

# Healthy Seniors

A HEALTH CARE NEWSLETTER FOR NEW YORK SENIORS SPECIAL ISSUE 2010

## IPRO'S DADE PROJECT: Decreasing Anticholinergic Drugs in the Elderly

Taking medications is an important part of the daily routine of millions of American seniors. Prescriptions for high cholesterol, high blood pressure, arthritis and other conditions are often needed to prevent serious illness or to allow seniors to maintain active, healthy lifestyles. Some seniors also take additional over-the-counter items to treat common symptoms or because they believe that they will further improve their health.

But many seniors are concerned about the number of medications they take and whether the medications themselves might actually be causing problems. While some medications have been proven effective in preventing catastrophic events such as heart attacks and strokes, other drugs may be less effective, or even harmful, when used in older adults.

Because your body changes as you age, some drugs may also begin to cause more side effects, even though you may have been taking them without any problems for years. So, to stay healthy, it is important to pay close attention to the medications that you take and how they may be affecting your health.

In this issue of *Healthy Seniors*, we will discuss a group of medications that are considered by medical experts to be “potentially inappropriate” for use in seniors. The issue also includes materials that may be helpful to you and your doctor as you make important decisions about drug therapy for your medical conditions. (See pages 3 and 4.)

### Q: Are all drugs safe and effective for seniors?

**A:** Not necessarily. Several organizations and groups of experts have actually developed lists of potentially inappropriate medications. Drugs are included in such lists for different reasons. Some of the drugs cause too many side effects to be used comfortably or safely in the average senior. Other drugs simply are not effective enough to be routinely used. In some cases, the drugs are no longer recommended because newer, safer alternatives are now available.

The most widely used list of potentially inappropriate drugs is known as the **Beers List**, named after the original author, Dr. Mark Beers. The list was updated and published in 2003 in the *Archives of Internal Medicine*<sup>1</sup> and is available free of charge on the journal's Web site: <http://archinte.ama-assn.org/>

### Q: Are certain types of drugs particularly problematic in seniors?

**A:** All drugs can cause side effects and should be used with caution in seniors. One particularly large group of commonly used drugs can cause a variety of problems for seniors that are often overlooked. Called **anticholinergics** (ant-eye-kō-lin-er-jiks), the drugs block the action of a chemical (acetylcholine) that is involved in the function of many organs in the body, including the brain and the muscles of the eyes, intestines, and bladder.

When used in seniors, anticholinergic drugs may cause a wide variety of side effects that may be thought to be part of the normal aging process, including dry mouth, nausea, blurred vision, and rapid heart rate, among many others. While anticholinergic effects can be helpful when treating some conditions—overactive bladder, for example—many times the anticholinergic action only causes unwanted side effects. Recent research suggests that many seniors are affected by anticholinergic side effects and may not even realize it.

### Q: Do scientific studies show that anticholinergic drugs can be harmful in seniors?

**A:** Yes. There is a growing number of studies suggesting that anticholinergic drugs impair the ability of seniors to function mentally and physically.

A study published in the *Archives of General Psychology*<sup>2</sup> demonstrated that 90% of elderly patients from the representative community had detectable levels of anticholinergic drugs in their blood, and that those with the highest blood levels were 13 times more likely to score poorly on the Mini-Mental State Examination (MMSE), a standard screening test for memory impairment and cognitive disorders. [www.minimental.com](http://www.minimental.com)

In February 2006 a study in the *British Medical Journal*<sup>3</sup> showed that 10% of community-dwelling elderly studied took anticholinergic drugs on a regular basis, and found that 80% of continuous users scored poorly on the MMSE, compared to 35% of non-users.

Most recently, the April 2007 edition of the *Archives of Internal Medicine*<sup>4</sup> includes a study by Dr. Sarah Hilmer of the National Institute on Aging that demonstrates a relationship between anticholinergic drug use

and poor performance on a series of standardized tests. Seniors who took anticholinergic drugs had more memory impairment than non-users, and they also performed more poorly on tests of balance and physical function. This suggests that these commonly prescribed medications may impair the ability of seniors to function physically and mentally.

**Q: Are anticholinergic drugs often used?**

**A:** Yes. Many studies have shown that anticholinergic use remains high among seniors, despite attempts to discourage their use. For example, 7% of elderly New Yorkers who received prescriptions through one of 10 Medicare drug plans between July and December 2006 received at least one anticholinergic drug. Because some commonly used drugs are also available over the counter, the number of elderly New Yorkers using anticholinergics is probably even higher.

**Q: Is IPRO doing anything to reduce anticholinergic drug use?**

**A:** Yes. To increase awareness of the problem of anticholinergic drugs and to help guide improvement in patient care in New York, IPRO has begun the **DADE Project**. DADE stands for “decreasing anticholinergic drugs in the elderly.” IPRO has partnered with prescription drug plans across the state, and is distributing a variety of free educational materials for both patients and prescribers.

**Q: What can seniors do about anticholinergic drugs?**

**A:** On pages three and four of this issue of *Healthy Seniors* is a copy of IPRO’s patient worksheet (also available in Spanish). This two-sided form will help you to talk to your doctor about your health and your medications. It asks about symptoms that could be caused by the drugs you take. Complete and bring this form to your next office visit to help your doctor tailor your drug regimen just for you. **Your doctor is in the best position to guide your care. Do not change your medications without your doctor’s instructions.**

**Q: How can prescribers learn more about anticholinergic drugs?**

**A:** IPRO has developed a set of free educational materials for prescribers, including an accredited educational program, glossy pocket-sized prescriber guide, and a list of the most recent medical studies on anticholinergic drugs. Please visit [www.ipro.org/dade](http://www.ipro.org/dade) for more information.

New York’s most commonly prescribed anticholinergic drugs*	
<p><b>Tricyclic Antidepressants</b></p> <p>Amitriptyline (Elavil™) Doxepin (Sinequan™)</p>	<p><b>Antispasmodics</b></p> <p>Dicyclomine (Bentyl™) Hyoscyamine (Levsin™, Levbid™, Levsinex™, Anaspaz™, NuLev™)</p>
<p><b>Antihistamines</b></p> <p>Hydroxyzine (Atarax™, Vistaril™) Diphenhydramine (Benadryl™, Tylenol PM™, et al.) Cyproheptadine (Periactin™) Promethazine (Phenergan™)</p>	<p><b>Anti-diarrheals</b></p> <p>Atropine-Diphenoxylate (Lomotil™, Lonox™)</p>
<p><b>Muscle Relaxants</b></p> <p>Cyclobenzaprine (Flexeril™) Methocarbamol (Robaxin™) Carisoprodol (Soma™) Metaxalone (Skelaxin™)</p>	<p><b>Genitourinary Drugs</b></p> <p>Oxybutynin (Ditropan™)</p>
	<p><b>Antipsychotics</b></p> <p>Perphenazine</p>

\*Potentially inappropriate anticholinergics from Beers List.<sup>1</sup>

**Q: How can seniors receive more information from IPRO?**

**A:** All DADE project materials are available free of charge at the IPRO Web site, [www.ipro.org/dade-patients](http://www.ipro.org/dade-patients). To receive copies by mail, prescribers and patients should contact IPRO at **1(800)233-0360, ext. 140**, or write to DADE Project, c/o IPRO, 1979 Marcus Avenue, Lake Success, New York 11042-1002.

**Summary**

Many medications are capable of keeping seniors healthy and active. But sometimes medications can cause unwanted side effects that can be bothersome or even dangerous. Seniors are encouraged to routinely speak with their doctors about the medications they take. IPRO is pleased to offer free resources to help you discuss anticholinergic drugs with your doctors.

<sup>1</sup> Fick, et al. 2003; 163:2716-2724.  
<sup>2</sup> Mulsant, et al. 2003; 60:198-203.  
<sup>3</sup> Ancelin, et al. 2006; 332(7539): 455-459.  
<sup>4</sup> Hilmer, et al. 2007; 167: 781-787.

**Calling IPRO to Appeal?**

Please have this information available when you call:

- Beneficiary’s Name
- Your Name and Relationship to the Beneficiary (if you are not the Beneficiary)
- Beneficiary’s Medicare Number and Date of Birth
- Beneficiary’s Address
- Effective Date on the Notice
- Telephone Number, including area code, where IPRO can contact you
- Name of the Provider or Facility
- Telephone Number, including area code, of the Provider or Facility

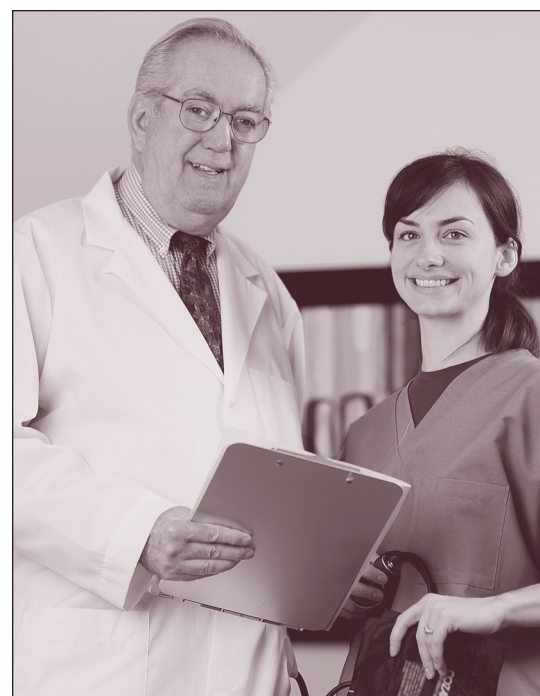


# “Welcome to Medicare” Physical Exam

Medicare will cover a one-time preventive physical exam within the first six months that you have Part B.

The exam will include a thorough review of your health, education and counseling about the preventive services you need, like certain screenings and shots, and referrals for other care.

During the exam, your doctor will record your medical history and check your blood pressure, weight and height and make sure you are up-to-date with your shots. Your doctor may also give you a vision test and an Electrocardiogram (EKG). Depending on your general health and medical history, further tests may be ordered. Your doctor will



give you advice to help you prevent disease, improve your health and/or stay well. You will also get a written plan (such as a checklist) to let you know which screenings and other preventive services you should get.

Your cost for the exam is 20% of the Medicare-approved amount after you

meet the yearly Part B deductible (\$131 for 2007). If you belong to a Medicare Advantage plan, your benefits may differ and the cost may not apply to you. Contact your health plan for more information.

Remember to bring your medical and immunization records, family health history and a list of the prescription and over-the-counter drugs you are currently taking.

Please visit [www.medicare.gov](http://www.medicare.gov) for more information.

## Remember!

Once you enroll in Plan B, it is important to schedule your Welcome to Medicare physical exam right away. Medicare will only cover this physical exam if it occurs within the first six months that you have part B.



## Could Your Medications Be Causing Problems? Talk to your doctor!

Because your body changes as you age, some drugs may begin to cause more side effects, even though you may have been taking them without any problems for years. So, to stay healthy, you need to talk to your doctor from time to time about the drugs you are currently taking and how you are feeling.

This two-sided form is meant to help you talk to your doctor about your health and your medications. It asks you about symptoms that may or may not be caused by the drugs you take. Bringing this form to your next office visit may help your doctor tailor your drug regimen just for you. **Your doctor is in the best position to guide your care. Do not change your medications without your doctor's instructions.**

### Step 1

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Step 2 Check any symptoms that you are experiencing or have experienced in the past 30 days:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dry lips, mouth, or throat            | <input type="checkbox"/> Dizziness when standing          | <input type="checkbox"/> Nervousness, agitation, or anxiety |
| <input type="checkbox"/> Constipation or Nausea                | <input type="checkbox"/> Fever                            | <input type="checkbox"/> Confusion, disorientation          |
| <input type="checkbox"/> Trouble urinating or emptying bladder | <input type="checkbox"/> Reddening of the face (flushing) | <input type="checkbox"/> Memory problems                    |
| <input type="checkbox"/> Drowsiness or sedation                | <input type="checkbox"/> Rapid heart rate                 | <input type="checkbox"/> Hallucinations or delirium         |
| <input type="checkbox"/> Blurred vision                        | <input type="checkbox"/> Weakness                         | <input type="checkbox"/> Falls                              |

Steps 3 and 4 continue on other side of this page.

