

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?

*The first medication that surprised me to be on the Beers list would have to be Haloperidol (Haldol) because this medication I have personally have often seen in older adults that have been in a psychotic episode. This medication I have seen given very frequently with patient's who have gotten agitated and to the point where their violent in night shift. As looking at the description for this medication it can make the patient at high risk for developing a stroke and makes them have a more cognitive decline with patients with dementia. I see why this would be given in a emergency to calm the patient down but that is just a temporary fix and make the patient's health decline even further.

*Opioids were another medication that I found interesting to be on the Beers list. Considering that many older adults go through chronic pain and issues with health that would require a higher pain medication this is actually not good for them because they are at an increased risk of overdose. The opioid effects can be greater to them with even causing sedation to the patient. Since I have been to hospice and seen the amount of pain medications given it looks like this could be a high risk medication for the patient so from what I see this benefits would have to outweigh the risk. It even has me wondering if this can increase a further decline in patient's and have them pass away from the effects of the medication rather than their own medical condition,

*A third medication that I wasn't expecting to see would have to be Ibuprofen. The reason I was shocked to see this was because it is something that can be bought over the counter and it is easily accessible. This medication could cause the older adult patient to have ulcers and be at an increase for bleeding, increase blood pressure, and induce kidney injury. Before looking at this being on the Beers list I wouldn't have thought that older adults would be at high risk for complications with something that does not need a prescription for so this medication should be educated on more to be avoided in general at their doctors visit for example.

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

*Acetaminophen (Tylenol) is not on the Beers list and should be added because of the side effects of decreased urine and drowsiness that could have a great effect on the older adult. This

is also another medication that could be bought most commonly over the counter so an older adult has a higher chance of obtaining toxic effects from this medication from the easy access one has to it. More education should definitely be given out with this medication if not added to the list because it can be easily missed for being something not that harmful since a prescription won't be needed for it but this is not the case.

*Albuterol is another medication that I found should be added onto the Beers list for the risk of having adverse issues on the older adult such as tremors, nervousness or hyperactivity, fast heart rate, headache, and nausea or dizziness. I guess this outweighs the risk for the benefits of the medication but should still be provided caution on the Beers list with a description of how it can affect an older individual.

*Levothyroxine is something I also did not see on the list but older adults could have a potential for complications related to thyroid problems so this medication could be prescribed very commonly for this population. This medication could cause cardiovascular problems in older adults which should be enough of a reason to be added on the list to advise the complications that could put the patient's life at risk. Older adults' absorption to medications make them have a higher effect than most people would.

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?

*Quazepam was one of the medication I was surprised to see on the removed list because I feel that older adults have sleeping problems when getting older they usually wake up early and don't find needing more rest. So I felt that this medication would be used more for issues with insomnia and lack of sleep but according to the Beers list they removed it because it was low on use.

*Butobarbital I feel should be added back onto the Beers list with the amount of serious side effects that it could cause leading to dangerous situations like dizziness and confusion that can already be a problem with someone in the older age.

*I was shocked to see an antidepressant was removed from the Beers list as I feel that all of them should be included which is trimipramine. It is a tricyclic antidepressant and with all the side effects that comes with this class of medication it should not be left out. With older adults they don't drink a lot of water and often suffer from dehydration and this medication causes anticholinergic effect. With all the life changes going on they could fall into depression and could be now prescribed this by being off the Beers list. Further complications may arise for an older adult being prescribed this medication especially since the metabolism of medications is slowed down.

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?

Medications that I have administered that were on the beers list would be duloxetine, Spironolactone, Warfarin, Ibuprofen, Insulin using the sliding scale, aspirin, lorazepam, and gabapentin from what I can remember from my clinical experiences so far.

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 did notice that patients were having side effects from duloxetine from the beers list such as having increased GI effects and especially the nausea. After administering warfarin to a patient I did notice that when doing a blood sugar reading their finger bled longer than usual and had to maintain pressure in order to get the bleeding to stop. Gabapentin was something I had a patient in clinical on and I remember they was a patient that was confused and had frequent drifts in and out knowing where they were to also forgetting what room they were in and my name that I had told them so I would consider that being apart of the CNS effects that this medication can give you as stated from the beers list. As far as the other medications I didn't have the adverse effects that that the beers list outlined.