Focus on Medication Management

Most older adults live with one or more chronic conditions for which medication use is either primary treatment or adjunct to non-pharmacological intervention. Older adults, and sometimes family members or other caregivers and health care providers, are often challenged by the complexity of safe and effective medication management. Many factors and circumstances contribute to this complexity and require strategies that address different stakeholders and approaches tailored to the individual circumstances. In this issue, five articles cover topics and strategies to improve older adults’ adherence and safe use of medications for those with cognitive impairment, address issues related to nursing scope of practice in pain medication administration in the nursing home (NH) setting, and present current best practice recommendations to address risks involved in use of sedative hypnotic agents to treat insomnia and the use of analgesic agents to treat persistent pain.

The issue begins with the article by Morrow and Conner-Garcia addressing strategies for improving older adult comprehension of medication information. The authors provide theoretical foundations for factors that impact comprehension and ultimately adherence. To identify recommendations for improving communication with older adults regarding medication administration, Morrow and Conner-Garcia discuss their research findings and the impact of patient characteristics, health documents, and the communication context on how older adults understand the information needed to take medication safely. Recommendations for visually presented information, as well as what information to include in provider-patient encounters, are shared with specific implications for improving nurse–patient collaborations to improve medication management.

With increasing complexity of medication regimens and challenges of cognitive decline, family members are often assisting with medication management activities. Erlen et al. share a study that describes characteristics and correlates of caregiver-mediated medication management in community-dwelling older adults with memory loss. Their findings suggest important factors to consider when discussing medication management with caregivers of older adults with memory loss. Additionally, the caregivers’ perception of the impact of the older adult’s behavior problems is another consideration discussed. The authors provide an excellent discussion of strategies to diffuse their findings into practice to ultimately improve the quality of medication management.

A significant challenge to safe and effective medication management in NHs is how medications are managed and how scope of practice impacts the actions of licensed practical nurses (LPNs) and RNs in this setting. Corazzini et al. describe a comparative case research study elucidating these factors by discussion of three key topics: (a) the extent to which RNs and LPNs are connected formally and informally to provide pain care, (b) the degree to which RNs and LPNs are considered interchangeable with one another, and (c) the RN-to-
LPN ratio. The authors raise issues regarding quality pain care and suggest ways to improve pain medication management in the NH setting by addressing RN availability and scope-of-practice issues uncovered in this important qualitative investigation.

Sleep issues, including addressing the common problem of insomnia, in older adults represent a concern and challenge for nurses and other practitioners. When nonpharmacological intervention is not successful, use of sedative hypnotic agents is a consideration, although fraught with risks. Brandt and Piechocki address the clinical dilemma of how to safely and effectively manage insomnia in older adults. An overview of diagnosis and treatment of insomnia is followed by current best practice recommendations for use of pharmacological agents targeting this disorder and guidance for applying the 2012 American Geriatrics Society Beers Criteria while balancing safety concerns for benzodiazepine and non-benzodiazepine hypnotic agents and alternate therapies. Clinical implications highlight the importance of educating older adults and maximizing nondrug approaches prior to initiating medication therapy when benefits clearly outweigh the risks.

Finally, Arnstein and Herr address the risks and strategies for use of analgesic agents to safely and effectively manage persistent pain in older adults. The high prevalence of persistent pain in this population often warrants use of medications when nondrug approaches are not successful; however, concerns regarding vulnerability to side effects, drug interactions, and life-threatening toxicities warrant caution and diligence. Risk evaluation and mitigation strategies exist for many medications, and the focus on risk reduction is particularly relevant for use of any analgesic agents with older adults. This clinical review informs clinicians of current benefits and concerns related to analgesic drug use in older adults and provides evidence to guide strategies for developing a comprehensive treatment plan based on vigilant assessments and monitoring to promote safe and effective use of medications for persistent pain management that promotes quality of life.

The contributions in this special issue—drawing from different disciplines—demonstrate the benefits of an interdisciplinary approach to promote safe and effective care with the goal of maximizing quality of life for older adults. The diverse topics, as a whole, bring together unique aspects of medication management in older adults to contribute new knowledge and best practice recommendations for improving medication management in this population.

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