



Demerit of Drug Therapy in Aged-People

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Drug therapy is by far the most common form of medical intervention for many acute and chronic conditions due to its effectiveness at preventing disease or slowing disease progression. Problems occur when multiple clinical guidelines are implemented which lead to the increased risk of adverse drug events and incidences where patient's preferences are neglected.

Older people require special consideration where medication is concerned as many receive multiple medications for concurrent conditions. This practice of Polypharmacy increases the risk of drug interactions as well as adverse reactions and also affecting compliance. Basic pharmacology knowledge facilitates therapy clinical reasoning for assessment and treatment. New legislature giving physiotherapists non-medical prescribing rights has impacted on this area of practice.

Polypharmacy means 'many medications' however in the healthcare setting it is frequently considered be when a patient takes five or more medications.

Managing persistent pain in older adults is a complex task and the relevant presence of multiple comorbidities, polypharmacy and physiological vulnerability in this age-group need all be considered. Paracetamol should be considered as first-line treatment for the management of both acute and persistent pain, particularly that which is of musculoskeletal origin, due to its well documented efficacy and there that are few absolute contraindications. It is, however, important that the maximum daily dose of 4g per hour is not exceeded.

Non-steroidal anti-inflammatory drugs (NSAIDs) should be used with caution with older people. The recommendation is that

the lowest dose should be provided, for the shortest duration. For elderly people taking NSAIDs, they should also be prescribed a proton pump inhibitor (PPI) to People should be routinely encouraged in actively participate in their own care. It is essential to take steps to supporting people to manage their medicines by involving family members or carers. 'Medicines support' is defined as any support that enables a person to manage their medicines. Medicines support should be individualised and depending on their specific needs. Physical and cognitive impairments can effect an individual's ability to take medication therefore alternatives to packaging and delivery should be considered. Consider can it be swallowed easily, needs fluid to wash it down, crushed or given in liquid form. Different containers aid dispensing and concordance with medication e.g., dosage boxes, blister packs, and easy screw topped bottles, but may need to be requested specifically at the local pharmacy.

reduce the incidence of stomach ulcers. NSAIDs are associated with gastrointestinal, renal and cardiovascular side effects, and drug-drug and drug-disease interactions. It is important for older people taking NSAIDs to be routinely monitored. NSAIDs can also increase the risk of falls, increase geriatric psychiatric events, and increase the risk of stroke. These risks and benefits should be balanced carefully in individual patients to optimize overall outcomes, especially in the elderly.

Tricyclic antidepressants and anti-epileptic drugs are effective in the management of neuropathic pain. Intolerance to the medication and the occurrence of side effects limit their use in an older population. Intra-articular corticosteroid injections in osteoarthritis of the knee is effective short term analgesia with a small risk of complications or joint damage. Intra-articular hyaluronic acid

is effective and free of systemic adverse effects. It should be considered in patients. Current evidence suggests that intra-articular hyaluronic has a longer effect than intra-articular steroids but has a slower onset of action. Epidural steroid injections in the management of sciatica is not recommended due to conflicting evidence and the lack of larger studies.

Exercise, Manual Therapy, Acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS), Massage and psychological approaches are non-pharmalogical approaches to pain relief which are well supported by the therapeutic process. These modalities should be considered in parallel with drug therapy [1-6].

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