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Pharmaceutical Care for an Aging America

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Pharmaceutical Care for an Aging America

"Age wave," "age explosion," "the aging boomers," "the graying of America." You've probably been hearing these terms at conferences and cocktail parties alike. America has included into its lexicon a host of new terms to describe this unique period in history, a period in which our senior citizen population is growing as never before. A demographic shift as profound as this carries with it the potential to redefine the foundations of our nation: our economy, our politics, our home lives and, of course, our healthcare.

Caring for a growing elderly population presents many challenges, not the least of which is providing appropriate pharmaceutical care. However, several confounding factors contribute to the challenge of providing pharmaceutical care to the elderly. First, most older patients have at least two or more chronic diseases for which they may be receiving as many as nine or more medications[1,2,3]. Comorbidity and the corresponding need for multi-drug therapy increases the importance of appropriate drug combinations to avoid complications, such as drug interactions and related adverse events. Secondly, an older body reacts to pharmaceuticals quite differently than a youthful one due to the physiological changes that accompany aging: metabolism rates change, organ function declines, and sensitivity to some drugs can be altered. Last, there is generally a wider variation of drug action in older patients; a medication that produces a desired effect for one seventy-year-old patient will not necessarily engender the same response in another. Combined, these clinical variables point to a very real conclusion: A "one drug fits all" approach cannot be applied to the older patient population.

Though there is no lack of high-quality pharmaceutical agents in existence, optimal treatments can only be achieved if a wide range of drug options is made available. Unfortunately, restrictive drug policies, inadequate insurance plans, and increasing drug costs can limit the availability of pharmaceuticals for seniors. Limited drug access could compromise the health of the elderly unnecessarily, leading to increased utilization of other medical services and increased overall costs. Such outcomes are injurious to everyone involved: patient, provider, plan and payer.

Additional factors increase the risk of sub-optimal pharmaceutical care for older Americans. Elderly patients often have a number of physicians (specialists and sub-specialists included) providing for their care without any collaboration. Physicians may or may not be cognizant of other healthcare providers treating their patient. Even when providers are aware of one another, discussion among these parties is not guaranteed. In addition, patients may be self-treating with over-the-counter medications without informing their physicians. Older patients, particularly the frail elderly, often receive care from separate treatment sites, a practice that provides little continuity. What is greatly needed is the coordination of all drug treatments for an individual patient, across sites, providers and over time.

No matter what we call the imminent demographic trend, there is no denying a population-wide age shift is coming. To meet the challenges that this shift will present in the future, action is required now. The keys to promoting quality care for seniors are to (1) provide patients with individualized drug therapy from a bank of therapeutic options; and (2) increase the coordination of care among all providers

and care sites. Efforts toward the ultimate goal of a seamless continuum of individualized care represent the next stage in the evolution of geriatric pharmacy.

As demographics shift, as "Boomers" approach their sixties, and as Congress addresses the possibility of Medicare drug benefits, the time to consider the issues in NOW. If you are interested in exploring geriatric pharmaceutical therapy and its implications for drug benefit design and the future of coordinated care, you are encouraged to contact the Office of Health Policy and Clinical Outcomes regarding the recent publication, *Why the Elderly Need Individualized Pharmaceutical Care*.

For complimentary copies of the monograph, please call (215) 955-6969.

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