT RECOMMENDED FOR THIS.*

Notes

### Examples:

- ⇒ Haldol (haloperidol)
- ⇒ Zyprexa (olanzapine)
- ⇒ Risperdal (risperidone)
- ⇒ Seroquel (quetiapine)

### Concerns/Risks:

Increased risk of sudden death when used in people who have dementia

Movement disorders (tremors, muscle contractions in face, hands)

Parkinson's symptoms (drooling, rigid muscles, tremors)

Diabetes, increased lipids, weight gain

Adverse drug effects— sedation, constipation, dizziness, falls

### Considerations/Alternatives:

Gradual dose reduction

Behavior is a form of communication—physical, emotional needs

Engage the senses

***Take as directed, report concerns to the doctor right away.***

**Fast Facts:****What you should know about antipsychotic drugs and persons living with dementia****What is an antipsychotic drug?**

- Antipsychotic drugs are approved to treat certain types of mental illness, such as schizophrenia.
- Antipsychotic drugs are also approved to help treat some symptoms of depression and bipolar disorders.
- Antipsychotics can effectively treat symptoms of psychosis, such as believing things that aren't true or real (delusions), and seeing or hearing things that aren't there (hallucinations).

**Do antipsychotics help people with dementia?**

- These medications can *sometimes* help people living with dementia who have certain symptoms of psychosis, such as:
  - Seeing or hearing things that aren't there
  - Believing things that aren't true or real
  - Severe physical aggression/violence toward themselves or others

**Do antipsychotics treat any other symptoms related to dementia?**

- Antipsychotics do not usually help when a person acts in a way that is difficult or disturbing to others, such as:
  - Yelling, screaming, or repetitive speech
  - Refusing care or bathing
  - Aimless wandering
  - Crying, banging
  - Throwing things

**Why do people living with dementia behave in ways that are difficult to manage?**

Most of the time, these actions are the person's way of communicating distress or need. These actions are often triggered by something that they find scary, upsetting, uncomfortable, or painful. Sometimes these actions are the only way the person can express themselves. Some common causes of behavioral expressions:

Pain, hunger, or thirst	Needing to go to the bathroom	Feeling rushed or overwhelmed	Feeling bored, lonely, or sad	Experiencing confusion or fear	Fatigue
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### What are the names of some antipsychotic medications?

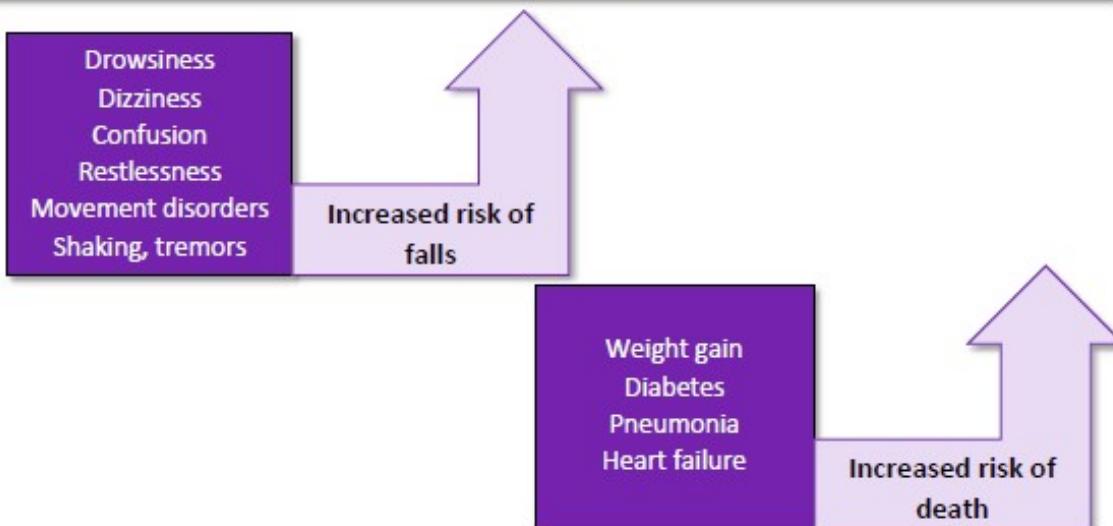
#### Original or "typical" antipsychotics

Haloperidol (Haldol\*)  
Thioridazine (Mellaril\*)  
Fluphenazine (Prolixin\*)  
Chlorpromazine (Thorazine\*)  
Perphenazine (Trilafon\*)

#### Newer or "atypical" antipsychotics

Risperidone (Risperdal\*)  
Olanzapine (Zyprexa\*)  
Quetiapine (Seroquel\*)  
Ziprasidone (Geodon\*)  
Aripiprazole (Abilify\*)

### What are some of the side effects of taking an antipsychotic medication?



### What can I do if my loved one is already taking an antipsychotic drug or their provider wants to prescribe one?

Ask questions.	Be an advocate. Health care staff will never know as much as you do about your loved one. Stay involved in their care & help answer questions like:
<ul style="list-style-type: none"> <li>• What is the name of the drug?</li> <li>• Why is this drug being prescribed?</li> <li>• Are there any side effects or possible drug interactions to be aware of?</li> <li>• What is the goal while taking this medicine?</li> <li>• What is the plan for monitoring, reevaluating, decreasing and/or stopping this medication?</li> </ul> <p>Sometimes these medicines are beneficial, but they should be used as a last resort and should always be closely monitored.</p>	<p>How does your family member express being scared, angry, anxious, or hungry?</p> <p>What things do they find comforting and calming?</p> <p>What has been their typical daily routine and sleeping pattern?</p> <p>Are there specific actions that upset your loved one, triggering anxiety or agitation?</p> <p>What strategies have worked when responding to their behavioral expressions?</p>

This brochure is provided by the Oregon Partnership to Improve Dementia Care, which includes the Oregon Department of Human Services, Oregon Health Care Association, LeadingAge Oregon, HealthInsight Oregon, Oregon Care Partners, Alzheimer's Association, Making Oregon Vital for Elders, and geriatric consultant pharmacists. The content is intended for informational use only and is adapted from the AHCA/NCAL quality program's Fast Facts. For more resources and information about dementia care, please contact the Alzheimer's Association of Oregon at [www.alz.org/oregon](http://www.alz.org/oregon) or the Aging and Disability Resource Connection of Oregon at [www.adrcforeregon.org](http://www.adrcforeregon.org).

Revised March 2017

Notes

## HIGH RISK MEDICATIONS: ANTI-ANXIETIES, SEDATIVES, HYPNOTICS

### **What they are used for:**

*Antianxiety medications are used to treat the symptoms of anxiety disorders. Sedatives and hypnotic medications are used to treat insomnia and have a calming effect.*

### **Examples:**

- |                      |                         |
|----------------------|-------------------------|
| ⇒ Xanax (alprazolam) | ⇒ Klonopin (clonazepam) |
| ⇒ Ativan (lorazepam) | ⇒ Ambien (zolpidem)     |
| ⇒ Valium (diazepam)  | ⇒ Lunesta (eszopiclone) |
|                      | ⇒ Desyrel (trazadone)   |

### **Concerns/Risks:**

Overused in older adults

Can lead to Alzheimer's/worsening dementia

Increased confusion (delirium)

Falls, fractures

Kidney and liver damage

### **Considerations/Alternatives:**

Routine

Calm environment

Regular exercise

Hot tea, bath...nighttime schedule

Enjoyable activities, hobbies

***Take as directed, report concerns to the doctor right away.***

## HIGH RISK MEDICATIONS: ANTIDEPRESSANTS

Notes

### What they are used for:

*Treat depression, generalized anxiety disorder, agitation, obsessive compulsive disorders (OCD), bipolar disorders, diabetic peripheral neuropathic pain, neuropathic pain, social anxiety disorder.*

### Examples:

- |                          |                          |
|--------------------------|--------------------------|
| ⇒ Celexa (citalopram)    | ⇒ Cymbalta (duloxetine)  |
| ⇒ Lexapro (escitalopram) | ⇒ Wellbutrin (bupropion) |
| ⇒ Prozac (fluoxetine)    | ⇒ Paxil (paroxetine)     |
| ⇒ Zoloft (sertraline)    |                          |

### Concerns/Risks:

- Sedation, confusion
- Heart, blood pressure concerns
- Weight gain
- Decreased immune system function

### Considerations/Alternatives:

- Light therapy, sunshine, outdoors
- Regular exercise
- Yoga, meditation
- Healthy diet with “good” fats
- Massage
- Pets
- Socialization, volunteer

***Take as directed, report concerns to the doctor right away.***

Notes

## IF PSYCHOTROPICS ARE PRESCRIBED

Follow instructions

Ask questions

Track medication effectiveness, side effects

Least amount possible

## GRADUAL DOSE REDUCTION (GDR)

- ⇒ Step-wise decrease of a medicine dose to see if symptoms can be managed with a lower dose, or if the medication can be stopped
- ⇒ Must be closely monitored by doctor
- ⇒ Psychotropic medications targeted
- ⇒ Non-medication alternatives encouraged

Notes

## POSSIBLE BENEFITS OF GDR

### **Decreased use of:**

- Anti-psychotics
- Anti-anxieties, antidepressants
- Sedative & hypnotics

### **Decreased:**

- Psychiatric hospitalizations
- ER visits
- Pressure ulcers
- Falls with fractures
- Decline in activities of daily living
- Untreated depression

## STEPS TO GDR

- ⇒ Identify concerns with certain medications (keep a diary)
- ⇒ Work with doctor to develop a GDR plan
- ⇒ Monitor and write down any changes, concerns
- ⇒ Re-evaluate at every visit, must be closely monitored!

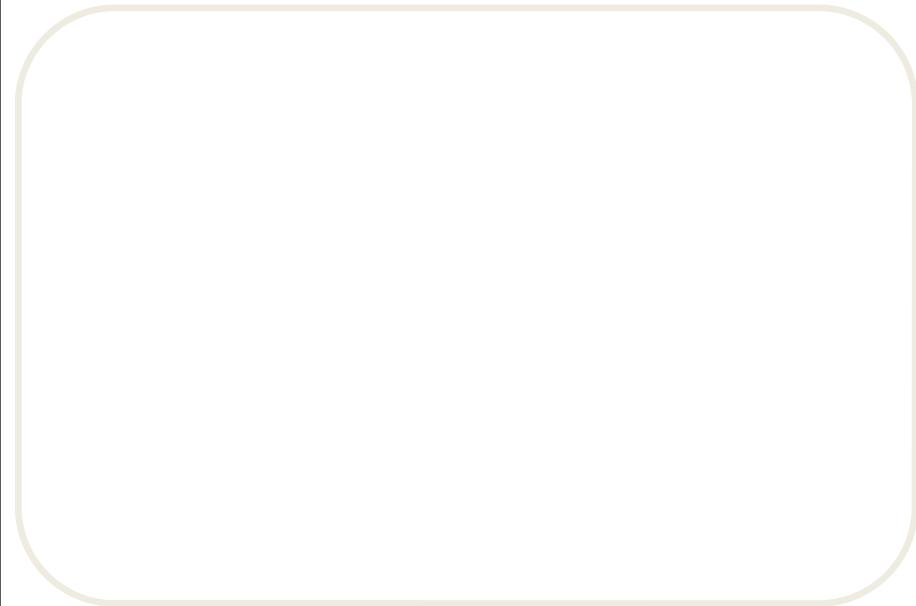
Notes

## POLYMEDICINE

*Five or more medicines a day, most likely from one or more of the following:*

- ⇒ *Prescribing of an inappropriately high number of medications*
- ⇒ *Prescribing of more medications than may be necessary for a given condition*
- ⇒ *Prescribing of an inappropriate medication for a certain condition*

### Problems With Polymedicine:



### Why Does Polymedicine Happen?

- It's easier to start than stop
- Over-diagnosis = excessive treatment
- Medicine may not be needed anymore
- Doctor not comfortable discontinuing
- We get what we ask for

## THE PRESCRIBING CASCADE

Condition/illness/complaint



Medicine prescribed



Side effect from medication



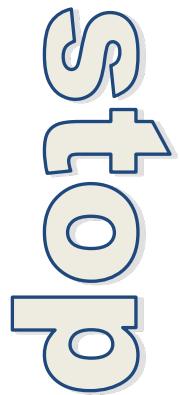
Medication prescribed



Another side effect



Another medication prescribed



## Notes

## STEPS TO TAKE

## **1. What are the person's health and life goals?**

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## **2. List out all medications**

*It's best to use a standardized format*

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### **3. Review with pharmacist**

*This may help identify side effects and prepare for doctor meeting*

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#### **4. Meet with doctor**

#### *Discuss goals and current medications*

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## IN-HOME MEDICATION SAFETY

*Regardless of the number of medications the person takes, it is important to ensure they are taken following the doctor's directions. There are some things you can do to promote safety with medications at home.*

Notes

### Evaluate the person's ability to:

⇒ Identify each medication

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⇒ Explain what each pill is for

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⇒ Identify dose and frequency

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⇒ Access medications with minimal assistance

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***Revisit these abilities on a routine basis...the person's abilities may change quickly!***

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Notes

## SET UP FOR SUCCESS

### Keep a current medication list

⇒ *Prescription, OTC, herbal*

⇒ *Update with changes*

### One pharmacy

### Medication organizers or easy-access bottle lids

### Alarms, notifications, reminders

### Keep a medication diary

## APPENDIX

## Notes

page \_\_\_\_ of \_\_\_\_

# MEDS

My Easy Drug System™  
(MEDS) Chart

version 4.2.9

**Name:****Date filled out:****PCP:****Allergies:**

Drug Name & Strength	When & How Many			How Is It Working?		
	YOU	NOTES:	PROVIDER RESPONSE	YOU	NOTES:	PROVIDER RESPONSE
WHY TAKING?	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> OTHER <input type="checkbox"/> AS NEEDED			
WHY TAKING?	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> OTHER <input type="checkbox"/> AS NEEDED			
WHY TAKING?	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> OTHER <input type="checkbox"/> AS NEEDED			
WHY TAKING?	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> OTHER <input type="checkbox"/> AS NEEDED			
WHY TAKING?	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> OTHER <input type="checkbox"/> AS NEEDED			
OTHER NOTES:						

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If this chart does NOT match your medication instructions given to you by your doctor or pharmacist,  
please let your doctor know. Use this QR code to watch a quick video [www.careoregon.org/MEDS-quickstart](http://www.careoregon.org/MEDS-quickstart)



www.careoregon.org/MEDS



# My Easy Drug System™ (MEDS) Chart

Name:

Date: \_\_\_\_\_

**Primary Doctor:**

## Any Allergies?

Which medications matter most to you?

## Which medications matter most to you?

Drug name	Why I take this	How do I feel about it?	Notes
	<input type="radio"/> 	<input type="radio"/> 	<input type="radio"/> 
	<input type="radio"/> 	<input type="radio"/> 	<input type="radio"/> 
	<input type="radio"/> 	<input type="radio"/> 	<input type="radio"/> 
	<input type="radio"/> 	<input type="radio"/> 	<input type="radio"/> 
	<input type="radio"/> 	<input type="radio"/> 	<input type="radio"/> 
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CareOregon®

[www.careoregon.org/MEDS](http://www.careoregon.org/MEDS)

If you have marked a  next to any of your medications, get in touch with your doctor or pharmacist to talk about your options.



An initiative of the ABIM Foundation

American Geriatrics Society



Leading Change. Improving Care for Older Adults.

## Ten Things Clinicians and Patients Should Question

### **1 Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding.**

Careful hand feeding for patients with severe dementia is at least as good as tube feeding for the outcomes of death, aspiration pneumonia, functional status and patient comfort. Food is the preferred nutrient. Tube feeding is associated with agitation, increased use of physical and chemical restraints and worsening pressure ulcers.

### **2 Don't use antipsychotics as the first choice to treat behavioral and psychological symptoms of dementia.**

People with dementia often exhibit aggression, resistance to care and other challenging or disruptive behaviors. In such instances, antipsychotic medicines are often prescribed, but they provide limited and inconsistent benefits, while posing risks, including over sedation, cognitive worsening and increased likelihood of falls, strokes and mortality. Use of these drugs in patients with dementia should be limited to cases where non-pharmacologic measures have failed and patients pose an imminent threat to themselves or others. Identifying and addressing causes of behavior change can make drug treatment unnecessary.

### **3 Avoid using medications other than metformin to achieve hemoglobin A1c <7.5% in most older adults; moderate control is generally better.**

There is no evidence that using medications to achieve tight glycemic control in most older adults with type 2 diabetes is beneficial. Among non-older adults, except for long-term reductions in myocardial infarction and mortality with metformin, using medications to achieve glycated hemoglobin levels less than 7% is associated with harms, including higher mortality rates. Tight control has been consistently shown to produce higher rates of hypoglycemia in older adults. Given the long time frame to achieve theorized microvascular benefits of tight control, glycemic targets should reflect patient goals, health status and life expectancy. Reasonable glycemic targets would be 7.0 – 7.5% in healthy older adults with long life expectancy, 7.5 – 8.0% in those with moderate comorbidity and a life expectancy < 10 years, and 8.0 – 9.0% in those with multiple morbidities and shorter life expectancy.

### **4 Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.**

Large-scale studies consistently show that the risk of motor vehicle accidents, falls and hip fractures leading to hospitalization and death can more than double in older adults taking benzodiazepines and other sedative-hypnotics. Older patients, their caregivers and their providers should recognize these potential harms when considering treatment strategies for insomnia, agitation or delirium. Use of benzodiazepines should be reserved for alcohol withdrawal symptoms/delirium tremens or severe generalized anxiety disorder unresponsive to other therapies.

### **5 Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.**

Cohort studies have found no adverse outcomes for older men or women associated with asymptomatic bacteriuria. Antimicrobial treatment studies for asymptomatic bacteriuria in older adults demonstrate no benefits and show increased adverse antimicrobial effects. Consensus criteria has been developed to characterize the specific clinical symptoms that, when associated with bacteriuria, define urinary tract infection. Screening for and treatment of asymptomatic bacteriuria is recommended before urologic procedures for which mucosal bleeding is anticipated.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.



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## Ten Things Clinicians and Patients Should Question

### **6 Don't prescribe cholinesterase inhibitors for dementia without periodic assessment for perceived cognitive benefits and adverse gastrointestinal effects.**

Although some randomized control trials suggest that cholinesterase inhibitors may improve cognitive testing results, it is unclear whether these changes are clinically meaningful. It is uncertain whether these medicines delay institutionalization, improve quality of life or lessen caregiver burden. No studies have investigated benefits beyond a year nor clarified the risks and benefits of long-term therapy. Clinicians, patients and their caregivers should discuss treatment goals of practical value that can be easily assessed and the nature and likelihood of adverse effects before beginning a trial of Cholinesterase inhibitors. If the desired effects (including stabilization of cognition) are not perceived within 12 weeks or so, the inhibitors should be discontinued.

### **7 Don't recommend screening for breast, colorectal, prostate or lung cancer without considering life expectancy and the risks of testing, overdiagnosis and overtreatment.**

Cancer screening is associated with short-term risks, including complications from testing, overdiagnosis and treatment of tumors that would not have led to symptoms. For prostate cancer, 1,055 older men would need to be screened and 37 would need to be treated to avoid one death in 11 years. For breast and colorectal cancer, 1,000 older adults would need to be screened to prevent one death in 10 years. For lung cancer, much of the evidence for benefit from low dose CT screening for smokers is from healthier, younger patients under age 65. Further, although screening 1,000 persons would avoid four lung cancer deaths in six years, 273 persons would have an abnormal result requiring 36 to get an invasive procedure with eight persons suffering complications.

### **8 Avoid using prescription appetite stimulants or high-calorie supplements for treatment of anorexia or cachexia in older adults; instead, optimize social supports, discontinue medications that may interfere with eating, provide appealing food and feeding assistance, and clarify patient goals and expectations.**

Unintentional weight loss is a common problem for medically ill or frail elderly. Although high-calorie supplements increase weight in older people, there is no evidence that they affect other important clinical outcomes, such as quality of life, mood, functional status or survival. Use of megestrol acetate results in minimal improvements in appetite and weight gain, no improvement in quality of life or survival, and increased risk of thrombotic events, fluid retention and death. In patients who take megestrol acetate, one in 12 will have an increase in weight and one in 23 will have an adverse event leading to death. The 2012 AGS Beers criteria lists megestrol acetate and cyproheptadine as medications to avoid in older adults. Systematic reviews of cannabinoids, dietary polyunsaturated fatty acids (DHA and EPA), thalidomide and anabolic steroids have not identified adequate evidence for the efficacy and safety of these agents for weight gain. Mirtazapine is likely to cause weight gain or increased appetite when used to treat depression, but there is little evidence to support its use to promote appetite and weight gain in the absence of depression.

### **9 Don't prescribe a medication without conducting a drug regimen review.**

Older patients disproportionately use more prescription and non-prescription drugs than other populations, increasing the risk for side effects and inappropriate prescribing. Polypharmacy may lead to diminished adherence, adverse drug reactions and increased risk of cognitive impairment, falls and functional decline. Medication review identifies high-risk medications, drug interactions and those continued beyond their indication. Additionally, medication review elucidates unnecessary medications and underuse of medications, and may reduce medication burden. Annual review of medications is an indicator for quality prescribing in vulnerable elderly.

### **10 Don't use physical restraints to manage behavioral symptoms of hospitalized older adults with delirium.**

Persons with delirium may display behaviors that risk injury or interference with treatment. There is little evidence to support the effectiveness of physical restraints in these situations. Physical restraints can lead to serious injury or death and may worsen agitation and delirium. Effective alternatives include strategies to prevent and treat delirium, identification and management of conditions causing patient discomfort, environmental modifications to promote orientation and effective sleep-wake cycles, frequent family contact and supportive interaction with staff. Nursing educational initiatives and innovative models of practice have been shown to be effective in implementing a restraint-free approach to patients with delirium. This approach includes continuous observation; trying re-orientation once, and if not effective, not continuing; observing behavior to obtain clues about patients' needs; discontinuing and/or hiding unnecessary medical monitoring devices or IVs; and avoiding short-term memory questions to limit patient agitation. Pharmacological interventions are occasionally utilized after evaluation by a medical provider at the bedside, if a patient presents harm to him or herself or others. If physical restraints are used, they should only be used as a last resort, in the least-restrictive manner, and for the shortest possible time.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.



*An initiative of the ABIM Foundation*



# Insomnia and anxiety in older people

**Sleeping pills are usually not the best solution**

Almost one-third of older people in the United States take sleeping pills. These medicines are also sometimes called “sedative-hypnotics” or “tranquilizers.” They affect the brain and spinal cord.

Doctors prescribe some of these medicines for sleep problems. Some of these medicines also can be used to treat other conditions, such as anxiety or alcohol withdrawal. Sometimes, doctors also prescribe certain anti-depressants for sleep, even though that’s not what they’re designed to treat.

Most older adults should first try to treat their insomnia without medicines. According to the American Geriatrics Society, there are safer and better ways to improve sleep or reduce anxiety. Here’s why:

## **Sleeping pills may not help much.**

Many ads say that sleeping pills help people get a full, restful night’s sleep. But studies show that this is not exactly true in real life. On average,

people who take one of these medicines sleep only a little longer and better than those who don’t take a medicine.



## **Sleeping pills can have serious side effects.**

All sedative-hypnotic medicines have special risks for older adults. Seniors are likely to be more sensitive to the medicines’ effects than younger adults. And these medicines may stay in older people’s bodies longer. These medicines can cause confusion and memory problems that:

- Increase the risk of falls and hip fractures. These are common causes of hospital stays and death in older people.
- Increase the risk of car accidents.

### The new "Z" medicines also have risks.

Most ads are for these new medicines. At first, they were thought to be safer. But recent studies suggest they have as much or more risk than the older sleep medicines.

### Try treating without medicines first.

Get a thorough medical exam. Sleep problems can be caused by depression or anxiety, pain, restless leg syndrome, and many other conditions. Even if an exam does not find a cause, you should try other solutions before you try medicines.

### Kinds of sleeping pills

All of these pills have risks, especially for older adults:

#### Barbiturates

- Secobarbital (Seconal and generic)
- Phenobarbital (Luminal and generic)

#### Benzodiazepines

For anxiety:

- Alprazolam (Xanax and generic)
- Diazepam (Valium and generic)
- Lorazepam (Ativan and generic)

For insomnia:

- Estazolam (generic only)
- Flurazepam (Dalmane and generic)
- Quazepam (Doral)
- Temazepam (Restoril and generic)
- Triazolam (Halcion and generic)

#### "Z" medicines

- Zolpidem (Ambien and generic)
- Eszopiclone (Lunesta and generic)
- Zaleplon (Sonata and generic)

### Over-the-counter medicines may not be a good choice.

Side effects of some medicines can be especially bothersome for seniors: next-day drowsiness, confusion, constipation, dry mouth, and difficulty urinating. Avoid these over-the-counter sleep medicines:

- Diphenhydramine (Benadryl Allergy, Nytol, Sominex, and generic)
- Doxylamine (Unisom and generic)
- Advil PM (combination of ibuprofen and diphenhydramine)
- Tylenol PM (combination of acetaminophen and diphenhydramine)

### When to try sleeping pills.

Consider these medicines if the sleep problems are affecting your quality of life and nothing else has helped. But your healthcare provider should watch you carefully to make sure that the medicine is helping and not causing bad side effects.

This report is for you to use when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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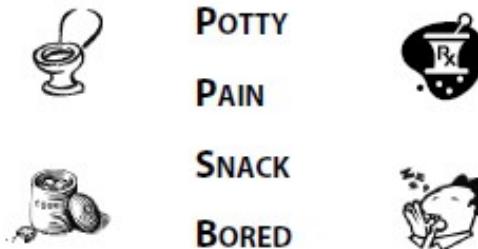
[www.choosingwisely.org/patient-resources](http://www.choosingwisely.org/patient-resources)

## Identification & Management of Behavioral Expressions of Distress

- Determine if the expression needs to be addressed.
  - ◊ Focus on one action at a time if more than one need is being expressed (i.e., aggression and wandering).
  - ◊ Is the behavior disrupting, endangering, or distressing others?
- If the behavior needs addressing, try to accommodate and understand it, not control it.
- Check the Care Plan for notes about the behavioral expression and previous successful interventions.
- Assess the situation for triggers:  
noise, clutter, lack of activity, lack of sleep, deviation from routine, etc.

Common Behavioral Expressions of Distress	Common Triggers/Unmet Needs
Wandering	Boredom; biological need (pain, hunger, thirst, etc.)
Repetitive speech or actions	Anxiety; boredom; overstimulation
Agitation, irritability, aggression	Pain; feeling confused or powerless; overstimulation

For first-line interventions, just remember PPSB:



Ensuring regular toileting, pain medication, snacks, and adequate, personalized stimulation goes a long way in reducing and preventing behavioral expressions of distress.

### Do

- Remain calm, cool, and collected.
- Check the Care Plan.
- Alert other staff/ask for help if needed.
- Pay close attention to your own body language.
  - ◊ Keep hands in view, palms up and open.
  - ◊ Respect their personal space.
  - ◊ Move slowly and steadily.
  - ◊ Always leave yourself an escape route.
- Listen and speak carefully.
  - ◊ Respond to the actual meaning of what they're saying, not the words.
  - ◊ Use short, simple phrases.
  - ◊ Communicate concern, caring and reassurance.
- Document behaviors and corresponding interventions.

### Don't

- Get angry, defensive, or resentful; this will make matters worse.
- Use body language that could be construed as threatening:
  - ◊ Don't surprise them.
  - ◊ Don't stand directly in front of or over them (if sitting).
  - ◊ Don't glare or stare.
- Use words that could be construed as threatening:
  - ◊ Don't use sarcasm.
  - ◊ Don't make insulting comments.
  - ◊ Don't use humor—it may be misinterpreted.
  - ◊ Don't raise your voice.
  - ◊ Don't give advice, argue or try to reason.
- Try to handle potentially dangerous situations alone.
- Forget to document behaviors and corresponding interventions.

## Notes