

# Drug Related Issues in Geriatric Psychiatry

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## Abstract

Due to multi morbidity, frequent exposure to poly pharmacy, impairment of organ functions (especially liver and kidney) and age-related changes in the pharmacokinetics and pharmacodynamics of several drugs (such as increased benzodiazepine sensitivity), the European Medicines Agency and the International Conference on Harmonization consider the elderly to be a special population. A large German registry study showed that people with severe mental illness are suffering more frequently from somatic comorbidities and display a higher mortality rate than people without severe mental illness, leading to a reduction in life expectancy of up to 12.3 years. Elderly psychiatric patients must therefore be regarded as a particularly vulnerable population that deserves special care and attention. The purpose of the present study was to determine the frequency and characteristics of clinically relevant MRPs in a population of elderly psychiatric. To this end, we conducted a retrospective cohort study on patients aged 60 and older who were treated on the gerontopsychiatric ward of the Hannover Medical School's Department of Psychiatry, Social Psychiatry and Psychotherapy.

**Keywords:** Psychiatric patient • kidney • Benzodiazepine

## Introduction

Hannover Medical School is a large university hospital and tertiary care referral centre. The gerontopsychiatric ward is bed facility that focuses on treating and caring for elderly psychiatric patients specifically. According to Pharmaceutical Care Network Europe, the definition of MRPs used in this study is an event or circumstance involving drug therapy that actually or potentially interferes with desired health outcomes. This definition was used in a previous study and it was thought to be the most appropriate for the purpose of this one. In addition, MRPs were categorized in accordance with a modified version of Watson and colleagues. Our MRP definition also included drug drug and disease drug interactions that were relevant to clinical practice.

## Literature Review

Drug–drug interactions were subdivided into pharmacodynamics and pharmacokinetic interactions to gain additional mechanistic insight. No adherence and financial aspects, on the other hand, were omitted from our MRP definition. In the outpatient setting, which was not the subject of the current study, issues of (none) adherence are more relevant. Money related viewpoints were additionally not tended to on the grounds that in Germany around 90% of the populace are individuals from legal health care coverage and don't pay straightforwardly for their prescription. The clinically relevant drug–drug and drug–disease interactions, PIMs, potentially inappropriate duplicate prescriptions, potential prescribing omissions, suspected adverse drug reactions, unclear indications for drug prescription, application-related issues, route of administration, incorrect time of administration, incorrect application interval, route of administration not explicitly stated, drug application, dosage-related issues, insufficient documentation, necessary changes to the pharmacotherapeutic regimen and neglect of contraindications were all included in the definition [1].

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At Hannover Medical School, hospital discharge letters include the patient's medical diagnoses, a summary of the patient's discharge, recommendations to the physician mostly general practitioners for continuing the patient's treatment, a medication list and summarized results from laboratory and technical investigations. The medicine list arranges both consistently taken and genius re nata tranquilizes and involves solution, nonprescription and if appropriate correlative and elective medications. Each of the 230 hospital discharge letters retrieved during data acquisition was manually screened for clinically relevant MRPs by two independent researchers and CI, with a particular focus on the medication list [2].

## Discussion

An electronic spread sheet contained medication-related issues that Johannes Heck and Christian Ihlefeld deemed clinically relevant. An expert panel consisting of clinical pharmacology, neurology, psychiatry, internal medicine, geriatrics and neurology discussed and verified all MRPs. The study's limitations, which are similar to those of other studies in the field, primarily stem from its retrospective, monocentric design and the small number of enrolled patients. In addition, the current study did not examine geriatric syndromes, which may be associated with medication use in older adults. Future examinations on MRPs ought to address these points, incorporate a bigger number of patients and ideally apply an imminent, multicentric plan to additional increment the inward and outer legitimacy of the review results. Colleagues recently demonstrated in a retrospective and longitudinal study that comprehensive geriatric assessment and drug rationalization improved the nutritional, physical and psychosocial status of elderly patients [3,4].

The authors came to the conclusion that medication reviews are crucial to the treatment of elderly patients. Despite the fact that anticholinergic effects were evaluated as a subcategory of PDIs, we did not specifically assess patients' anticholinergic drug burdens, which must be considered a further limitation of the present study. Colleagues demonstrated that an increased anticholinergic drug burden was associated with impaired cognitive functions and a decreased nutritional status in elderly patients.35 Mediations to limit MRPs, for example, interdisciplinary mental ward adjusts with drug reviews36, ought to be tried in imminent randomized clinical preliminaries later on [5,6].

## Conclusion

As data on MRPs in gerontopsychiatric inpatients is scant, we contrasted

our outcomes and the information distributed by Cool and partners who explored the recurrence of possibly improper medication recommending in French nursing home occupants. Of note, the MRP definition utilized in our review incorporated the meaning of possibly improper medication recommending utilized. Study, but it was much more comprehensive because it included issues with drug application and dosage, inadequate documentation, unclear indications, suspected adverse drug reactions, and necessary pharmacotherapeutic regimen changes. Utilized the French Laroche list to evaluate PIM prescriptions, whereas we adhered to the German-specific PRISCUS list. Furthermore, whereas Cool and coworkers merely defined duplicate/multiplicate prescriptions as the same drug prescribed twice or more, we adopted a more differentiated categorization system for duplicate prescriptions.

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## Acknowledgement

None.

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## Conflict of Interest

No potential conflict of interest was reported by the authors.

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