

■ Drug Reactions Behind Many ER Visits In Elderly

The December 2001 issue of the *Annals of Emergency Medicine* reports that of all the emergency room visits made by the elderly, nearly 11% of them were because of adverse drug interactions between the drugs they were taking.

Of the 283 patients (between the ages of 65 and 101) whose records were reviewed in the study, 91% of them were taking at least one prescribed or over-the-counter medication.

In a further breakdown of the number of drugs the patients took, the researchers found that 13% of the patients took one drug, 24% took two or three, 23% took four or five, 18% took six or seven and 13% took at least eight different drugs daily. On average, the study patients were taking four drugs on a daily basis.

No surprise to anyone, the number of adverse reactions increased with the number of drugs taken. None of the patients taking only one drug had any medication-related emergencies but 17% of those taking more than six drugs experienced adverse reactions. 12% of those taking two to five medications also experienced reactions bad enough to have to go to the emergency room.

The study also found that half of the patients who came in with drug reactions had another potential drug interaction with their medications that was unrelated to why they came to the hospital in the first place.

Lead researcher Dr. Corrine Hohl from the Sir Mortimer B. Davis-Jewish General Hospital in Montreal, Quebec says “our results suggest that [adverse drug reactions] may represent an underestimated but important [cause of disease] in elderly patients presenting for emergency care.”

In commentary, researchers say that adverse drug reactions account for 23% of hospital admissions, extended hospital stays, additional health problems and in many cases, death.

In our opinion, the saddest part of this story is the fact that the researchers found that even after they had a problem and went to the hospital, the patient’s medication regimens were rarely adjusted to lower the risk of adverse reactions by the time they were discharged.

■ Medical students don't understand aging, elderly

Reuters Health reports that a study presented at the *American Geriatrics Society's* annual meeting on May 10, 2002 found that medical students not only had a startlingly low level of knowledge about the elderly but the aging process in general.

79% of first-year and 30% of third-year medical students at Johns Hopkins University were surveyed.

When questioned on general facts on aging, more than half the students only scored 0-3 on a 10 point scale. The amount of education didn't seem to make any difference; the third-year students scored about the same as the first-year students.

Some of the misconceptions the students held?

- Most older persons are depressed.
- The majority of old people live in nursing homes or with some kind of assisted care.
- It's a waste of time to counsel an elderly patient to quit smoking.

In one hypothetical situation, 83% of the students said they would aggressively treat a 10 year-old girl with double pneumonia. Only 56% would recommend the same care if the patient was an 85 year-old woman.

According to the researchers, "These data suggest that medical students have negative attitudes towards and limited knowledge about older persons at the start of their medical school experience."

Seniors Still Prescribed Dangerous Drugs

A study in the February 9, 2004 issue of the Archives of Internal Medicine highlights a report issued by the Centers for Disease Control and Prevention saying that dangerous and/or inappropriate drugs are still being prescribed to elderly Americans in about 1 out of every 12 visits to the doctor. This despite the fact that a similar study issued in 1995 reported similar findings.

“This is a sizable problem,” said CDC statistician Diane Makuc, “it hasn’t been getting better.”

Inappropriate prescriptions are those that specifically carry warnings against use with the elderly or those that interact negatively with medication the patient is already taking. Inappropriate medication use in people over 65 has been cited in numerous adverse drug reactions, excess utilization of the health care system and poor physical function.

The study points out that inappropriate prescriptions were found to have been given in nearly 8% of senior’s doctor visits. The most common inappropriate prescriptions have been for pain relievers and central nervous system drugs.

Commentary: 8% may not sound like much but this figure represents an astounding 16.7 million visits that resulted in patients receiving inappropriate and/or dangerous prescriptions. Even worse, the problem was identified five years ago and the situation hasn’t gotten better. And they call it health care.

■ Sedative Use In Elderly Increases Broken Hips

A study in the July 26, 2004 issue of the Archives of Internal Medicine finds that elderly patients who use sedatives are more likely to fall and break a hip than elderly people who don't.

The study examined use of benzodiazepine-based sedatives in 125,203 patients. After adjusting for various factors, it was discovered that people who use benzodiazepine-based sedatives suffered 24% more hip fractures than those who don't use benzodiazepine.

The study also found that the rate of hip fracture was the greatest during the first two weeks of the drug use.

“Patients should receive increased surveillance and support mechanisms during the beginning of therapy,” the authors say. However, they admit that “such measures may only prevent a small percentage of hip fractures among the elderly.”

■ Mammograms, Pap Tests Overdone In Sick, Elderly

The May 4, 2004 issue of the *Annals of Internal Medicine* reports that mammograms and Pap tests are being performed too much in older, sick women who have limited life expectancies.

According to researchers at the University of California in San Francisco, the health status of older women should be taken into consideration before the screening tests are done because the dangers of the tests can outweigh the benefits in this population.

The dangers noted by the researchers were the unnecessary tests and procedures ordered for the patients because of faulty results, treatment of insignificant disease and psychological stress.

Coronary Bypass Increases Risk Of Alzheimers

A study presented on July 20, 2004 at the International Conference on Alzheimer's Disease and Related Disorders in Philadelphia says that patients undergoing coronary artery bypass grafting (CABG) for blocked heart arteries run a higher risk of developing Alzheimer's disease than patients undergoing the less invasive angioplasty procedure.

5000 CABG patients and 4000 angioplasty patients treated at the Hines VA Hospital in Illinois were followed for 5 years after their procedures. All of the patients were age 55 or older at the start of the study and none of them had dementia.

After 5 years, 41 of the angioplasty patients were diagnosed with Alzheimer's. 78 of the bypass patients were similarly diagnosed.

The authors of the study theorize that stress during the bypass surgery triggers an increase in stress hormones that "may trigger a cascade of events that reduce the oxygen to the brain."

The authors go on to suggest that increasing the supply of oxygen and glucose to the brain during surgery may help reduce the stress of surgery.

Commentary: We would have preferred seeing the authors suggesting the less invasive, safer procedure. We would suggest the authors spend their energy researching ways to help prevent blocked coronary arteries in the first place. Wouldn't it make more sense to keep your body working the best it can with wellness approaches such as chiropractic care, nutrition and exercise? We agree.