DSH PSYCHOTROPIC MEDICATION Operational Procedures

APPENDIX -- GERIATRIC PRESCRIBING GUIDELINES:

NOTE: Directive statements and procedures in this chapter are informational and advisory in nature.

- The following recommendations apply to any treated individual who, because of advancing age, is more likely to be pharmacodynamically and pharmacokinetically compromised.

- This applies especially to individuals 65 years of age and older. But recognizing that pharmacodynamic and pharmacokinetic changes progress on a continuum, these considerations may be relevant even to individuals *as young as 50 years*.

I. There should be a thorough review of medical and mental status before prescribing.

II. Consideration should be given to the potential for interactions with other medications before prescribing.

III. Treatment regimens should start with low doses and increase gradually, unless clinical context or history dictate otherwise.

   A. Starting doses of 1/5 to 1/4 the usual starting dose may be more appropriate, recognizing that 1/3 to 1/2 or less of the usual upper limit may be a likely target dose.

   B. Be prepared for orthostasis, dehydration, ataxia, and other side effects for which older persons may be particularly susceptible.

IV. Plasma levels for medications should be monitored as clinically indicated.

V. The reduction or discontinuation of psychotropic medications during inter-current major illness or surgery should be considered.

VI. Some persons may not be able to tolerate doses taken in the past after being off the medication for a period of even a few days.

   A. Under these circumstances, prescribers should consider resuming the medication at a lower dose and increasing it slowly as tolerated.

VII. Elderly persons may experience extended half-lives of some drugs.

VIII. All of an individual's medications should be regularly reviewed and efforts to simplify the regimen should be made whenever possible.

IX. The use of divided doses to reduce side effects, particularly with those medications that produce orthostatic hypotension, should be considered.

X. As persons advance in age, they may require even lower doses of many medications.

XI. Risks should be considered when prescribing antipsychotic or antidepressant medications for elderly persons or those approaching geriatric status.

A. The U.S. Food and Drug Administration has ordered a class warning for second-generation antipsychotics reflecting an increased risk of cerebrovascular accident and death among elderly demented individuals.

B. Recent data, however, indicate that this risk also applies to first-generation antipsychotics.

C. Additionally, ongoing data support SSRI antidepressant treatment in middle age increases the risk of fracture in old age.

References:

Fenn HH, Hategan, A, Bourgeois, JA eds., 2019. Inpatient Geriatric Psychiatry: Optimum Care, Emerging Limitations, and Realistic Goals. Springer.
Vancouver, British Columbia.