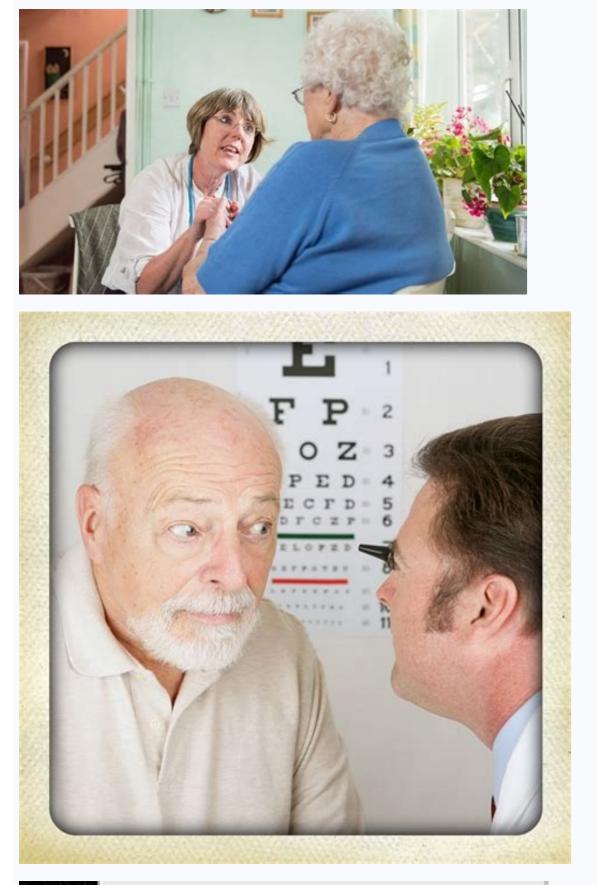




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**Prescribing guidelines for geriatric slideshare** 



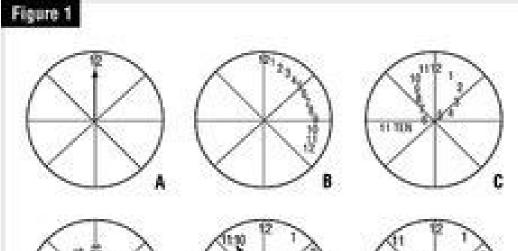


Figure 1. Scoring: A. Score = 0. 8. The number 1 is in the correct position; score = 1. C. Numbers 1 and 2 are in the correct positions: score = 2. B. Numbers 7, 8, 10, and 11 are in the correct positions; score = 4. E. Numbers 1, 2, 4, 5, 7, 8, 10 and 11 are in the correct positions; score = 8. No points for hands of approximately equal length regardless of position. F. Numbers 1, 2, 4, 5, 7, 8, 10 and 11 are in correct position for 8 points. The little hand is on the 11 (1 point) and the big hand is on the 2 (1 point); score = 10 points (inside) from Marini RJ, and Ma. 1996.

## 10. Brown Bag inventory (Annual or biannually)

- Request assistant go thru OTC's, Creams and "left over" meds. and record for you. (25 % of prescription drugs not recorded)
- Most effective is coincides with annual major checkups.
- Reception staff to automatically remind patients (when they schedule appointments for annual exams) to bring in all medications for a "Brown Bag inventory."
- Offer to throw away outdated and unused meads.





remature neonate Neonate (Birth To Infant and Toddler (28 Days To 23 27 Days) Months)



Older Child

(6 To 11 Years)

(<37 weeks)



Adolescent/Teen (12 To 18 Years)

The Adult (>18 Years)

(2 To 5 Years)

Thank you Aging Course, MCI and Animancio AAMI: Memory commitment associated with ARCD age: Cognitive declension related to age 26.  $\hat{a} \notin \hat{c}$  An error of medication is on the control of the professional client of health or consumers. - initial studies focused on cognition, but there is a growing evidence of a possibility behavior difference between quetiapine, rivastigmine or placebo in stirring in 6 months of antipsycóticles in LTC 54. JAMA 2005 ; 293 (5); 596-608 60. - Disinibization with tissue loss in Cortex of DACC and premotor. 45 Review of supporting evidence of research . 45 1A. Dr. Alois Alzheimer 1864-1915 In a 1906 lecture, he described the disease that now carries his name. Auguste D. This is legally protecting the health professional and the institution. Beta-amyloid fragments are reinted in agglomerates to form plates. The medication errors can also be classified according to where they occur in the cycle of medication use, that is, in the stage of prescribing, dispense or administration of a drug. Pathophysipathology of Alzheimer's disease 19. The non-emergency antipsychatic medication should be used in patients with dementia when symptoms of stirring and psychosis are serious, are dangerous and / or cause a significant affliction to the patient. (2005) - Various analysis pages of studies with Galantamine and suggest beneficiaries on psychosis, stirring, humor, apathy and aberrant colinesterase motor behaviors (Mega et al. - Psychosis, stirring, humor, apathy / indifference - Depression / Dysforia -Anxiety - Election / Euphoria - Desinibion - Irritability / Labability - Aberrant Motor Behavior - Insamia - Break of the Appetite of the Neuropsychisietical Inventory (NPI) Classification scale (Cummings et al. 8. - These data strongly support the involvement of the Hemisphere right in the mediation of social and emotional behavior and highlight the importance of different regions on the medial wall of the right front lobe in the regulation of different behaviors.  $\hat{a} \notin \hat{a} \notin \hat{c}$  Customer security becomes the top priority Customer and notifies the incident's most quickly as possible. - Caregiver's stress - Increase of prolonged Er - Hospitality visits - higher use of medicines - place No LTC - Increase in National Costs - \*\* Reduction of Life Quality for P Atient and Caregiver \*\* Consequences of BPSD 37. Adequate dosage and duration of antipsychotic treatment in physicians with disease Alzheimer's and other solomes of dementia . ... 113 3. 1. ã, Â, ¬ â € ¢ â € ¢ Do not use any abbreviation and symbols not pattern, ask if someone uses the drug leaflet carefully when giving a new drug for the first time. Presented in the American Collection of Annual Meeting December 12 - 16, 2004; San Juan, Puerto Rico. Beta-amiloid plaques protein amiloid plaques plaq psudoparkinsonism and dyskinesia - Dyskinesia with risperidone, Olanapine versus placebo (Ballard et al. Neither can we !!! 9. Acute / evolution / sudden is often related to medication O or another progression of the underlying dementia disease - generally more BPSD sidious and persistent against other causes 42. 75. Gravity of the announcement 73. â € ¢ The Institution Use the incident report to track the incident pattern and start quality programs, improvement, as needed. 25. Ruins or do not apply good rules 3. - often confused with depression, once that the symptoms are overcoming (decreased interest, hyperambia, fatigue, lack of insight, psychomotor delay) - traces of apathy: emotional indifference, denying feelings of depression, reduced the ability to start in domestic (cognitive, Motor, March) - Medicines to increase the transmission Dopaminà © Rgica: Bupriopià £ o, Amant Adina, psychoimulants (Ritalin, etc.), Rivastigmine (Exelon), Donepezil (Aricept). In the announcement, Tau changes, causing microturgids lapse, and the tau proteins clustered to form neuroitic tangles. Non-pharmacological interventions Family support is very useful 46. The reporting of incidents is not a permanent part of the medical record and should not be referred to in the registry. Features of characteristics of specific patients on efficacy and damage of antipsychatic medicines in individuals with dementia . 116 4. - Well tolerated - Benemaâ ° C for depression - not clearly effective in the treatment of other symptoms. Inadequate use of decimal points. Motors of Parkinsonian & Medications 77. FDA Blackbox in Antipsycóticos 49. The standard events pattern was similar, but less proven among older adults who live in a nursing home.  $\hat{A} \in \hat{a} \in \hat{c}$  Separating drugs with a or similar appearance. - 2126 Patients with Announcements - 6 months - Random, Plac, Blind - 6-12 mg Exlon - MMSE - - - ADCS-Cog 68.  $\hat{a} \notin \hat{c} = \neg \neg \neg \hat{a} \notin \neg \neg \neg$  Medication to a client. 1994) Range of behavior 39. Contributing factors for drug administration errors failed to verify the patient's identity before administering environmental factors, such noise, interruptions, little calculation lighting Wrong to determine the correct time. Approaches to reduce prescription errors â € ¢ Electronic prescription can help reduce the risk of prescribing errors resulting from illegible calligraphy - Input systems of computerized medical order eliminate need of order transcription by nursing staff 12. - less likely to unleashiramidal symptoms late dyskinesia - no difference in safety, atvpical efficacy vs. Critical thinking - you gave Mrs. Veena its medication, including the cough elixir. 1996; Tariot et al. 3. Approaches To reduce drug administration errors include:  $\hat{a} \in \hat{c}$  Checking the patient's identity. 1997; Ballard et al. Aless to do Anoving Anoving Anoving Anoving Anoving Aless to do Anoving Aless Ales A surely ruinn About surfacing Inserves, from Anoves, from Anoves,  $\overline{\quad} \quad \hat{A} = \emptyset$  ( $\hat{a} \in 0$ )  $\hat{a} \in 0$  ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$  ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$  ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$  ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$  ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$  ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$  ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$  ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$  ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$  ( $\hat{a} \in 0$  ( $\hat{a} \in 0$  ( $\hat{a} \in 0$ ) ( $\hat{a} \in 0$  ( $\hat{a$ Demember. Diffuse Leo - Diffuse Front / Subcortical Body Disease - Vascular Demidation - Fronto Temporal Demarcia and Disease of Choice - Alcoholic Demoria - Huntington Wilson's disease, progressive supranuclear disease, late parkinson disease - Normal pressure hydrocephalus most wounds in the head A - Anóxia, Monóxido de Carbon - Multiple sclerosis - any advanced dementia - (courses and aunt) - Parkinson's disease - Fronto Temporal Demidal (FTD) - Normal Pressure Hydrocheepha (NPH) - Demority with Lewy Bodies - Other causes less common 11. This study examined the neuroanathy correlates of behavioral abnormalities, as measured by neuropsychiatric invention, in 148 patients with demonstration using voxel-based morphometry.  $\hat{A} \in \hat{a} \in \hat{a} - \hat{a} \in \hat{a} = 0$ . Dementia Functional anatomy 21.  $\hat{a} \in \hat{a} \in \hat{a}$  $\hat{a} \in \hat{a} \in$  $\hat{a} \neg \neg \neg \hat{a} \notin \hat{a} \notin \hat{c} \hat{a} \notin \hat{c} \hat{a} \notin \hat{c}$  The correct evaluation  $\hat{a} \notin \hat{c} \notin \hat{c}$ , Reminil - Memantina (NMDA) - Psychotropic drugs for behavior - behavioral management - support for the family treatment of Alzheimer's disease improving symptoms - anti-oxidants (vitamin E) - anti-initiac drugs (estrogen ) - Neuroprotective agents (NGF) - reduction in vascular risk statins, reduction of reducing the reduction of homocysteine - Colinesterase inhibitors - ARICEt, Exelon, REMINLY - Antioxidants (Vitamin E) - Anti-initial drugs (VIOX) by AM in MCI - Antioxidants (Ginkgo Biloba) - Dro Gas Anti-initial drugs Brillar - Engineering prevention 30. Enzymes cut the application into protein fragments, including beta-amyloid. Better Customer Support Help When you put a Homework service order for us. Â ¢ independently by another health profile before the drug is administered. - Various studies support the efficacy - the main concern is the high rate of adverse events in the elderly - excessive silk, falls, cognitive impairment, paradoxical agitation - guidelines support only the short-term benzodiazepines. AM J Geriatr a long-term injectable antipsycosis should not be used unless administered to a distance Psychopic CRÃ<sup>3</sup>nico co-occurring. Memory-based errors (expired) 3A. 2006) 66. Primary Symptoms - Memory - Memory - Posttrolandic (Å ¢ € "Cognition Å ¢ €) - Executive (Frontal / Subcortical) - Insight 13. Dwise Å<sup>-</sup>â € Å â € � Dr.Herif Saad (M.B.B.Ch., M.Sc., M.D.) Psiqu Consultant IATRIA International Member of the European Psychiatric Association (EPA) 2. The growing gravity between these four behaviors was associated with the loss of tissue in the ventral portion of the anterior cingular The cortex (VACC) and adjacent ventromedial top front swivel, the right dramatic head, the right orbitlontal cortex Insule previous right. - present in all kinds of dementia - 80% of patients with resignation in nursing homes Prevalence of BPSD 35 . Population aging is lasting: we will not return to young populations that our ancestors What would you do? 3. Approaches to reduce distribution errors include include  $\hat{A} \notin \hat{a} \notin \hat{c}$  By ensuring a safe dispensation procedure. Ephanic and comparative efficiency of second generation antipsycóticos for over-all BPSD. . 48 1B Effici and comparative efficiency of second-generation antipsynesis for the treatment of stirring. ..... 81 1C. - Interruption of the cerebral neuronal circuit - amount of neuronal loss and location of affected regions are factors that combine to cause the distance of the specification.  $\hat{A} \in \hat{a} \in \hat{c}$  Minimizing interruptions during the drugs 20. - Most of the deaths of heart or infectious etiology in some studies - spills. Unfortunately, the most common diseases (85 Â € "90%) are irreversible - the diagnosis will have prognostic and treatment implications - all patients dementies a job. - and it is mainly A good history 7. Errors when the actions are destined, but no errors of errors in the planning of errors based on skills of skills (slippery and lapses) errors in the execution of planned actions correctly 1. Knowledge-based errors 2. Quietapine for the treatment of agitation in elderly institutionalized planned actions correctly 1. Knowledge-based errors 2. Quietapine for the treatment of agitation in elderly institutionalized planned actions correctly 1. ¢ ® (omeprazole) € â € ¢ € ¢ Other Anxiety) - Changes in the personality (especially apathy or irritability) - Prob Memory Memories (particularly for recent events and names of people or things) - Word- ⬠NDING Difficult - Difecker calculating change and management National issues - Desorientation Confusion Ibvia - Differential with complex tasks - using the computer; Programming the video recorder - planning a trip - completing a tax statement - - Recognizing People and Objects - Different dressing & faing Other daily tasks - Delusions, Hallucinations - Challenging Behaviors - Agitation - NOISY Behavior -Aggressive Behavior - Difficult to eat and walk 18. A report of incidents can usually be filed within 24 hours of an incident. - Extended to all antipsycóticles 50. - The treatment of rivastigmine in mild to moderate announcement is associated with improvements in behavioral symptoms, a necessity decreased for antipsychatic drugs and delays in the placing nursing house; Reductions in the caregiver's burden, the time and the costs of the caregiver's burden, the time and the costs of the caregiver's burden, the time and the costs of the caregiver were also reported. on all new drugs as they are added in the  $\hat{a} \in \hat{c}$  Treatment Plan a form of drugs used in an unknown way.  $\hat{A} \in \hat{a} \in \hat{c}$  presenting safe systematic procedures to dispense medications at the pharmacy. The aging population is unprecedented, without appearing in human history - and the XXI season, witnessing even more aging than the scenes has just passed. Pet Normal Cane Digitization Pet Alzheimer's Disease Digitization Brain 27. 2011) Common side effects of antipsycóticos 51. Apatia or depression? - a heterogeneous range of psychological reactions, psychiatric symptoms and behavioral symptoms such as Nurnal Rhitmm Irritabm Wandering Aggression Hallucinations Humor Change Humor Socially Unacceptible Behavior Socially Unacceptible Behavior Socially Unacceptible Behavior Sexually inadequate behavior Socially Unacceptible Behavior Social Retreat Anxiety 100 80 40 40 20 0 ~  $\hat{a} \in 30 30 40$ . CLINIC ANTIPSICOIC TEST OF INTERVENCION EFFECTIVITY - ALZHEIMER (CATIE-AD) Researchers First Analysis of Second Generation Antipsycóticles in the treatment of non-cognitive symptoms in patients with announcements CATIE-AD JUDGMENT 53. If there is no significant. I can not answer after a 4-week time period, the medication should be tapered and withdrawn.  $\hat{A} \in \hat{c}$  a  $\in \hat{c}$  It is a good risk management to report any medication error, including errors that do not cause obvious or immediate damage or swinges. High-risk drug consciousness, such as potassium chloride and cytotoxic agents. The more pages you ask, the less you pay. In addition to him. Behavioral and psychological symptoms of dementia (BPSD)

80. \* Three regions in different parts of the medial frontal cortex presented unique associations with specific behavior. Rosenheck, cost-of-the-year analysis |, Arch Gen. Â € ¢ â € ¢ Once the customer is stable, the nurse reports the incident for the appropriate person in the institution as a nursing manager. 2008; 168 (10): 1090-1096 52. Management of dementia 29. 1999; Bridge parlet. - Studies examined the effect of MMAmantine in BPSD in moderate pose anons, suggesting Benefits, particularly for aggressive and agitated behaviors (Gauthier S et al 2005; Cummings et al. Warning: Increased mortality patients with dementia related psychises.  $\hat{A} \in \hat{a} \in$ dependent position, lower total health care costs - US \$ 50-100 - Various several - Affairs were outpatient patients, then some BPSD attempts - high abandonment rate in comparison with other RCTs (provable a design feature) - without washing period - very low provable dosage for quetiapine (MÃ © 56.5mg / day) - The authors concluded advantages of adverse compensation in efficiency clinical antipsychic assay of efficacy of intervention efficacy. Alzheimer in 1901, when she was in her innente from the 1950s with disabilities of memory, hallucinations and executive dysfunction impaired 6. 22. She asks you, now you did not give me any codeans, you did? Causes of errors of administration or administration or administration for equipment design. 45 Clinical . Risk factors to prescribe work environment workload errors within the physical team of physical and mental lack of organizational factors of knowledge, such as inadequate formation, low perceived importance of prescribing a absence of Self-conscience of errors 11. questions No evidence of efficacy of valproate preparations for the treatment of adverse reactions - occurred more frequently than in the controls - the infective in BPSD treatment - High dose therapy is associated with an unacceptable rate of adverse effects (2004 Cochrane Review) Valproate preparations for 63. Physically aggressive behaviors (flourishing, screaming) verbally non-aggressive behaviors (flourishing) Mansfield) 41. The aging of the population is Diffused, a global phenomenon - not affecting every man, woman and child - but the countries are in very different phases of the process, and the pace of change differs a lot. What is the dementia? - Probably more due to disinibination, than hypersexuality - occurs in 7-25% of SSRI - SSRI - Antiandrogen progesterone 5 mg Po daily (10 mg im weekly) - Leuprolide 5-10 mg behaviors Sexually inadequate monthly 76.  $\hat{a} \in \hat{a} \in \hat{c}$  Asning that the prescription, the drug and the patient are in the same place so that one can be verified against each other. - 3 placebo-controlled withdrawal studies indicated: no aggravation of behavior when the long-term administration of peptic neurologists was interrupted (cohen-mansan and eld et al. The treatment should be initiated in a dose Low and relieved to the effects, risks and benefits should be reviewed â € - determining whether antipsycosis should be discontinued. Temporary errors 6. Some people You may need to stay in the hospital for a short period of time. - Atupicals associated with a risk 1.6-1.7 times higher mortality in comparison with placebo. Sources of medication error "inaccurate recording And orders of transcription. This affects the hippocampus and other areas of cerebral cortex. AD and the rebran in Alzheimer's "S No one knows what the announcement is started, but We know a lot about what happens in the congratulations once announcement is safe.  $\hat{a} \notin \hat{c}$  Confus With the name of the drug. Unpredictable violence or aggressiveness = need for LTC personnel to understand and have tools for BPSD response - distress for all 36. Risperidone study Neuroanathy correlates of behavioral disturbances in the reBrbal Demarcia (2005), 128, 2612 - 2625 Vacc Vact Ventral Cingulate Rotation, 44. Order of the computerized Message 14. 1. In patients whose antipsychotic medicinal products are being affiliated, the symptoms should be be evaluated at least every month during the cynic and at least four months after the medication. - Agitation  $\hat{A} \notin \hat{a} \notin \neg$  "abnormal behavior (ie aggress, restlessness, etc.) - psychosis  $\hat{A} \notin \hat{a} \notin \neg$  "abnormal behavior (this is, paranoyal delugees) principle of demure treatment: the stirring generally responds better than the terminology of psychosis 38. 79. Neurology - Volume 68, April 17 (April 2007) - Quetiapine - Dosages of 200 mg / day or higher may be required to control stirring in poor patients Zhong K, Tariot PN , Mintzer J, et al. Protecting guideline on the use of antipsycóticles to treat agitation or psychosis in patients with demure May 1, 2016 to American Psychiatric Association 58. Nov; 15 (11): 942-52. - Efficacy: - Cynopram Global 32% Symptoms Reduction - Reduction of 35% - Total scores of adverse events - increased 19% with risperidone - Decreased 4% with CitaloPram - Citalopram worked in symptoms psychotic, such as hallucinations and delubers! - suggests agitation and psychosis in younger and older populations have different nuz-rhochemistry a double-blind comparison of citalopram and risperidone for the treatment of behavioral and psychotic symptoms associated with demure.  $\hat{A} \in \hat{a} \in \hat{c}$  The report includes client identification information, location and symptoms of dementia (BPSD) 33. Primary symptoms - attention: Cloudy Sensory, Deletrio - Memory: Forgetfulness - Postetrolandic (Ã ¢ € ‡ " ¬): aphasia, apraxia, getting lost - executive (frontal / subcortical): abulia, disinibization, abulia, disinibization, abulia, desire for incontinence - insight: yearsognosia, catastrophic reactions 14. EPUB 2007 10. 16. - Correlated apathy with loss of tissue in the ventral portion of the VMSFG adjacent to the VACC. Â € â € ¢ Use of verbal orders. Gauthier et al, int j clin, June 2007, 61, 6, 886 Ã â € "895 67. AD and the CÃ © Rebro 25. Demarcia is a term used to describe a cluster of symptoms: - Forgetfulness (progressive) - Difficult Culty doing familiar tasks - confusion - poor judgment - forgetfulness (progressive) - Difficult Culty doing familiar tasks - confusion - poor judgment - forgetfulness (progressive) - Difficult Culty doing familiar tasks - confusion - poor judgment - forgetfulness (progressive) - Difficult Culty doing familiar tasks - confusion - poor judgment - forgetfulness (progressive) - Difficult Culty doing familiar tasks - confusion - poor judgment - forgetfulness (progressive) - Difficult Culty doing familiar tasks - confusion - poor judgment - forgetfulness (progressive) - Difficult Culty doing familiar tasks - confusion - poor judgment - forgetfulness (progressive) - Difficult Culty doing familiar tasks - confusion - poor judgment - forgetfulness (progressive) - Difficult Culty doing familiar tasks - confusion - poor judgment - forgetfulness (progressive) - Difficult Culty doing familiar tasks - confusion - poor judgment - forgetfulness (progressive) - Difficult Culty doing familiar tasks - confusion - poor judgment - forgetfulness (progressive) - forgetfulness (progressive) - Difficult Culty doing familiar tasks - confusion - poor judgment - forgetfulness (progressive) - forgetfulness (progr the declension in intellectual functioning - Demoria is not the name of a real disease - the dementia is not part of aging Normal 9. Antipsychatic drugs should be used with caution, even when short-term therapy is being used. Aging Course, MCI and Animancio AAMI / AAMI MCI Clinical Time Clinical Animity (years) Cognitivedecline A c a C - - "Brain  $\tilde{A}$  ¢ â €" Brain  $\tilde{A}$  å € ~ ARCD Age: Cognitive Declanner related to age 17. App stick by neuran membrane. Elderly patients with psychises related to dem $\tilde{A}^a$ nc I would increase the risk of death compared to placebo. Neurogenized puzzle pieces, aging, SNC insults, cytokines, amyloids p, neuro-tangles, neurotransmitters, lipid peroxidation, apoptosis 20. 27 2 28. Contributing factors include: â €, ¬ â € ¢ The lack of knowledge of the prescribed medicine, is recommended at the dose and patients with antipsynetic medication is not emergency is used, the should not be used. - In addition, the 'sÂs emphasize the usefulness of studying patients with dementia to understand the neuroanamatic neuroanamatic basis social and emotional functions. Neurons have an internal support structure partially composed of microtobules. In patients who show adequate response to medication, an attempt to tune and withdraw the antipsycosis should be made within four months after the beginning. 18. We can also offer you a personalized price if you feel that our prices do not feel really attend your needs.  $\hat{A} \in \hat{a} \in \hat{c}$  Keeping interruptions in the process of administering the drug for a minimum and keeping the nurse's workload at a safe and managerable level. medicine dispensed to the patient. Neuropathology of dementia and neurochemical amendments 22.  $\hat{a} \in \hat{a} \in \hat{c}$  Participate service program that focuses on the drug you can manage. - Demarcia affects about 10% of any population over 65 years, and 20% more than 80. Results: Relative to those who have not received antipsychotic therapy, older adults of habitation The newly dismissed communitaria â €

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