# Addressing polypharmacy in older adults: The role of nurses in medication safety.

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# Introduction

Polypharmacy, defined as the concurrent use of multiple medications, is a common issue among older adults due to the prevalence of chronic illnesses in this population. While medications are essential for managing health conditions, inappropriate or excessive medication use can lead to adverse drug events (ADEs), decreased quality of life, and increased healthcare costs. Nurses play a critical role in ensuring medication safety for older adults by assessing, monitoring, and educating patients about their medication regimens. This article explores strategies that nurses can employ to address polypharmacy and promote safer medication practices [1].

Polypharmacy poses significant risks for older adults, including. Older adults are more susceptible to ADEs due to age-related physiological changes, such as reduced renal and hepatic function. The simultaneous use of multiple medications increases the likelihood of harmful drug interactions [2].

Complex medication regimens can lead to confusion and non-compliance, resulting in poor health outcomes. Certain medications, such as sedatives and anticholinergics, can impair cognition and increase the risk of falls. Nurses can conduct detailed medication reviews to identify potentially inappropriate medications (PIMs) and unnecessary drug use [3].

Compiling a complete list of all prescribed, over-the-counter, and herbal medications the patient is taking. Identifying duplicate therapies or medications that may no longer be necessary. Collaborating with pharmacists and physicians to adjust or discontinue medications when appropriate [4].

Using evidence-based tools such as the Beers Criteria or STOPP/START criteria, nurses can help identify medications that may pose risks to older adults. These tools provide guidelines for prescribing and deprescribing medications based on the patient's age, comorbidities, and overall health status [5].

Education is a cornerstone of medication safety. Nurses should Explain the purpose, dosage, and potential side effects of each medication. Encourage patients and caregivers to ask questions and voice concerns about their medication regimens. Provide clear instructions to ensure proper medication administration and adherence [6]. Regular monitoring is essential for detecting early signs of ADEs or drug interactions. Nurses should Assess for changes in the patient's physical or mental health that may be linked to medication use. Document and report any adverse effects to the prescribing physician [7].

Adjust monitoring frequency based on the patient's risk factors and medication changes.Nurses act as a bridge between patients and other healthcare professionals. Effective collaboration with pharmacists, primary care providers, and specialists ensures a comprehensive approach to medication management. Coordinate medication reconciliation during transitions of care [8].

Advocate for pharmacist-led interventions to optimize medication regimens. Communicate concerns about polypharmacy during team meetings. Deprescribing involves the systematic reduction or discontinuation of medications that are no longer necessary or pose risks [9].

Engaging patients and caregivers in discussions about the benefits and risks of stopping certain medications. Monitoring the patient closely for withdrawal symptoms or the recurrence of medical conditions after medication changes. Despite the best efforts of nurses and healthcare teams, several barriers may impede the safe management of polypharmacy. Older adults may be reluctant to change or discontinue medications they have been taking for years [10].

## Conclusion

Polypharmacy is a complex issue that requires a multifaceted approach to ensure medication safety for older adults. Nurses, as frontline caregivers, are uniquely positioned to address this challenge through comprehensive medication reviews, patient education, and interdisciplinary collaboration. By fostering a culture of safety and promoting evidence-based practices, nurses can significantly reduce the risks associated with polypharmacy and enhance the quality of life for older adults. Ongoing education and system-wide support are essential to empower nurses in their critical role in medication safety.

#### References

1. Sündermann SH, Dademasch A, Seifert B, et al. Frailty is a predictor of short- and mid-term mortality after elective cardiac surgery independently of age. Interact Cardiovasc Thorac Surg. 2014;18:580-5.

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- 2. Takala J, Ruokonen E, Webster NR, et al. Increased mortality associated with growth hormone treatment in critically ill adults. N Engl J Med. 1999;341(11):785-92.
- Cappola AR, Xue QL, Fried LP. Multiple hormonal deficiencies in anabolic hormones are found in frail older women: the Women's Health and Aging studies. J Gerontol A Biol Sci Med Sci. 2009;64(2):243-8.
- 4. Baldwin MR, Reid MC, Westlake AA, et al. The feasibility of measuring frailty to predict disability and mortality in older medical intensive care unit survivors. J Crit Care. 2014;29(3):401-8.
- Gifford JR, Trinity JD, Layec G, et al. Quadriceps exercise intolerance in patients with chronic obstructive pulmonary disease: The potential role of altered skeletal muscle mitochondrial respiration. J Appl Physiol. 2015;119(8):882-8.

- Gan WQ, Man SF, Senthilselvan A, Sin D. Association between chronic obstructive pulmonary disease and systemic inflammation: a systematic review and a metaanalysis. Thorax. 2004;59(7):574-80.
- Kondrup J, Rasmussen HH, Hamberg OL et al. Nutritional risk screening (NRS 2002): A new method based on an analysis of controlled clinical trials. Clin Nutr. 2003;22(3):321-36.
- Mourtzakis M, Wischmeyer P. Bedside ultrasound measurement of skeletal muscle. Curr Opin Clin Nutr Metab Care. 2014; 17(5): 389-95.
- De Backer D, Ospina-Tascon G, Salgado D, et al. Monitoring the microcirculation in the critically ill patient: current methods and future approaches. Intensive Care Med. 2010;36(11):1813-25.
- 10. Oddo M, Rossetti AO. Predicting neurological outcome after cardiac arrest. Curr Opin Crit Care. 2011;17: 254-9.

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