

## GERIATRIC MEDICINE SKILLS FAIR-STATION 3

### ***MEDICATION 'BROWN BAG' REVIEW VIGNETTE***

An 89 year old woman comes to your office to establish a primary care relationship after having recently been discharged from another hospital. She was admitted for a GI bleed but her stay was complicated by delirium, acute vision loss in her right eye, a large occipital stroke, and the discovery of severe aortic stenosis and coronary artery disease. She declined invasive measures/treatment for this. Since hospital discharge, she has reported much functional loss. She and her family have concerns about her balance and cognitive abilities. As requested, she brings all of her medications with her for evaluation, known as a 'brown bag review.'

Please examine the contents of her brown bag, and we will discuss 5 specific changes or concerns that you have about her medications. Keep in mind the following concepts when assessing a medication list:

#### **TABLE 8 10 Steps to Reducing Polypharmacy**

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1. Have patients "brown bag" all medications at each office visit, and keep an accurate record of all medications, including over-the-counter medications and herbs.
  2. Get into the habit of identifying all drugs by generic name and drug class.
  3. Make certain the drug being prescribed has a clinical indication.
  4. Know the side-effect profile of the drugs being prescribed.
  5. Understand how pharmacokinetics and pharmacodynamics of aging increase the risk of adverse drug events.
  6. Stop any drug without known benefit.
  7. Stop any drug without a clinical indication.
  8. Attempt to substitute a less toxic drug.
  9. Be aware of the prescribing cascade (treating an adverse drug reaction as an illness with another drug).
  10. As much as possible, use the motto, "one disease, one drug, once-a-day."
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*Information from Carlson JE. Perils of polypharmacy: 10 steps to prudent prescribing. Geriatrics 1996;51;26-30,35.*

*American Family Physician Nov. 15 2002; 66:1917-1924.*