

Geriatric clinical pharmacology and clinical trials in the elderly

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The aging process is linked to changes in the physiological function of organs and changes in body composition that alter the pharmacokinetics of drugs and pharmacodynamic responses. Comorbidity and polypharmacy in the elderly decreases tolerability of drugs, leading to greater vulnerability to adverse drug reactions than that observed in younger adults. In geriatric pharmacotherapy, the general recommendation is dose reduction and slow titration, which is based on pharmacokinetic considerations and concern for adverse drug reactions, rather than clinical trial data. Older patients are under-represented in clinical trials. In the absence of evidence, extrapolation of risk-benefit ratios from younger adults to geriatric populations is not necessarily valid. Sound evidence through prospective clinical trials is essential, and geriatric societies, governments, and patient advocacy groups should collaborate to promote the inclusion of older people in clinical trials. It is believed that all involved in clinical trials have both an obligation and an opportunity to eliminate age discrimination in clinical trial practice.

Introduction

The most important and common medical intervention in the elderly is drug therapy. Due to unprecedented increases in the proportion of elderly people in a population, an understanding of geriatric pharmacology has become very important for drug therapy in elderly patients. In addition to drug treatment itself for medical problems caused by aging, such as dementia and degenerative diseases, elderly patients experience many treatment-related problems compared with younger patients. Examples of such problems include reduction in physiological function, change in pharmacokinetics/pharmacodynamics, and vulnerability to adverse drug reactions, polypharmacy, drug interactions, and low compliance. Understanding the various factors that affect drug treatment outcomes in the elderly requires knowledge of basic and clinical pharmacology of geriatrics. Using this knowledge, attention should be applied to providing appropriate drug therapy.[1]

Organ function is reduced and body composition is altered with age. The pharmacokinetic processes of absorption, distribution, metabolism, and excretion differ compared with young

adults. Moreover, the elderly have greater risk of disease because of the aging process, which is accompanied by multiple chronic conditions. Drug tolerability decreases, while patients are often exposed to multiple drugs. Therefore, elderly patients are much more vulnerable to adverse drug reactions than younger adults. The fifth most common cause of hospitalization in elderly patients is related to drug use, and accounts for approximately 20% of hospitalizations.[2] Concomitant use of more than 5 drugs (polypharmacy) is observed in 20 to 40% of elderly patients.[3] Thus, the risk of adverse drug events due to drug-drug interactions is high. In addition, it is common to administer new drugs to elderly patients for the relief of an atypical symptom without appropriate evaluations; this causes new drug-induced side effects and perpetuates a vicious circle.

Prescribing for geriatric patients requires an understanding of the efficacy of medication in older people, an assessment of the risk of adverse drug events, and a decision about the dosage regimen and careful monitoring of the patient's response. This requires an evaluation of evidence through clinical trials. Given that most diseases occur in older people, and that this patient group is the major recipients of drug therapy, more research and a better evidence base through clinical trials is essential to guide clinicians who manage geriatric patients.[4] Patients older than 65 years are not well represented in clinical trials,[5] and this under-representation impacts the care of elderly patients.[6]

Geriatric Clinical Pharmacology

Marc E. Agronin, Gabe J. Maletta



Geriatric Clinical Pharmacology:

Drugs and the Elderly James Crooks, Ian H. Stevenson, 1979 *Drugs and the Elderly* J. Crooks, I.H. Stevenson, 2014-01-14 **Geriatric Clinical Pharmacology** W. Gibson Wood, Randy Strong, 1987 **Drugs and the Elderly** James Crooks, Ian H. Stevenson, 1979 **Clinical Pharmacology in the Elderly** Hans-Peter Breuel, 2012-12-06

The appropriate and rational use of drugs by the elderly is a matter of growing medical and social concern. Persons aged 65 years and older constitute about 12% 15% of the population in the Western world and the total number of the elderly will increase significantly in the coming years. This population accounts for 30% of all the prescription drugs used. Aging specifically the transition from middle to old age is a complex process. From the perspective of clinical pharmacology these pathophysiological changes may reasonably be expected to alter responsiveness to drugs. The age related differences in response to drugs can arise from alterations in pharmacokinetics or pharmacodynamics. This makes it mandatory that clinical pharmacological studies be carried out in the elderly during extended phase I studies. The older the population likely to use the drug the more important it is to include the very old. It is also important not to exclude necessarily patients with concomitant illnesses; it is only by observing such patients that drug-disease interactions can be detected. Reports from surveillance systems have greatly increased our awareness of problems associated with drug therapy in old age. Geriatric Pharmacology

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Hans-Peter Breuel, 2014-03-12 The appropriate and rational use of drugs by the elderly is a matter of growing medical and social concern. Persons aged 65 years and older constitute about 12% 15% of the population in the Western world and the total number of the elderly will increase significantly in the coming years. This population accounts for 30% of all the prescription drugs used. Aging specifically the transition from middle to old age is a complex process. From the perspective of clinical pharmacology these pathophysiological changes may reasonably be expected to alter responsiveness to drugs. The age related differences in response to drugs can arise from alterations in pharmacokinetics or pharmacodynamics. This makes it mandatory that clinical pharmacological studies be carried out in the elderly during extended phase I studies. The older the population likely to use the drug the more important it is to include the very old. It is also important not to exclude necessarily patients with concomitant illnesses; it is only by observing such patients that drug-disease interactions can be detected. Reports from surveillance systems have greatly increased our awareness of problems associated with drug therapy in old age. **Special**

Issue Devoted to Geriatric Clinical Pharmacology Neal. R. Cutler, Prem K. Narang, 1988 *Pharmacokinetics and Drug Interactions in the Elderly and Special Issues in Elderly African-American Populations* Institute of Medicine, Committee on Pharmacokinetics and Drug Interaction in the Elderly, 1997-09-25 Reports in the popular press about the increasing longevity of Americans and the aging of the baby boom generation are constant reminders that the American population is becoming older. Consequently, an issue of growing medical health policy and social concern is the appropriate and rational use of medications by the elderly. Although becoming older does not necessarily correlate with increasing illness, aging is associated with anatomical and physiological changes that affect how medications are metabolized by the body. Furthermore, aging is often related to an increased frequency of chronic illness, often combined with multiple health problems and an increased use of medications. Thus, a better understanding of the absorption, distribution, metabolism, and excretion of drugs, of the physiologic responses to those medications, as well as of the interactions among multiple medications, is crucial for improving the health of older people.

Geriatric Drug Therapy Interventions James W. Cooper, 2024-11-15 Medication costs and common drug-related problems such as misapplication of therapy, medication misuse, and adverse effects can often be avoided or reduced. Geriatric Drug Therapy Interventions will help you get better outcomes with your patients as it points out pitfalls to avoid and provides you with logical principles for administering drug therapy. Offering guidelines, advice, and gentle reminders, this book shows you the importance of properly documenting patient problems and of considering the entire medical history of your patients. It also helps you perform fall and psychoactive drug risk assessments and address under-recognized and undertreated problems such as malnutrition, depression, sensory deficits, anemia, osteoporosis, and pressure ulcers. As Geriatric Drug Therapy Interventions clarifies increased consultant pharmacist involvement in comprehensive pharmaceutical services, results in the reduction of drug-related problems and medication-associated costs with long-term care patients. Using this book's helpful and substantive interventions, you can improve clinical, economic, and humanistic outcomes in your practice. For this purpose, Geriatric Drug Therapy Interventions discusses a study designed to teach pharmacy students to identify, document, solve, and prevent medication-related problems, providing patient-focused care and assuming responsibility for patient outcomes, reimbursing pharmacists for performing cognitive services, and cost savings activities. How the prevalence of drug-related problems that influence the need for hospital and nursing home admissions increases with age, reasons for patient noncompliance, NSAID-associated gastritis, gastrointestinal bleeding, drug-induced delirium, incontinence, and constipation, why the advent of managed care does not bode well for the overall health outcomes of the elderly. Pharmacists, physicians, and other health care providers can't control all aspects of drug use, but there are many practical steps you can take to help your patients use their prescriptions appropriately. Geriatric Drug Therapy Interventions will help you monitor the efficacy of drug therapy, guide patients who are exasperated with being poked, prodded, and barraged with medications, and work together to develop therapy patterns and schedules that are effective and comfortable.

Clinical Pharmacy (2nd Edition) Jeffery Hughes, 2001-12-15 *Clinical pharmacy a practical approach* Clinical Pharmacology in the Elderly Cameron G. Swift, 1987-01-30 Geriatric Pharmacology Steven Atkinson, 2012-10-01 This book is designed to explain the aging process and help the healthcare professional reduce the chance of a drug disease interaction or adverse drug event By evaluating high risk medications minimizing polypharmacy and following essential guidelines in geriatric medicine safety and efficacy can be achieved **Management of Aging** Jean-Pierre Michel, Patrick R. Hof, 1999-01-01 One of the world's major geriatric departments is housed in the Geneva University Hospital and has a 36 year old history behind it Some of its developments are set out in this book Care programs such as geriatric concepts of care community based support convalescent beds memory clinics palliative medicine and care and practice of clinical ethics are discussed Research has focussed on 15 years of comparative cross sectional studies on aging in an urban and a rural area of Switzerland prevalence of dementia in Geneva and Zurich clinico neuropathological correlation fall prevention hip fracture outcomes and the impact of nutrition on the recovery of hip fractures Teaching activities include interactive pre graduate teaching of geriatrics patient centered medicine post ethics teaching the teachers by the European Academy for Medicine of Aging Networking by the Interfaculty Center of Gerontology Swiss Foundation for Research on Healthy Aging and the WHO program on Aging and Health are in progress This book will be of interest to geriatricians administrators gerontological researchers and public health managers as it gives an insight into the setting up of a geriatric team and the implementation of geriatric programs **Geriatric Pharmacology** Steven Atkinson, 2016 *Clinical Pharmacology - Clinics in Geriatric Medicine - vol 6 n 2 May 1990* Lamy, 1990 Clinical Pharmacology and Drug Treatment in the Elderly Kevin O'Malley (MD.), 1984 *Principles and Practice of Geriatric Psychiatry* Marc E. Agronin, Gabe J. Maletta, 2006 Written by noted authorities in geriatric psychiatry this volume is a clinically oriented guide to the diagnostic workup and treatment of psychiatric and neuropsychiatric disorders in elderly patients The book describes in detail the neurologic and neuropsychiatric patient assessment and the use of all treatment modalities both psychotherapeutic and pharmacologic in elderly patients Chapters discuss the treatment of disorders in all clinical settings inpatient outpatient emergency primary care assisted living and long term care Algorithms for workup and treatment are included as well as case studies and personal accounts by patients and care providers Appendices provide drug information and additional resources Developing Expertise in Geriatric Drug Therapy, 1993 Handbook of the Biology of Aging Edward L. Schneider, John W. Rowe, 2013-10-22 Handbook of The Biology of Aging Third Edition provides a general overview to a wide scientific audience of some of the most important topics in biomedical gerontology The book discusses methodologies for biological aging studies and on animal models Protein modifications with aging special senses circadian rhythms and the adrenocortical axis are tackled in the book as well Gerontologists psychologists health care professionals and graduate students will find the book useful

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