1 A little bit of this, a little bit of that, a pinch of health, a bushel of death
- Adam Wojciehowski, MA

2 Introduction
- Elderly Drug Overdose

3 Scope of Issue
- 38M older persons – drug complications
- 1/3 of ED visits, heart meds
- Narcotic OD's tripled 1999-07
- Opioid painkillers surpass cocaine & heroin for OD's (93% of all unintentional ODs)
- 75% 65+ take 2 or more prescription drugs
- By 2040 25% of pop will purchase 50% of all prescription drugs

4

5 Objectives
- Understand the current issues surrounding unintentional drug overdoses by senior citize
- Identify common reasons why seniors accidentally overdose on medications
- Review EMS influences with seniors for proper medication usage
- Discuss best practices to persuade seniors to maintain adequate oversight on medication

6

7 Typical Makeup
- Over the age of 60+
- 5-10 prescriptions daily
- Decreased eye sight & hearing
- Lives independently or alone
- Typically 3 narcotic medications
- Multiple MDs & Specialists
- Multiple Pharmacies
- Fixed income/budget ...

8

9 Types of Medicines
- Prescription
- Over-the-Counter or non-prescription
- Examples for both?
-

10

11
- Herbal Remedies and Dietary Supplements

Medicinal Use Problems & Risks
- Forget to take doses; double up
- Take with certain foods, herbal combos
- Unable to read directions
- Poly drug use
- Many healthcare team members
- Medication absorption

- Use online and community pharmacies

12 When Issues Arise
- New medicine is introduced
- Medicine(s) are stopped
- Dosage is changed
- Alcohol is consumed
- OTC or herbal are taken - No knowledge by MD or pharmacist
- Financial income changes
- or....JUST ABOUT ANY TIME ...

13
- Common types of drugs

14 Self oversight
- Read and understand all directions/instructions
- Buddy system
- Question, question, question, question ??????????????????????????
- Pill organizer
- Apply for $$$ assistance (don't let pride prevail)
- Bring entire list to pharmacist for review
- Review OTC's with MD
- Be aware of interactions : Drug/Drug and Food/Drug

15

16 EMS Detection
- Acute series of calls for service
- Thorough patient assessment - reveals all
- SAMPLE it up!
- Drowsiness, dry mouth, aches & pains, restlessness, nausea, dizziness, chills, fatigue, an
- Mental acuity, depression, physical strength loss, etc.
- Check usage patterns with current meds (supply following regimen?)

17 EMS Intervention Options
- Knowledge of common medications and contra-indications
- Thoroughly interview each patient
- Use computer based reporting system on-scene
- Refer to human services or contact MD/family member
- Follow-up system / Public education program (MN Com Medic)
- Educate patient during the incident
- Offer suggestions on medication storage/organization ...

18 Case Study - Individual
- Adult Male subject
- 66 years old
- 6'03" 380lbs
- Type II Diabetic - Insulin dependent
- Professional Contractor for over 40 years
- Medical retirement (SSI) due to back, shoulder and knee issues
- Knee surgery with current physical therapy
- Incurred severe back injury during PT

19 Case Study - Medication

- One doctor
- One pharmacy
- Never reviewed list with MD or pharmacist
- Took insulin when he felt “bad”
- Over 90 bottles of non-narcotic medication
- 32+ bottles of narcotic opioids
- No change in exercise or diet
- Couldn’t explain what all the pills were for

20 Case Study - Result

- Worked outside; back started to ache
- Returned inside and took narcotic pain killers
- Didn’t work quickly enough; took more
- Fell alseep; never woke up
- Autopsy revealed overdose of opioid medications ...

21

- Frank Charles Boyce - March 30, 1944 - February 11, 2011

22 Final Statement

- Aggressive and proactive approach to patient care regarding medications is vital to ensur professional you have a captive audience to educate and advocate for.
-
- Go the extra step and become involved for your neighbors, loved ones and friends.

23 Adam Wojciehowski, MA

- adam@adamwojciehowski.com
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- www.adamwojciehowski.com