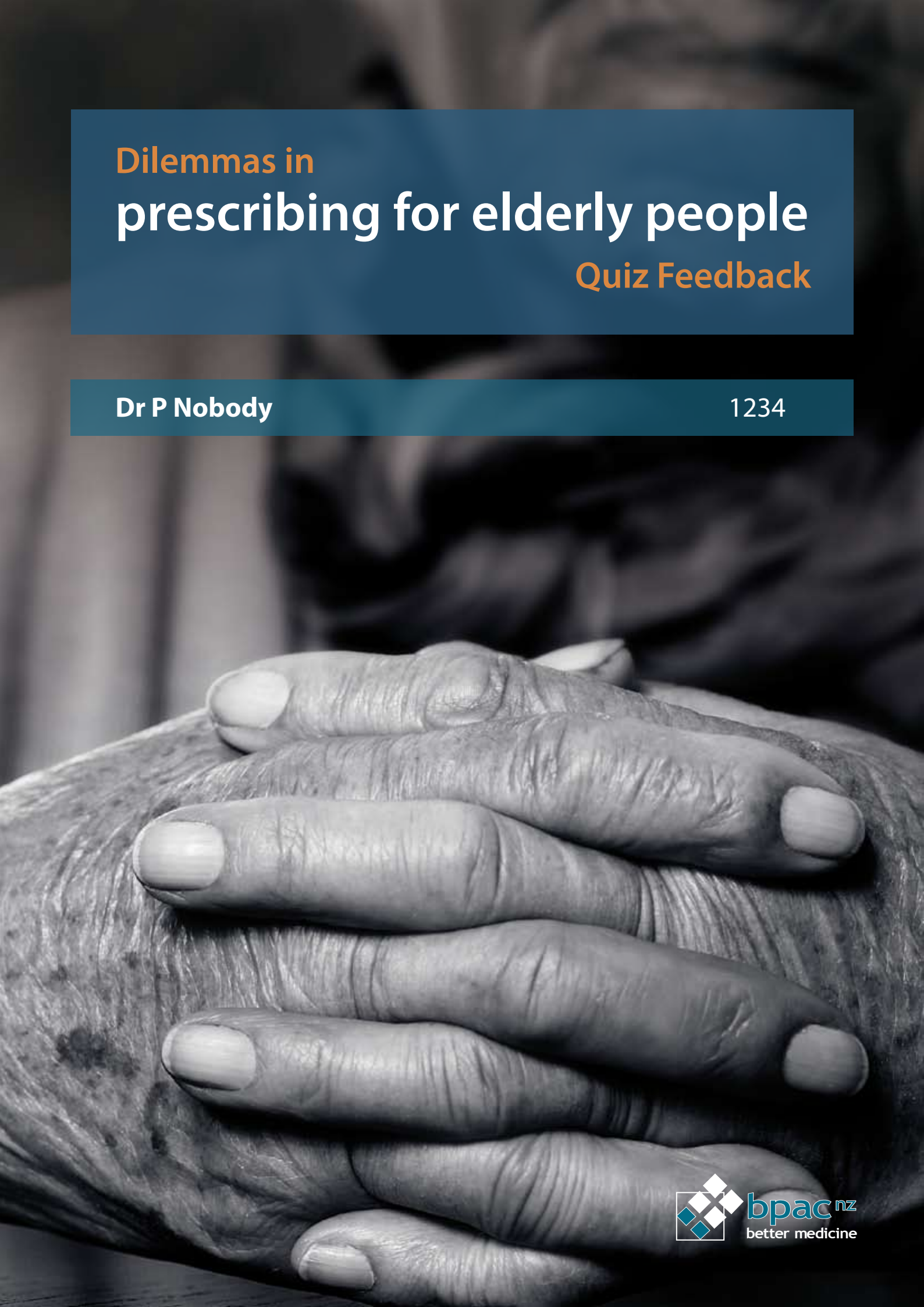

Dilemmas in prescribing for elderly people

Quiz Feedback

Dr P Nobody 1234

bpac nz
better medicine

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Dilemmas in prescribing for elderly people quiz

Quiz feedback: Responses from colleagues, GP panel and expert

Details

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Acknowledgment:

bpac^{nz} would like to thank the GP review panel and Ngaire Kerse for their expertise and guidance on the development of this resource.

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Dear Dr Nobody

Thank you for responding to our quiz covering dilemmas in prescribing for elderly people. We had an excellent response to this quiz, with a record number of replies to date. In addition, most respondents gave the recommended responses to the quiz questions based on the material in the corresponding issue of Best Practice Journal (BPJ 11).

The quiz was designed to highlight some of the key messages from the Journal. The aims of BPJ 11 were to discuss the difficulties faced when prescribing for elderly people and strategies that may help GPs deal with these difficulties. To illustrate some of these issues we chose to focus on the treatment of pain and depression, the management of cardiovascular risk in elderly people, which remains an ongoing area of debate and the often controversial use of alternative remedies. We hope that by presenting current evidence and practical advice in a concise and easily readable manner we can contribute to making these dilemmas more manageable.

The quiz feedback that follows is a summary of the discussion that occurred with our GP panel, with additional comments from our expert reviewer, Dr Ngaire Kerse. Dr Kerse is a GP and Senior Lecturer at the University of Auckland, with a special interest in the primary healthcare of older people.

We trust that participating in this quiz was useful to you and this, along with the information contained in BPJ 11, will assist you in dealing with the ongoing issues surrounding the primary care of elderly people.

Please let us know if you have any comments, suggestions, criticisms or unanswered questions. We are always pleased to hear from you.

Yours truly,

bpac team

Dilemmas in prescribing for elderly people

Due date: 14 March 2008

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1. What is usually considered first line drug therapy for treating an elderly person with depression?
   - ☐ SSRI antidepressant
   - ☐ Tricyclic antidepressant (TCA)
   - ☐ Monoamine oxidase inhibitor (MAOI)
   - ☐ St Johns wort

2. If an SSRI is indicated, the most appropriate SSRI for elderly people is:
   - ☐ Paroxetine
   - ☐ Fluoxetine
   - ☐ Citalopram
   - ☐ No SSRIs are appropriate

3. If a TCA is indicated, the most appropriate TCA for elderly people is:
   - ☐ Amitriptyline
   - ☐ Nortriptyline
   - ☐ Dothiepin
   - ☐ Doxepin
   - ☐ No TCAs are appropriate

4. For long term pain relief of moderate to severe osteoarthritis, which of the following medications are appropriate in an elderly person: (select one or multiple options)
   - ☐ NSAID
   - ☐ COX-2 inhibitor
   - ☐ Regular paracetamol
   - ☐ PRN paracetamol (as needed)
   - ☐ Dextropropoxyphene/paracetamol combination
   - ☐ Codeine
   - ☐ Tramadol
   - ☐ Low dose morphine

5. There is evidence that moderate exercise is effective for pain control in osteoarthritis.
   - ☐ True ☐ False

6. There is evidence that magnetic underlays are effective for pain control in osteoarthritis.
   - ☐ True ☐ False

7. There is evidence that glucosamine supplements are effective for pain control in osteoarthritis.
   - ☐ True ☐ False

8. Which one of the following drugs is least favoured for the treatment of elderly people with hypertension to manage cardiovascular risk?
   - ☐ Felodipine
   - ☐ Bendrofluazide
   - ☐ Atenolol
   - ☐ Quinapril

9. Are enteric coated preparations of aspirin protective against the adverse gastrointestinal effects associated with long term use of low dose aspirin?
   - ☐ Yes ☐ No

10. Which of the following factors are associated with an increased risk of falls in the elderly? (select one or multiple options)
    - ☐ Depression
    - ☐ Antidepressants
    - ☐ Benzodiazepines
    - ☐ Exercise

Name: _____

NZMC: _____

Practice: _____

Email: _____

Free fax to **0800 BPAC NZ** (0800 27 22 69)

This CME quiz can also be completed online at **www.bpac.org.nz**

Quiz feedback:
Dilemmas in prescribing for elderly people

1. What is usually considered first line drug therapy for treating an elderly person with depression?

	You	Your Peers	GP Panel
SSRI antidepressant		99%	•
Tricyclic antidepressant (TCA)		1%	
Monoamine oxidase inhibitor (MAOI)		0%	
St Johns wort		0%	

GP panel

The panel agreed with the choice of an SSRI as first line therapy for depression in elderly people, although commented that a low dose TCA was still useful in some patients, particularly if looking to assist with other problems such as poor sleep, neuropathic pain or bladder irritability.

The panel discussed, when initiating treatment, how long they may trial an antidepressant medication. They pointed out that there was usually considerable individual variation in response, time for clinical effect and adverse effects. They would usually try a new medication for a month, but sometimes two months may be required. Often this would depend on how unwell the patient was and the presence of other factors (co-morbidities).

With respect to the use of St Johns wort, most GPs find that patients are the ones that select this as first line therapy! Often it has already been tried prior to presentation at the GP surgery. St Johns wort is widely used in Europe.

This discussion also raised the issue of other OTC and alternative therapies, particularly in terms of interaction with prescription medication. The panel felt it was very important to ask what else patients were taking, but pointed out that often the GP may not have access to specific information about interactions with these therapies.

Expert comment

SSRIs are the most commonly prescribed antidepressant for older people and are in general well tolerated and effective. A longer period of time may be needed for maximal response. One longitudinal study reported that maximal effect was not appreciated until 8–10 weeks in older people, so persistence may be needed. SSRIs do carry the risk (along with all centrally acting drugs) of falls so attention to fall risk and falls prevention will be needed when prescribing for depression.

St Johns wort should not be given with other antidepressants. Even though at least one study in younger people showed that it was as effective as other antidepressants, evidence based information for St Johns wort is not as available as for other antidepressants. A direct enquiry about St Johns wort is needed at the time of prescribing.

2. If an SSRI is indicated, the most appropriate SSRI for elderly people is:

	You	Your Peers	GP Panel
Paroxetine		<1%	
Fluoxetine		2%	
Citalopram		97%	•
No SSRIs are appropriate		<1%	

GP panel

The GP panel felt it was good to have validation of the choice of citalopram as the most appropriate SSRI in elderly people. Citalopram appears to be well tolerated and not associated with the withdrawal side effects (dizziness, night sweats and others) that are seen with paroxetine. They commented that the choice of SSRIs over the last few years has been heavily influenced by regulations, drug company marketing and the media.

The panel are interested in the expert's comment on whether elderly people who are already stable on another antidepressant, should be changed to citalopram.

Expert comment

Some SSRIs suit some patients and if an older person is stable and happy without undue side effects on one SSRI, then there may be more risk associated with changing than potential benefit.

Regulatory restrictions may influence use of drugs but these issues change relatively frequently. Drug company influence on prescribing is seldom independent and the range of evidence available is usually not presented.

3. If a TCA is indicated, the most appropriate TCA for elderly people is:

	You	Your Peers	GP Panel
Amitriptyline		1%	
Nortriptyline		98%	●
Dothiepin		<1%	
Doxepin		<1%	
No TCAs are appropriate		<1%	

GP panel

The panel were comfortable with the choice of nortriptyline as the most appropriate TCA for elderly people. However, again they would like the expert's opinion on whether elderly people who are stable on another TCA should be changed to nortriptyline.

The panel also commented that prescribers often have "favourite" drugs and that it is sometimes hard to change habits. There was some discussion surrounding the appropriateness of doxepin as many GPs are familiar with using this TCA. Anticholinergic side effects appear to be more common with tertiary amine TCAs. Doxepin and amitriptyline are both tertiary amine TCAs and are associated with similar side effects. Nortriptyline is a secondary amine TCA.

Expert comment

Similarly to SSRIs, if an older person is happy and stable on a drug you have to have a really good reason to change it. The other side of that coin of course is that older people seldom complain of the side effects of a drug. Enquiry about falls, dizziness on rising, dry mouth and feeling a bit muzzy may produce enough reason to change to nortriptyline. A lower threshold for changing within the TCA group may be justified compared with the SSRIs.

Many older women enjoy the bladder relaxant side effect of amitriptyline, which appears to be present at very low doses and is also present with nortriptyline.

4. For long term pain relief of moderate to severe osteoarthritis, which of the following medications are appropriate in an elderly person? (select one or multiple options)

	You	Your Peers	GP Panel
NSAID		6%	
COX-2 inhibitor		5%	
Regular paracetamol		98%	•
PRN paracetamol (as needed)		11%	
Dextropropoxyphene/paracetamol combination		2%	
Codeine		59%	•
Tramadol		4%	
Low dose morphine		57%	•

GP panel

The GP panel agreed that regular paracetamol, codeine and low dose morphine were the most appropriate drugs in this particular scenario. The feeling was however, that all of the drugs mentioned have their place in treatment, so therefore perhaps were not "inappropriate" but just need to be used with caution. There is again much individual variation in effectiveness of analgesics and co-morbidities can often influence choice.

The panel would like further information on the place of tramadol and also a comment on oxycodone which is widely used in the UK and now available here. The panel commented that patients are often discharged from hospital on tramadol and although GPs tend not to initiate tramadol, they would continue a prescription if the patient was finding it effective.

The panel also commented that there is often some reluctance from patients to use low dose morphine because of connotations with terminal care, however GPs should be comfortable using this as it can be effective in pain relief.

Expert comment

Older people are more susceptible to the central side effects of drugs so the risks associated with use of any drugs that act centrally need to be balanced against the need for pain relief. The need for pain

relief in older people is often greater than other groups so good knowledge and experience with a range of drugs is important in treating pain. Consideration of non-drug management of pain in addition to drugs is often overlooked. Regular exercise is important in management of arthritis.

Tramadol has accentuated confusion in older people not previously known to have cognitive deficits, and reports of dizziness, sedation and unusual behaviour associated with tramadol are common. Each individual will react differently to tramadol and for some it may be an ideal option. However there are enough concerns about the unpredictability of reactions to change tramadol to low dose morphine in older people. It seems to be very popular in the hospital system and is not currently subsidised, placing an undue financial burden if long term treatment is contemplated.

Oxycodone is an opioid that has a similar side effect profile to morphine and may be very useful. Experience in New Zealand has been limited but there is no reason to expect it to cause any more problems than morphine.

5. There is evidence that moderate exercise is effective for pain control in osteoarthritis.

	You	Your Peers	GP Panel
True		99%	•
False		1%	

GP panel

It is widely accepted that exercise is effective for pain control in osteoarthritis, but the panel commented strongly that there needs to be advice to "start low, go slow" with exercise as well as with medications! Often patients are reluctant to try exercise for fear of worsening their osteoarthritis.

The panel felt that the exercise needs to be supervised and that it needed to be the right exercise, in the right place and with the right people. Much of the benefit also stems from the social interaction that is derived from exercising in a group, which may in turn be beneficial for other conditions such as depression.

6. **There is evidence that magnetic underlays are effective for pain control in osteoarthritis.**

	You	Your Peers	GP Panel
True		3%	
False		97%	●

GP panel

The GP panel were pleased to have this information regarding magnetic underlays because they are often asked about their usefulness. They felt it was very important however not to counteract the placebo effect by invalidating patient beliefs about their effectiveness, especially if this minimises the amount of pain medication that may be required.

7. There is evidence that glucosamine supplements are effective for pain control in osteoarthritis.

	You	Your Peers	GP Panel
True		92%	•
False		8%	

GP panel

The information regarding the effectiveness of glucosamine, both for analgesia and disease prevention was very useful for the GP panel. They would like to "prescribe" this treatment and would do so more if it was scripted and subsidised. They felt it was somewhat difficult to recommend the treatment to patients because they were unfamiliar with its use in terms of dose, brand, time for effect and cost. It would be greatly beneficial to have approved formulations.

They noted that the cost of the supplement can be included in a disability allowance.

8. **Which one of the following drugs is least favoured for the treatment of elderly people with hypertension to manage cardiovascular risk?**

	You	Your Peers	GP Panel
Felodipine		3%	
Bendrofluazide		5%	
Atenolol		90%	•
Quinapril		2%	

GP panel

The panel commented that often stroke prevention is forgotten when thinking in terms of cardiovascular risk. They agreed that atenolol is the least favoured drug in this list as there is evidence that it does not reduce cardiovascular events as much as other antihypertensives, or as much as other beta blockers, especially in older people. However they did feel that beta-blocker prescribing has been a little more complicated recently due to regulatory changes. This question would have been less clear cut if metoprolol was the beta blocker in the list of answers.

9. Are enteric coated preparations of aspirin protective against the adverse gastrointestinal effects associated with long term use of low dose aspirin?

	You	Your Peers	GP Panel
Yes		9%	
No		91%	•

GP panel

The GP panel queried that although enteric coated aspirin offers no protection against gastric ulceration, whether there may be reduction in more subjective adverse effects such as dyspepsia. The issue of individual variation in response to medications was discussed again with regard to aspirin dosing, platelet effect and adverse effects.

The panel commented that even though many of their elderly patients using aspirin were also using a PPI, this combination would not be prescribed as a routine for gastric protection.

The panel would welcome comment on the place of clopidogrel because GPs are now able to apply for it via Special Authority.

bpac comment

Clopidogrel inhibits platelet aggregation and is currently funded in New Zealand on Special Authority for people allergic to aspirin and for a range of acute coronary events and operative procedures. We will include an update on clopidogrel use in a future edition of Best Practice Journal.

10. Which of the following factors are associated with an increased risk of falls in the elderly? (select one or multiple options)

	You	Your Peers	GP Panel
Depression		82%	•
Antidepressants		88%	•
Benzodiazepines		90%	•
Exercise		3%	

GP panel

The association between falls and depression was a little surprising to the GP panel but was useful in aiding treatment decisions in elderly people.

The panel discussed the domino effect that they often see in elderly patients where one thing that goes wrong will lead to another and so on. This effect can also however work in reverse so that fixing one problem will often result in fixing another.

Expert comment

SSRIs have the same association with falls as TCAs, in fact in one recent large survey of older patients, SSRIs carried the highest odds ratio for falls. This is disappointing but true and all those treated with any antidepressants should have falls prevention strategies as well.

The Otago Exercise Programme is funded by ACC through national providers and referral information accessible through their website:

http://www.acc.co.nz/injury-prevention/home-safety/older-adults/otago-exercise-programme/WCMZ003077

www.bpac.org.nz