

PorcuPAIN

Don't Get Stuck With Pain

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Significant Drug Interactions in Long Term Care

Adverse drug reactions (ADRs) occur frequently in nursing home residents and are often not recognized as preventable events. Many times the ADR is thought to be part of the patient's disease progression or not noticed at all. A large portion of ADRs in the elderly are due to drug to drug interactions.

Drug to drug interactions can occur because of drug dose, the resident's medical conditions, drug effects/actions, and the number of drugs prescribed. Some drug interactions occur more often and are more dangerous than others. Certain drugs frequently prescribed to nursing home residents have an increased chance for interactions.

The American Medical Directors Association together with the American Society of Consultant Pharmacists identified a top 10 list of drug to drug interactions in LTC patients. Five of the ten interactions dealt with warfarin (Coumadin), a medication that thins the blood.

Common dangerous drug interactions:

1. Warfarin — NSAIDs*
2. Warfarin — Sulfa drugs
3. Warfarin — Macrolides
4. Warfarin — Quinolones**
5. Warfarin — Phenytoin
6. ACE inhibitors — Potassium supplements
7. ACE inhibitors — Spironolactone
8. Digoxin — Amiodarone
9. Digoxin — Verapamil
10. Theophylline — Quinolones**

* NSAID (include COX-2 inhibitors)

** Quinolones: ciprofloxacin, enoxacin, norfloxacin, and ofloxacin

Details of these interactions can be found at www.scoup.net/m3project/topten/.

Pharmacists play a key role in monitoring drug therapy for these interactions. The LTC nursing staff also helps by identifying changes in a resident's behavior, medical status, and medication profile. Drug to drug interactions vary in significance. Differences in a patient's disease state, gender, age, or their medications determine the severity of the interaction. According to the Merck Manual, the average geriatric patient has up to 6 medical conditions! Knowing the number of drugs a typical LTC resident receives in one day, it is important to recognize that as the number of drugs increase for a patient, so do their chances for experiencing an ADR.

MoLANE Planning Committee Members:

- Missouri Pain Initiative
- Missouri Association of Homes for the Aging
- Missouri Health Care Association
- Missouri Coalition Celebrating Care Continuum Change
- Missouri Association of Nursing Home Administrators
- Missouri Department of Health and Senior Services
- Missouri League for Nursing
- Missouri State Long-Term Care Ombudsman
- Missouri Board of Nursing Home Administrators
- National Association of Health Care Assistants
- Primaris, Missouri's Medicare Quality Improvement Organization
- Quality Improvement Program for Missouri (QIPMO)

Coming next month: How drug interactions can affect treatment of pain in the elderly.

Watch for more PAIN tips!