

PATIENT SAFETY • CHART 2:5

Potentially Inappropriate Prescribing for the Elderly

Why is this important? Inappropriate use of medications in circumstances when risks outweigh benefits poses harm to patients and is wasteful of health care resources. Inappropriate medication use is a particular concern among the elderly. The elderly are often more physiologically vulnerable and tend to use a greater number of medications (Kaufman et al. 2002), which puts them at risk for potentially harmful drug-drug and drug-disease interactions (Zhan et al. 2005).

To address this problem, experts have developed lists of medications that are inappropriate to use in older adults because they may cause harm or have limited effectiveness. The most widely used list is the Beers criteria (Beers 1997; Fick et al. 2003). Some evidence suggests that use of these drugs by the elderly can lead to adverse health outcomes and increased use of health care resources (Chin et al. 1999; Fick et al. 2001; Fu et al. 2004). Another expert panel refined the Beers list to distinguish drugs that should always be avoided in the elderly (Zhan et al. 2001).

Findings: Applying expert criteria to a national sample of community-dwelling adults revealed that the proportion of elderly ages 65 and older who had used one or more potentially inappropriate drugs declined by more than one-third, from 21.3 percent in 1996 to 13.5 percent in 2000. The proportion using drugs that should always be avoided changed little from 1996 to 2000, ranging from 2 to 3 percent (AHRQ 2005b).

Implications: These results imply that about 4.7 million community-dwelling elderly individuals received at least one of 33 potentially inappropriate medications in 2000, and that about 840,000 received one of 11 drugs that should always be avoided by elderly patients. The downward trend in prescription of potentially inappropriate drugs suggests that physicians are heeding concerns for more careful prescribing to the elderly. As important as minimizing medication overuse is for the elderly, failing to prescribe recommended medications and to provide adequate patient education and medication monitoring may be even more significant issues, according to the Assessing Care for Vulnerable Elders (ACOVE) Study (Higashi et al. 2004) (see Chart 2:6).