

DSH PSYCHOTROPIC MEDICATION

Operational Procedures

APPENDIX -- GERIATRIC PRESCRIBING GUIDELINES:

NOTE: Directive statements and procedures in this chapter are informational and advisory in nature.

- The following recommendations apply to any treated individual who, because of advancing age, is more likely to be pharmacodynamically and pharmacokinetically compromised.
 - This applies especially to individuals 65 years of age and older. But recognizing that pharmacodynamic and pharmacokinetic changes progress on a continuum, these considerations may be relevant even to individuals *as young as 50 years*.
- I. There should be a thorough review of medical and mental status before prescribing.
 - II. Consideration should be given to the potential for interactions with other medications before prescribing.
 - III. Treatment regimens should start with low doses and increase gradually, unless clinical context or history dictate otherwise.
 - A. Starting doses of 1/5 to 1/4 the usual starting dose may be more appropriate, recognizing that 1/3 to 1/2 or less of the usual upper limit may be a likely target dose.
 - B. Be prepared for orthostasis, dehydration, ataxia, and other side effects for which older persons may be particularly susceptible.
 - IV. Plasma levels for medications should be monitored as clinically indicated.
 - V. The reduction or discontinuation of psychotropic medications during inter-current major illness or surgery should be considered.
 - VI. Some persons may not be able to tolerate doses taken in the past after being off the medication for a period of even a few days.
 - A. Under these circumstances, prescribers should consider resuming the medication at a lower dose and increasing it slowly as tolerated.
 - VII. Elderly persons may experience extended half-lives of some drugs.
 - VIII. All of an individual's medications should be regularly reviewed and efforts to simplify the regimen should be made whenever possible.

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- IX. The use of divided doses to reduce side effects, particularly with those medications that produce orthostatic hypotension, should be considered.
- X. As persons advance in age, they may require even lower doses of many medications.
- XI. Risks should be considered when prescribing antipsychotic or antidepressant medications for elderly persons or those approaching geriatric status.
 - A. The U.S. Food and Drug Administration has ordered a class warning for second-generation antipsychotics reflecting an increased risk of cerebrovascular accident and death among elderly demented individuals.
 - B. Recent data, however, indicate that this risk also applies to first-generation antipsychotics.
 - C. Additionally, ongoing data support SSRI antidepressant treatment in middle age increases the risk of fracture in old age.

References:

Fenn HH, Hategan, A, Bourgeois, JA eds., 2019. Inpatient Geriatric Psychiatry: Optimum Care, Emerging Limitations, and Realistic Goals. Springer. Vancouver, British Columbia.