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Aged care residents medicated with drugs that may be harmful and won't help

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Published: May 13 2017 - 2:27PM

Imelda Gilmore saw enough of what her husband was like when he was drugged to the eyeballs to know she never wanted him to be over-medicated again.

While Mr Gilmore's regular doctor was away, an unfamiliar GP had prescribed him with a bipolar drug to counter the side effects of his dementia medication.

"It turned him into a zombie," Mrs Gilmore said. "So I rang the doctor and said, 'There's no way he's taking this drug'."

But not all aged care residents have an Imelda Gilmore in their lives.

The largest analysis done in Australia of medicine provided in aged care residences has revealed many residents are taking drugs that are unlikely to improve their quality of life and the side effects may outweigh the benefits.

Ward Medication Management, a consultant to aged care residences in NSW, Victoria, South Australia and the ACT, analysed 24,864 medication regimes and presented the results at the Choosing Wisely conference in Melbourne, where health providers discussed how to cut down on unnecessary tests and treatments.

Three-quarters of people taking cholesterol-lowering statins, which are not recommended for people with a limited life expectancy, were aged over 80 years, a third were aged over 90, and 79 people were aged over 100.

Ward MM clinical director Chris Alderman said the evidence for statins was strongest for secondary prevention, when the patient had already had a heart attack or stroke, and the benefits were meant to deliver over five years.

But most aged care residents were using them for primary prevention.

"So, if you're 95, never had a heart attack or stroke, the likelihood of your benefiting from the medication between the age of 95 and 100 is low," Dr Alderman said.

"And at the same time these drugs, when they're used for older people, can cause side effects such as muscle pain, muscle weakness, confusion, and these are the things we know increase the likelihood of your falling.

"If you're in your 80s and you break your hip, there's one in four chance you will be dead in six months."

In 44 per cent of the medication reviews, the resident was taking an anti-reflux proton pump inhibitor [PPI], although this medication was also linked to magnesium deficiency and was not recommended for long-term use.

More than 1000 of these residents were also receiving anti-platelet medication, which could have its effect neutralised by PPIs.

The analysis also established that anti-psychotic agents were widely used in people with no documentation of psychosis or dementia.

A quarter of patients were taking anti-psychotic medication, although two thirds of them did not have any documentation of a psychotic disorder or dementia.

The findings will give weight to the suspicion of some aged care advocates that anti-psychotics are used to pacify residents when there is no medical necessity.

Aged Care Crisis spokeswoman Lynda Saltarelli said her group had been approached by nursing home staff and families who believed residents were over-medicated.

"Anti-psychotic medication may be unnecessarily administered to render patients immobile and make them more compliant to ease under-staffed nursing homes," she said.

Dr Alderman said most people receiving anti-psychotics probably did have dementia but it was not documented because they were not an approved treatment for the condition.

"I don't have any criticism of that," he said.

"We all think that we don't want to give anti-psychotics, and the doctors least of all, but sometimes we don't have a choice.

"When you're running around after Mrs Smith who's agitated and screaming and walking into other people's rooms, there's three other patients who are not being looked after."

Mr Gilmore, who died last year, had been anti-drugs all his life.

His wife's delicate task when he went into aged care was to work with the doctors to ensure he had enough medication that he did not pose a risk to those around him, but never a drop too much.

"You don't want to throw the baby out with the bathwater," Mrs Gilmore said.

"These anti-psychosis drugs can be a wonderful assistant, but they should never be used for dumbing down."

This story was found at: <http://www.theage.com.au/nsw/aged-care-residents-medicated-with-drugs-that-may-be-harmful-and-wont-help-20170513-gw44lv.html>

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