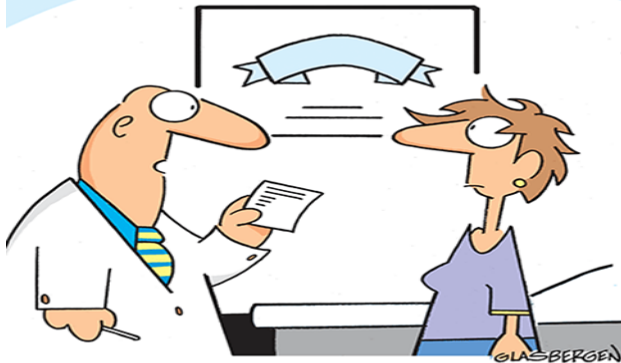


Older Wiser Lifestyles (OWL) Prescribed Substance Misuse in the Older Adult

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**"Take 2 capsules as needed for stress.
Put one in each ear whenever your
boss starts talking."**

Your community
Your hospital
Your healthcare service



Prescription Medications and the Older Adult

- What's the problem
- Common Misused Prescription Medications
- Reasons for Prescribed Medication Misuse
- Dangers of Self Prescribing and Sharing Medications
- Stockpiling of Prescribed Medications
- Changes in Prescribing on February 1st 2018
- Opioids and Diazepam
- Medication Reconciliation at Home
- Metabolism of Medications
- Case Study

What's the Problem

- Misuse and poor quality use of pharmaceutical medications
- Wide range of pharmaceutical medications
- Growing older population experiencing chronic and non-malignant pain
- Alcohol and Other Drugs services not geared to meet the demand



Commonly Misused Prescription and Over the Counter (OTC) Medications

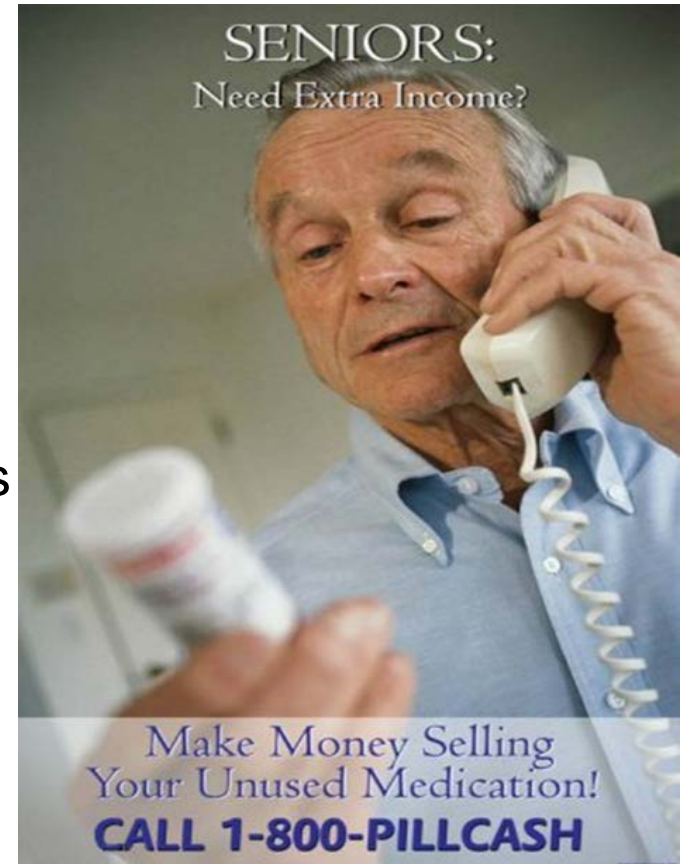
- **Antibiotics**
 - Penicillin
- **Benzodiazepines**
 - Diazepam (Valium), Alprazolam (Xanax)
- **Sleep medications**
 - Zolpidem
- **Codeine and Morphine**
 - Panadeine, Panadeine Forte, Nurofen Plus
- **Cough and Cold medications**
 - Robitussin, Bisolvin, Dimetapp, Codral Cold and Flu capsules
- **Decongestants**
 - Pseudoephedrine



Reasons for Prescribed Medication Misuse

Pharmaceutical drug misuse problems have complex aetiologies and manifestations ranging from;

- Inadvertent misuse
 - Sharing medications with friends/family
 - Self prescribing/diagnosis
- Poor prescribing practices
- Deliberate misuse, with the aim of experiencing the non-therapeutic effects
- Selling of medications for profit



Dangers of Self-Medication

- **Self medication refers to the practice of using prescription or OTC drugs without discussing the symptoms with a health professional**

Risks associated with self-medication include;

- Inaccurate diagnosis
- Inappropriate medications that cause dangerous side effects
- Masking the symptoms of a serious condition
- Can lead to an accidental overdose
- Mixing medications that are not safe to mix, which can cause harm
- Risk of abuse and/or dependence
- Worst case scenario severe health condition and **DEATH**



"The doctor will see you now."

Dangers of Sharing Prescribed Medications

- Stephens-Johnson syndrome or burning from the inside out
- Allergies
- You may not need the medication taken
- You could become sicker
- Medications and their dosage are prescribed with one person in mind
- The potential for negative drug interaction is high
- There is no medical oversight of risk or side effects, so you could **die**

- **Bottom line: Never share prescriptions with anyone.
It's a bad idea and the results could be tragic**



Stockpiling of Medications

- A Melbourne pharmacy had received a prescription for more than 2000 addictive painkiller tablets and many other pharmacies across the country have seen orders for hundreds of these medications.
- Melbourne pharmacist Jarrod McMaugh said he has received repeating scripts totalling 10 boxes of Panadeine Extra containing 240 pills, even though it is advised that patients only take up to a maximum of eight tablets a day, for no more than three days.



Changes in Prescribing as of February 1st 2018

- **After February 1st, products containing Codeine are now only available by prescription from a GP. This includes;**
 1. All cough and cold medicines containing Codeine
 2. All pain relief tablets and capsules containing Codeine
- **No OTC medications after this date will contain Codeine**



Opioids and Diazepam

- “There were 1,808 drug induced deaths in 2016, with those deaths most commonly associated with benzodiazepines and oxycodone,” James Eynstone-Hinkins, Director of Health and Vital Statistics at the ABS.
- “In 2016, an individual dying from a drug induced death in Australia was most likely to be a middle aged male (50-55), living outside of a capital city who is misusing prescription drugs such as benzodiazepines or oxycodone in a polypharmacy (the use of multiple drugs) setting.” (ABS, 2017)



Medication Reconciliation at Home

- It is important to not accumulate unused or expired medications in the cupboard at home. Unused and expired medications pose a health risk for everyone in the house, discard these medications
- Salbutamol, Insulin and Frusemide are the most discarded medicines
- Never discard medications in general rubbish or the sewerage system
- Always return unused or expired medications to your pharmacist
- Ensure medications are labelled and identifiable



Metabolism of Medications

- Metabolism is the process by which the body breaks down and converts medication into active chemical substances
- The primary site of drug metabolism is the liver
- The liver also plays a major role in digestion, detoxification and elimination
- Over use of medications with Paracetamol can damage the liver permanently

You only get one liver, look after it



Case study

- June is a 73 year old widowed female, lives alone. June recently returned from a holiday in Asia where she was diagnosed with pneumonia, spent a week in intensive care overseas, flown back to Australia.
- June felt she had never recovered from the pneumonia, feeling short of breath past 3 months, lethargic, 3 falls.
- History polypharmacy overdose, chronic back pain for 10years, left shoulder reconstruction 5 years ago, hypertension, asthma, GORD, stomach stapled and Type 2 diabetes mellitus.

Case study

- Prescribed multiple medications for pain
 - Tapentadol- opioid analgesia, 50mg BD
 - Pregabalin (Lyrica) - pain, 75mg TDS
 - Diazepam 5mg PRN
 - Mirtazapine - antidepressant 30mg D nocte
 - Panadol Osteo - pain
- June experiencing unresolved chronic back and shoulder pain
- June experiencing headache symptoms every 2-3 hours
- Decreased mobility, falls
- Lethargic, not wanting to leave her unit
- June outlined she was taking twice the dose of Tapentadol and Pregabalin and topping up with over the counter Codeine



Case study

- June admitted to in patient detox
- Became unwell, transferred to Dandenong ICU with pneumonia
- Detoxed on the ward at Dandenong Hospital
- Commenced on Suboxone
- June is off all pain medications, ceased Mirtazapine
- June motivated, able to make her own bed, do the shopping
- No Codeine withdrawal headaches

Thank you

Any Questions?

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