

European Academy for Medicine of Ageing

Advanced Postgraduate Course of the EAMA

Training Session VII / 3

Guidelines for abstracts on students' state of the art lectures

Session : 3rd training Sesion

Reference of the lecture : 8

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Title of the lecture

Drug prescription regulations (cross natioanl) to specify

Abstract : maximum 300 words

Short bibliography : maximum 5 references

- 1) Jackson SHD, Mangoni AA, Batty GM . Optimization of drug prescribing. Br J Clin Pharmacol 2003; 57 (3) : 231-6.
- 2). Kennedy EM, Waxman HA. Elderly persons in clinical drug trials. United States Government Accountability office. September 2007
- 3) Reisamn NR. Legal issues associated with the current and future practice of anti-aging medicine. Gerontol A Biol Sci Med Sci 2004; 59 (7) : 674-81.
- 4) Hughes CM, Lapane KL. Administrative initiatives for reducing inappropriate prescribing of psychotropic drugs in nursing homes: how successful have they been? Drugs Aging 2005; 22 (4): 339-51.
- 5) Mamdani M, McNeely D, Evans G, Hux J, Oh P, Forde N , Conly J. Impact of a fluoroquinolone restriction policy in an elderly population. Am J Med 2207; 120(10): 893-900.

ABSTRACT

Elderly persons use drugs at a higher rate than younger persons. Elderly persons, those aged 65 and older are also more likely than younger adults to experience complications when taking some prescription drugs. As a result the food and drug administration (FDA) has noted that it is important that drugs be studied for use by elderly persons during the clinical drug trials. The FDA approve new drugs for marketing in the United States. This responsibility includes determining if drugs are safe and effective for the people expected to use them, including elderly persons. So that the FDA guidance recommends that drug sponsors include elderly persons in clinical drug trials and FDA regulations require that the drug sponsors report clinical drug trial data by age. The art of prescribing for the elderly people is balancing the potentially conflicting demands of research evidence, practical considerations and patient's wishes. In the United Kingdom, adults are presumed to be capable of giving and withholding consent to medical treatment and such consent must be obtained before treatment is given. To treat a person without their consent is to commit the civil wrong of trespass to the person and may constitute a crime. A patient's capacity may be impaired temporarily or permanently for a variety of reasons. A patient who lacks capacity can neither consent to nor refuse treatment. If a patient wholly lacks capacity the doctor has a duty to act in the patient's best interests. In order to test for capacity it must be established that the patient understands the information given, can retain the information and believes it. If a patient is suffering from a mental disorder, consideration must be given to the use of the Mental Health Act although whether this covers patients with dementia is not yet clear. Quite apart of the legal requirements, it is important to provide all patients with information appropriate to their needs prior to prescribing treatments and to provide a balanced view of the advantages and disadvantages of any particular course of action.