

European Academy for Medicine of Ageing

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Prevention of ADEs

Avoidable adverse drug events are the serious consequences of inappropriate drug prescribing. **42 percent of the ADEs are deemed preventable** .

The more serious the adverse event, the more likely it was to be considered potentially preventable. Adverse drug events (ADEs) result in four times as many hospitalizations in older, compared with younger, adults. Frailty, multiple chronic diseases, multiple drug regimens, prescribing cascades, drug-drug interactions, and inappropriate drug dosing and monitoring are some of the common causes of preventable ADEs.

Prevention strategies should target the prescribing and monitoring stages of pharmaceutical care . The use of " inappropriate drug use" tools e.g. Beer's criteria should be emphasized. Computerized order entry has been shown to reduce serious medication errors. Also improving patient adherence with prescribed regimens. Maintaining an accurate list of all medications that a patient is currently using is important. At the same time the communication in "hand-offs" of patient care should be improved. Periodically review the ongoing need and response for a particular drug therapy . One should aim on the lowest possible effective dose. Clinicians should carefully consider whether the development of a new medical condition could be linked to an existing drug therapy. All unnecessary medications have to be discontinued. The fewer –the better policy can improve the quality of life , but it is not always true. **Avoiding** medications with known benefits in order to minimize the number of drugs prescribed & improving the quality of care may be seriously inappropriate in particular clinical settings.

Clinicians should **Consider nonpharmacologic approaches or substituting with safer alternatives** .

Short bibliography :

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