

Unit 5 Part 1
ON-LINE CONTENT

Review the article on the 2023 updates to the Beers list. For purposes of this assignment, focus on the charts inside the article to answer the questions. Place your answers to the following questions in the Unit 5 Part 1 drop box by 0800 on July 10, 2023.

In order to receive full credit for your time for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed theory time.

1. After reviewing the medications on the Beers List, choose three medications that surprised you they were on the list and discuss why?

I was surprised to see Promethazine on the Beers list. I thought this medication was mostly used for allergic reactions, motion sickness or vomiting, and sometimes used for short-term sleeping problems. I was unaware of the highly anticholinergic effect it has. The table explains how it's clearance is reduced with advanced age, and tolerance develops when it is used as a hypnotic, and it carries a risk of confusion, dry mouth, constipation for individuals who take it often.

I was also quite surprised to see Aspirin on the list. I feel like Aspirin is very widely used in the healthcare field and often times within the older generation for prevention of cardiovascular diseases primarily. The table explains how providers should consider "deprescribing" Aspirin to the older individuals who use it as primary prevention. I think this is very important as the risk for major bleeding in older adults increases tremendously.

Lastly, I was surprised to see Omeprazole on the list, as it creates an increased risk for C. difficile infection, pneumonia, GI malignancies, bone loss, and fractures. I was unaware of the risk for development of pneumonia with this medication, as I just thought the medication was primarily used to treat conditions where there is too much acid in the stomach.

2. Are there any medications that are not on the list that you think should be added? If so which medications and why?

I think there are potentially a lot more medications that can be listed. For example; I believe Ondansetron could be added, as it can have a sedative effect like Promethazine. I also am curious to see if Metoprolol or other beta blockers have been known to be unsafe for older individuals as they can cause lightheadedness, or negative symptoms as a response to the slowing of their heart rate.

3. When reviewing the section listing the medications that have been removed from the list on page 24, do any of the medications surprise you? If so, which one(s) and why?

When reviewing the medications that have been removed from the list it surprised me to see Amobarbital and Butobarbital taken off. They both can cause trouble breathing, slow breathing, and shallow breathing. They also have large effects on cognition and mood of individuals who take them, and come with a higher suicide risk.

4. Think back to the patients you cared for over the past year on clinical. What medications have you administered that are on the Beers list?

When caring for patients over the past year on clinical I have given many medications that have been listed on the Beers list, such as: Hydroxyzine, Promethazine, Aspirin, Warfarin, Amitriptyline, Insulin primarily Glipizide, Omeprazole, and Naproxen.

5. Have you noticed any of the patients experiencing side effects associated with the medications you administered that were on the Beers list? If so, what were they?

I feel like the most common side effects I experienced my patients go through when administering these medications were drowsiness with the use of Hydroxyzine. A common side effect for Promethazine were headaches. As far as Aspirin, Warfarin, Amitriptyline, Glipizide, Omeprazole, and Naproxen go I didn't notice many side effects that my patients experienced with them during the time I cared for them.