

# Medication Monitoring for the Elderly

**Medication:**

ACE Inhibitor (ACE-I), ARBs, aliskiren  
ACE-I or ARB + potassium sparing diuretic  
Alpha blockers  
Arthritis drugs (NSAIDs) + prednisone  
Beta blockers  
Beta blocker eye drops  
Calcium channel blockers  
Digoxin > 0.125mg/day  
Diuretics  
First Generation Antihistamines  
Insulin, oral hypoglycemics  
Metformin  
Muscle relaxants  
Opioids pain relievers  
Proton Pump Inhibitors  
Psychoactive medications  
Thiazolidinediones  
Warfarin + sulfa drugs

**Monitor for:**

Potassium, renal function, cough  
Potassium  
Orthostatic hypotension, dizziness  
GI bleeding, edema, dyspnea  
Dyspnea, fatigue, bradycardia  
Bradycardia  
Ankle edema, dizziness, constipation  
Digoxin toxicity  
Potassium, dehydration  
Sedation, falls, confusion, dry mouth, constipation  
Hypoglycemia  
Renal function  
Sedation, falls, confusion  
Sedation, falls, confusion, constipation  
C.diff and bone density  
Sedation, falls, confusion, dry mouth, constipation  
Hepatic function, fluid retention  
Increased pro-time, bleeding, bruising

This is a partial list and does not include all drugs. Prescribing in elderly patients is highly complex, and should be conducted with the greatest care on a case-by-case basis, considering the complete patient medical profile. The above information is intended only as a general guide. Prescribers are encouraged to refer to the most current and reputable medical evidence for more detailed guidance.

# Safe Prescribing Practices for the Elderly

- Update medication list at each visit
- Prescribe the fewest number of drugs possible
- Eliminate drugs without an indication for use
- Non-drug therapy and lifestyle changes to reduce the need for medication
- Check for drug-drug and drug-disease interactions before prescribing
- Evaluate if the side effect of another medication is being treated with new medicine
- Choose the simplest dosage regimen at the lowest patient cost to improve adherence
- Start new medications at a low dose and advance slowly
- Replace potentially inappropriate medications with safer alternatives
- Use teach-back techniques with medication education
- Communication across healthcare settings optimizes patient safety and medication use outcomes

## Sources:

- Novielli KD, Koenig JB, White E, Wertheimer A, Nash DB. Individualized Prescribing for the Elderly. P&T. 2001;26(2):1-26.
- [http://www.canadiangeriatrics.ca/default/assets/File/CJG-CME%20Vol4-2%20Hart\(2\).pdf](http://www.canadiangeriatrics.ca/default/assets/File/CJG-CME%20Vol4-2%20Hart(2).pdf)

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