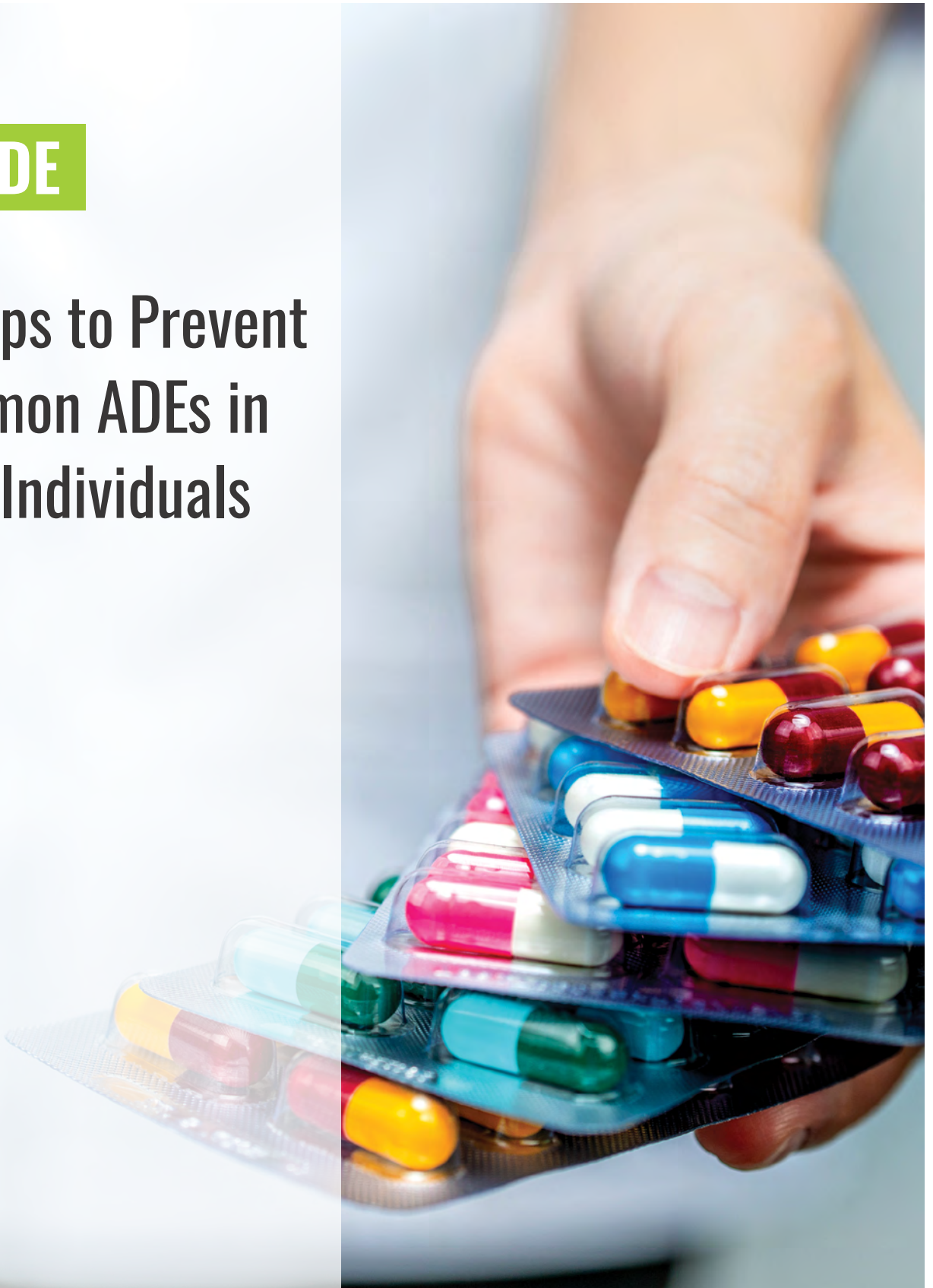


EGUIDE

5 Steps to Prevent Common ADEs in I/DD Individuals



EGUIDE

5 Steps to Prevent Common ADEs in I/DD Individuals

Table of **CONTENTS**

- 3 **What You'll Learn**
- 4 **Most Common ADEs in I/DD**
- 5 **How to Prevent ADEs in I/DD**

What You'll Learn

Individuals with I/DD are more likely to be hospitalized as a result of an adverse drug event (ADE). Reasons for this include communication barriers that contribute to improper diagnoses, complexity of treatments, and the number of medications these individuals take. To reduce ADEs and prevent avoidable hospitalizations, both prescribers and caregivers alike need specific training to care for those with I/DD.

Fortunately, they don't have to reinvent the wheel, as pharmacists can play a key role in providing the education and information necessary to identify ADEs and the potential for such issues as well as keep individuals out of the hospital. The pharmacist also can monitor medication regimens to identify potential risks or issues and opportunities for alternative medications, lower doses, therapeutic alternatives, and nonpharmacologic interventions that may help reduce polypharmacy in individuals with I/DD.

Understanding keys to preventing ADEs in I/DD as well as how to ensure adequate training and education for both prescribers and caregivers will not only promote enhanced safety, outcomes, and quality of life for residents, but also improve staff satisfaction. You will get the information you need for all these goals in this guide.

Most Common ADEs in I/DD

According to Sailesh Patel, PharmD, Director of Pharmacy at Pharmacy Alternatives by PharMerica, there are two types of ADEs that are most common in I/DD populations:

- > **Administrative ADEs.** “Medications are given by direct support professionals, not clinicians. Because these individuals have limited training and turnover is high, this often results in medications being mis-administered,” says Patel. This may mean issues such as medications being given at the wrong time, in the wrong dosage or with contraindicated medications.
- > **Polypharmacy-related errors.** People with I/DD often have multiple comorbidities and, therefore, take numerous medications. “The typical I/DD patient takes 8-10 medications per day, and the two largest classes are psychotropic and anti-seizure medications that have multiple complications and side effects,” says Patel.



54% of people with I/DD take medications for at least one of these conditions :

- Mood disorders (the most common condition for which medications are prescribed)
- Anxiety
- Behavior challenges
- Psychotic disorders

How to Prevent ADEs

Patel suggests several ways to prevent these ADEs:

1. Use of single dose blister packs

that make medications easy to give.

“Everything is clearly labeled and time specific. Aides just pop out the pills from the pack. If you look at the card and the medication is still in the bubble pack, you know it’s not been administered. It’s simple and promotes accountability,” Patel says.

2. Having electronic medication

administration records. It is important to have a system that makes it easy for staff to document and administer medications. This can help prevent errors. Patel stresses, “It’s important to have easy-to-use tools that fit in with staff’s workflow instead of adding more steps and increasing the opportunity for errors.”

3. Ensuring practitioners and caregivers understand the I/DD population.

For instance, Patel says, “A lot of our I/DD clients can tolerate higher doses of medications than the general public. Due to developmental disabilities, they metabolize drugs differently.”

At the same time, many have impaired cognition and may not be able to communicate when, for example, they are constipated or having trouble sleeping.

“We can perform drug interaction checks with new and existing prescriptions. We can look at preferred dosing schedules and start reducing medications as appropriate. We can help minimize side effects and ensure better outcomes.” – Sailesh Patel, PharmD

4. Increasing pharmacist-prescriber communication. It’s the pharmacist’s job to stay up to date on medications, and they may have more current data than busy prescribers. Additionally, if the individual gets all their medications from one pharmacy provider (which is highly recommended), that provider will know about all the medications they’re taking and can immediately identify potential for drug interactions and ADEs. They also can watch for duplicate prescriptions and opportunities for therapeutic alternatives.

5. Ensuring family education. Family caregivers should be encouraged to utilize the expertise and support of the pharmacy professional. “Every pharmacist will provide written and verbal communication and information about medications. They will help the family understand the potential harm of drug interactions with food, alcohol, and other medications. And they will explain why it may be important to give drugs at certain times. For instance, if a medication causes excitability, you will want to administer it in the morning,” Patel says.

The family also should be advised to tell the pharmacist if the individual starts taking a new supplement or over-the-counter medication. “The pharmacist is the frontline healthcare professional and should be utilized to help make sure medications are given correctly and having the desired results,” he notes.

Optimizing Safety and Quality of Life

Both professional and family caregivers of individuals with I/DD need to know what side effects and complications to watch for and report to the prescriber promptly. Identifying these symptoms can be significant for a few reasons.

- They can help prevent avoidable hospitalizations and emergency room visits.
- Side effects can cause some people to stop taking or refuse to take their medications. For instance, anti-seizure medications, common in I/DD individuals, can cause tiredness, stomach upset, dizziness, blurred vision and/or urinary retention.
- Others, such as sleep disturbances or changes in appetite, can lead to a drug cascade effect when other medications are added to the regimen to address the side effect. “The pharmacist can help prevent this by conducting a medication review and/or doing a drug interaction screening,” Patel says.

Preventing ADEs not only reduces complications that can harm those with I/DD, but also the likelihood of hospitalizations, which can exacerbate behavioral issues like agitation and expose already vulnerable patients to infections and illnesses. By following the five tips in this guide, your team will be able to best leverage your pharmacy provider to effectively address ADEs among those you serve.



Pharmacy Alternatives has the most expertise in the I/DD market and has been meeting the needs of individuals and agencies for over 30 years. We share your commitment to making a difference every day with closed-door pharmacy services for specialized populations delivered locally in all 50 states. Learn how our services and hands-on support can help you empower those you support to live life to the fullest.