

# Watch for Meds That Can Keep Your Residents From Aging in Place

Drug-related problems, including fall-related injuries, can require assisted living facility residents to enter a skilled nursing facility when they need rehab or can no longer handle activities of daily living (ADLs). Long-term care pharmacy services, including the work of consultant pharmacists, can help protect your residents and prevent them going from higher acuity settings. This is the win-win everyone wants.

In general, it is important for the pharmacist to review residents for medications (including over-the-counter products) that could cause any issue that could lead to an accident/injury, complication, or adverse reaction that causes them to go to the hospital and/or nursing home and diminishes their independence and functioning. Specifically, it is important to watch for medications that cause or contribute to:

- Sleepiness/fatigue
- Muscle weakness
- Behavioral issues
- Cardiac or other dangerous interactions
- Constipation, diarrhea, frequent urination
- Loss of appetite

Work with the pharmacist to identify residents on multiple medications and look at those to answer the following questions:

- Do any medications in the resident's regimen (such as sedative hypnotics including benzodiazepines) put the person at risk for dizziness or sleepiness and may contribute to falls?
- Is the resident on medications that could increase or cause cognitive problems (such as psychoactive drugs, antidepressants, and anticonvulsants)? Are they on any medications (such as non-psychoactive drugs including histamine H2 receptor antagonists, corticosteroids, NSAIDs, and cardiac medications) that could cause acute or chronic cognitive impairment?
- Is the resident taking medications that cause or contribute to muscle weakness (including amiodarone, antithyroid medications, antiretroviral medications, chemotherapy medications, cimetidine, or corticosteroids)?
- Is the resident taking anticholinergics (with side effects that include drowsiness, sedation, hallucinations, and trouble urinating)?
- Is the resident taking any medications that could have dangerous interactions with each other? These include fluoxetine and phenelzine, digoxin and quinidine, sildenafil and isosorbide mononitrate, potassium chloride and spironolactone, and clonidine and propranolol.
- Is the resident on any medications that could increase aggressive, angry, or compulsive behavior? These include sedatives, opiates, and hypnotics.

Working with the pharmacist, you can keep your residents safe and prevent accidents, injuries, and complications that could cause them to leave their assisted living home for a higher acuity setting.

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