

World Elder Abuse Awareness Day

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Your world...my world...our world...free of elder abuse.



Treatment or Mistreatment? Medication as an agent of abuse of older people

Susan Kurrle

Curran Chair in Health Care of Older People

Faculty of Medicine, University of Sydney

Hornsby Ku-ring-gai Hospital

Hornsby NSW

skurrle@nscchahs.health.nsw.gov.au

Medication

- use of medication is the commonest form of treatment in older people
- medications are often potent substances, which may have low therapeutic to toxic dose ratio
- age-related changes in a number of organs predispose older people to adverse drug reactions and interactions

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Medication Abuse

Medication abuse occurs when medication is overused, underused or misused, resulting in harm to an older person

The medication may or may not have been prescribed for the older person

The abuse occurs within a relationship of implied trust

Medication Abuse

Medication overuse occurs where medication is used for the correct indication but is given in higher doses than indicated

Medication underuse occurs where medication is used for the correct indication but is given in lower doses than indicated, or is withheld

Medication Abuse

Medication misuse occurs where:

- incorrect medication is given
- medication is given for the wrong reason or is used for a different purpose to its indication

Recognition of Medication Abuse

Withholding or careless administration of drugs -
medical abuse (Block & Sinnott 1979)

Withholding of medicine - active neglect (Rathbone-
McCuan & Voyles 1982)

Giving too much medication or the wrong medication -
physical abuse (UK Action on Elder Abuse)

Overuse or underuse or inappropriate use of
medication - neglect (INPEA)

Overuse - physical abuse, underuse - neglect (Aust and
NZ Soc for Ger Med)

How common is medication abuse?

- not known
- no prevalence studies

Medication Abuse in Residential Care

- fraudulent use of prescriptions by doctors, pharmacists, nursing staff (Chambers 1999)
- receiving wrong drug
- receiving incorrect dose of drug
- withholding of drug
- receiving too much of a prescribed drug
- receiving an “as required” drug on a regular basis (or vice versa)

Medication Abuse: UK Conference June 2002

- frequent use, overuse, and inappropriate use of antipsychotic medication in nursing home residents
- role of medical profession in prescribing
- role of pharmacists and nursing staff in dispensing and monitoring
- recommendations:
 - education
 - good record keeping

Medication Abuse: Australian Residential Care

- use of one resident's medication to sedate another resident
- overuse of sedatives
- overuse of antipsychotic medication - use decreased by education program (Snowdon 1999)
- overuse and misuse of cardiac medication
- medication of another resident administered by accident (medication error)

Medication Abuse in the Acute Hospital setting

- often a taboo subject
- lack of consent to psychotropic medications is common
- drugs used to sedate confused or “difficult” patients who may have a treatable cause for their behaviour
- inadequate or inappropriate analgesia

Medication Abuse in the Community

- more difficult to detect or measure than medication abuse in residential care
- older people living in the community on average take less medication
- most older people still live in the community

Examples of Medication Abuse

- Overuse:
 - Sedatives eg temazepam, olanzapine to oversedate
 - Digoxin in high doses to cause digoxin toxicity
- Underuse:
 - Withholding of L-dopa to cause immobility
 - Withholding of insulin to cause hyperglycaemia
- Misuse:
 - Antihistamines given to sedate
 - Warfarin given to cause bleeding

Addressing Medication Abuse

- raising awareness
 - medical profession
 - Emergency Department
 - pharmacists
 - nursing staff
 - aged care service providers
- measurement of blood drug levels when drug is known
- use of urine drug screens

Addressing Medication Abuse

- medication reviews in community and residential care
- dispensing audits to monitor use of medication in residential care
- computerised data bases to detect overprescribing and doctor shopping

Addressing Medication Abuse

- Ask why the abuse is occurring
 - what are the underlying factors
 - issues of stress and ability to cope
 - “cry for help”
- legal interventions
 - burden of proof
 - restraining orders