

Unit 8
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 8 Dropbox by 0800 on July 15, 2024.

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 did not realize how extensive the Beers List was/ One medication I was surprised to see was NSAIDs. I am aware NSAIDs can cause a risk of bleeding and can interact with many medications, but I was surprised that an older adult is instructed to avoid them to get rid of minor pain. NSAIDs in an older adult can increase the risk of acute kidney injury and cause a further decline in kidney function. Another medication I was surprised to see was Promethazine. Promethazine is used as an antiemetic to relieve nausea and vomiting, and it can also help with various allergic conditions and motion sickness. This surprised me because I feel like many older adults get nausea frequently, and I did not realize that antiemetics are dopamine receptor antagonists and have the potential to worsen Parkinsonian symptoms. The final medication I was surprised to see was Donepezil. This medication is an anti-Alzheimer agent that is a cholinesterase inhibitor. I feel like many older adults are given this medication. It helps enhance cognition and can temporarily lessen the neurocognitive issues in Alzheimer's. This medication should be avoided if an older adult has syncope because it can cause bradycardia.

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

Each time I thought of a medication that should be added, I found was already on the list. I know antipsychotics are listed, but I agree that both first and second-generation medications should be avoided due to their side effects and the toll they can take on a person of older age. The Beers List has them listed to avoid, except if the patient has an indication such as schizophrenia, psychosis, or bipolar disorder. Although I am aware these medications are extremely important in treating patients with those mental illnesses, I think more nonpharmacological ways need to be created for older adults to wean them off these harsh medications.

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?

I was surprised to see Pentobarbital on the list of medications that were removed. I saw many barbiturates on the Beers list and older adults are instructed to avoid them due to the risk of dependence, tolerance to sleep benefits, and greater risk of overdose. I assumed other sedatives/hypnotics such as Pentobarbital would have been recommended to be avoided especially with the symptoms that occur with the medication since it is a CNS depressant. Also when older adults have a history of falls, syncope, or orthostatic hypotension, they should be instructed to avoid any sedative.

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?

I have given many medications that are on the Beers list. I have given Aspirin, warfarin, and enoxaparin very frequently. I have given benzodiazepines such as alprazolam, ibuprofen, glipizide, omeprazole, and more. I understand that many patients need these medications for their treatment, but if Health Care providers continue to administer them, why are they still on the list? Over my time in the healthcare setting, I have also witnessed nurses give medications that have been listed. Some of these medications are digoxin, muscle relaxants, or antihistamines. I have seen patients have digoxin in their medication list frequently, and it is listed on the Beers List because there are safer alternatives and it should not be used as a first-line treatment for patients with atrial fibrillation or heart failure. I think when administering medications, it comes down to clinical judgment and whether the potential cons will outweigh the pros.

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?

Warfarin is on the list to avoid due to the increased risk of bleeding. During my time at clinical, I had a very old and frail man who was given warfarin. When I was doing my morning vital signs the blood pressure cuff, even though it was his correct size, made him bleed due to how fragile his skin was. Since he was given warfarin, the bleeding from a tiny skin tear was more excessive than it should have been. Another medication I administered was Glipizide. After giving this medication, I had to closely monitor the patient for any signs of hyponatremia or hypoglycemia. This medication is recommended to be avoided because Sulfonylureas have a higher risk of cardiovascular issues, hypoglycemia, and increased risk of ischemic stroke.