Pharmacy Recommendations for HIV and Aging

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APPROPRIATE PRESCRIBING CHECKLIST

☐ Obtain complete medication history from patient/caregiver at every visit, specifically asking about:

  ☐ Prescription and OTC medications, especially those taken on a prn basis

  ☐ Vitamins, nutritional supplements, herbal and complementary therapies

  ☐ Other healthcare providers seen and transitions of care from one setting to another since the patient's last visit with you

☐ Match medication list to diagnoses and discontinue medications no longer warranted

☐ Assess complete medication list for potential adverse effects and overlapping toxicities

☐ When initiating a new medication, "start low and go slow"

☐ Avoid the use of inappropriate and high-risk drugs as recommended by the American Geriatrics Society [1]

☐ Provide patient and caregiver education and counseling on each medication

METHODS FOR MAXIMIZING MEDICATION ADHERENCE

1. Simplify the number of medications and doses per day

2. Be aware of differences in costs between drugs in the same class and utilize generics when possible

3. Provide the patient and family/caregiver with verbal and written medication information with a large font size and appropriate reading level not greater than 6th grade

  a. Name of medication and indication

  b. Dose of medication, food requirements, and for how long to take it

  c. Major side effects and what to do if they occur

4. Review medication administration techniques for pill bottles (i.e., ability to open child resistant caps), inhalers, eye drops, subcutaneous injections, measuring liquid formulations, and applying patches

5. Utilize compliance aids such as pillboxes, blister packed medications, alarms, calendars, automated refills ✎

REFERENCES/RESOURCES

1. American Geriatrics Society 2012 Beers Criteria Update Expert Panel. *American Geriatrics Society updated Beers Criteris for potentially inappropriate medication use in older adults.* J Am Geriatr Soc. 2012 Apr;60(4):616-31.

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