Prescribing Guidelines for the Elderly

When prescribing new medications review the following issues:

- Is medicine necessary (i.e., is there a non-pharmacological treatment)?
- What are the therapeutic endpoints?
- What are the risks versus the benefits?
- Can one medication treat more than one condition?
- Does administration time match existing medicines?
- Are there less expensive but equivalent drugs?

Identify all drugs by **generic name** and **drug class**.

All drugs prescribed should have **clinical indications**.

Know the **side effect profile** of drugs.

Understand **aging pharmacokinetics** and how to decrease adverse drug events (ADEs).

**Stop all drugs without known benefit.** (Always perform medication debridement regularly.)

**Stop all drugs without clinical indication.**

Always attempt to **substitute a less toxic drug**.

Avoid **negative prescribing cascade** (i.e., treating one ADE with another drug).

Perform **brown bag inventory** (annually or biannually).

Follow these principles:

- **“One disease, One drug, Once a day”**
- **“Start-Low, Go-Slow”** – A lower dose will cause fewer adverse effects, which are almost always related to dose. In the elderly, some experts suggest starting with one-third to one-half the usual adult dose for most drugs and watching for side effects, increasing the dose slowly and only if necessary to get the desired effect.
- **“Fix the Cant’s”** – read, afford, open, remember, swallow

References: