

Outlook on Lifestyle

DR. GOTT



Peter Gott, M.D.

Elderly may get too many drugs

By Peter H. Gott, M.D.

DEAR DR. GOTT: My sister is in a nursing home. I thought that she was getting a lot of different medicines every day, so I did some investigating. Did you know that nursing-home patients receive an average of 7.2 different medications daily? What's wrong with doctors? Don't they review the medicines their patients are getting?

DEAR READER: Good question. Before ragging on doctors, let's be fair about the issue of medications for nursing home residents.

I think I am being generous by saying that elderly people in nursing homes (skilled nursing facilities) are not well. If they were, they wouldn't be there. Of course, patients are sometimes put there for "social" reasons (they have no one to look after them) but, ordinarily, by the time you need nursing-home care, you are infirm.

My own nursing-home patients have advanced heart disease, stroke, hypertension, diabetes, senility, cancer or osteoporosis. Those are just the serious illnesses. Most of my patients experience sleeplessness, falling vision and (almost invariably) constipation. They get colds and flu, like anyone else, but a little worse.

Therefore, in order to be comfortable, these elderly people require medication — often several varieties. Sometimes I have to prescribe drugs to keep confused elderly people calm so that they won't harm themselves or unfairly disturb other residents. I hesitate doing this but, in a nursing-home setting, it is a practical expediency.

I don't doubt your figure of 7.2 medicines per average resident. Nonetheless, for a mentally unstable diabetic with hypertension and arthritis, seven medicines may be a basic and reasonable requirement.

On the other hand, patients in skilled nursing facilities are at risk of being exorbitantly overmedicated. Doctors, being human, are sometimes too rushed, too lazy or too preoccupied to analyze meticulously the drugs their patients are receiving. The majority of physicians make an

effort to be cautious but we do have our lapses. For instance, I try to minimize the amount of medication I prescribe; yet, on occasion, I have to be reminded that I slipped up and duplicated drugs (such as tranquilizers on top of sleeping pills) or prescribed a compound to counteract the effects of another. These errors usually are brought to my attention by the nurses in the nursing home, and I am grateful to them for providing this service.

Actually, several safeguards help to protect patients in the system. Because nurses administer each medicine, they are in a good position to evaluate the drug's effectiveness (or lack of it) and to question the doctors — even, in some circumstances, to suggest alterations. The pharmacist-consultant in nursing homes performs periodic record inspections to make sure that the prescribing conforms to sound medical practice. Patients themselves may question the appropriateness of their medications. Finally, patients' families often get into the act when they discover that Aunt Ella, who has been a holy terror for six months, is suddenly docile — too docile; she's a zombie. Why? Overenthusiastic prescribing of a sedative by the doctor.

I share your concern about overmedication in nursing homes. The problem exists and must be frequently and directly addressed. Even though poly-

pharmacy (the simultaneous use of multiple drugs) may have its place in individual instances, I believe that constant evaluation and analysis is a mandatory part of good geriatric care.

To this end I encourage:

— Doctors to carefully weigh the benefit/risk ratio of drugs prescribed to the elderly, and to welcome advice and suggestions offered by nursing-home personnel and patients' families;

— Nurses to question doctors' orders, act as patient advocates and re-

sist intimidation by physicians;

— Families to insist on coherent explanations by the professional staff (doctor included) about their elderly relatives' medications.

If we are willing to work together to improve the lot of our nursing-home residents, we can make these institutions much more pleasant for the patients in them. This cooperation has theoretical value above and beyond present practical considerations: Sooner or later many of us are

going to become residents of nursing homes. Let us pledge to treat our elderly citizens as we ourselves will want to be treated when that time comes.

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- 3 cups boiling water
- 4 tbsp. butter • 4 tbsp. flour
- ½ cup heavy cream, whipped
- 1 (10 oz.) pack frozen spinach, cooked and drained
- 1 - 7 oz. can tuna, drained
- 3 hard boiled eggs, sliced
- 5 tbsp grated Parmesan cheese

Stir chicken noodle soup into boiling water; simmer 7 minutes. Strain soup. In a saucepan melt butter and blend in flour. Stir in hot liquid from soup; simmer 5 minutes. Remove from heat and fold in whipped cream. In a casserole arrange layers of noodles strained from soup, cooked spinach one half of sauce, tuna, eggs and remaining sauce to which 4 tbsp. cheese have been added. Heat in moderate oven (350°) 20 minutes. Sprinkle remaining cheese on top and brown under broiler. 6 servings.

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