

COMMON CLINICAL CHALLENGES WHEN PRESCRIBING DERMATOLOGIC THERAPY IN GERIATRIC PATIENTS



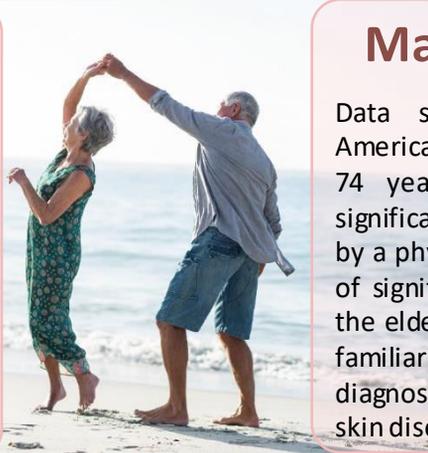
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Background

One hundred years ago, only 2% of the U.S. population was over 65 years old. By 1980, this percentage was 11%, and by the year 2030, it will be 20%. With this tremendous increase in the proportion of elderly in the global population, geriatric medicine has become of great interest and importance.



Material & Methods

Data shows that around 40% of Americans between the ages of 65 and 74 years have had a skin disease significant enough to warrant treatment by a physician. Given the high incidence of significant dermatologic disorders in the elderly, all health providers need to familiarize themselves with the diagnosis, prevention, and treatment of skin diseases seen in this population.

Results

The mainstay of therapeutic approach in the elderly should be proper skin care and treatment due to the preventable nature of most of the age-related skin diseases or treatable nature of another skin disease with their age-related specificities. Particular attention needs to be directed towards geriatric dermatopharmacology as an ageing population has brought many therapeutic challenges that we need to recognize and overcome. Safely prescribing in the field of geriatric dermatology is a complicated task since there is an increased risk of drug interactions (DI) that can be further classified as drug-patient interactions, drug-disease, drug-drug, drug-nutrition, drug-herbal product, and drug-nutritional status interactions. DI may be caused by various factors including the prescribing factor, patient-related factors or difficulties within the health-care system such as poor or insufficient communication between the patients and medical professionals.

Prescribing principles to overcome challenges of dermatologic therapy in the elderly:

- Prescribing proper treatment with clear therapeutic goal
- Assessment of risk-benefit ratio
- Recognition of potential medication interaction
- Proper dose adjustment and careful titration
- Adjusting the individual treatment regimen according to patient's functional, psychological, social and economic status
- Ensuring that the patient understands prescription and will adhere to the regimen
- Providing routine follow-up visits to reassess treatment effectiveness and recognize adverse effects to improve adherence

Strategy	Clinical examples
Identify and address potential barriers associated with aging that might impede adherence with treatment plan	Ask the patient to "teach back" and paraphrase instructions if sensory impairment or patient's understanding is in question. This method does not appear to prolong the clinic visit significantly. "We reviewed a lot of information about your diagnosis and treatment. To make sure I explained things clearly, can you please summarize in your own words..."
Recommend assistive devices	Recommend pill cutters, when appropriate Ask pharmacists to use bubble pack or arthritis-friendly medication containers to facilitate medication handling and large print labels to improve dosing instruction legibility Consider pill boxes or labeled packaging with reminders when complex regimens or multiple pills are required Recommend back lotion applicators for patients with back or shoulder problems to access hard-to-reach areas
Facilitate communication and team-based patient approaches	Suggest caregivers assist with medications, when appropriate Speak slowly in low-tone voice and maintain face-to-face contact Use large-print instructions (eg, a minimum 12-point font that is not in all caps with at least 1.5 spacing) and list medication changes that include reason for taking the medication Medication substitution or discontinuation should also be indicated. Summarizing diagnosis, treatment plan, and provider contact information can also be helpful If patient is suspected or known to aspirate, consider discussing with primary care provider about swallow/speech therapy referral for evaluation and to find optimal methods of taking medications. Consider parenteral or transdermal routes of medication delivery
"Brown bag" medication reviews	Have patient bring in a brown bag with all medications to see what they are really using

Conclusion

Dermatologists and other specialists should be aware that prescribing medicines to their mature patients is a dynamic process that involves many patient-doctor-health-care providers'-oriented steps, which may influence the therapeutic result. Also, they need to be aware of the age-related changes in the pharmacokinetics of common dermatologic drugs, their various interactions potentially occurring in the elderly, and the principles, and evidence-based strategies for their prevention, detection and management to improve adherence to therapy in order to ensure the best and the safest treatment of dermatoses occurring in the seniors. By implementing these gerontopharmacologic principles and strategies, and a team-based, holistic, personalized, and multi-disciplinary professional dynamic approach we can achieve the desired therapeutic outcome and improved quality of life for this fragile group of patients.