Nurse Corner Medications

4M's What Matters, Mobility, Mentation, **Medications**

"**Any symptom in an older adult is a medication side effect until proven otherwise**." Quote shared at the UVM Geriatric Conference 3/19/26 (Steinman, M.A. and Holmes, H.M. (2014) Principles of Prescribing for Older Adults.)

An annual review of all medications is an essential piece of supporting healthy aging. Are participants taking them as prescribed? Any barriers? Any high-risk medications that should be reassessed by their provider? SASH nurses can play a significant role in assessing medications with participants, providing education, and advocating for adjustments when needed.

Here are some resources and articles for medication management:

- The 2023 American Geriatrics Society (AGS) Beers Criteria® (updated in 2023, still relevant for 2025/2026) lists over 100 medications to avoid or use with caution in adults 65+ due to risks exceeding benefits.
- Watch for prescribing cascade – medications prescribed to treat the side effects of other medications. This may be an opportunity for education and advocacy. https://pmc.ncbi.nlm.nih.gov/articles/PMC7954547
- Are participants taking any high-risk supplements? The FDA does not regulate supplements (they are considered food). https://consultqd.clevelandclinic.org/dietary-supplements-compound-health-issues-for-older-adults Some high-risk supplements include:
    - St John's Wort – risk of serotonin syndrome when combined with antidepressants
    - Excess vitamin A – increased risk of osteoporosis
    - Excess vitamin B6 - neurologic problems
    - Garlic, ginger, ginkgo, and ginseng – increased risk of bleeding when taking blood thinners
    - Echinacea, kava, Cinnamon and melaleuca – effect liver metabolism

  How to perform a thorough medication review such as the Brown Bag Med Rec https://www.ahrq.gov/health-literacy/improve/precautions/tool8.html

- Follow up with participants after an ED visit on any new medications or changes.
    - See the SASH ED follow up workflow
    - See article: About 1 in 15 Older Emergency Department Patients Are Prescribed High-Risk Medications

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"Analysis of over 16 million emergency department (ED) encounters revealed that about 1 in 15 (6.5%) older adults received potentially inappropriate medications (PIMs) at discharge. Prescription rates declined with advancing age, from 8.3% among patients aged 65-74 years to 1.8% among those aged 95 years or older. Skeletal muscle relaxants and first-generation antihistamines were the most commonly prescribed high-risk medications"