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In virtual presentation, top geriatrics research addresses key concern for older adults: medications

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New insights on one of geriatrics' most pressing concerns anchored a special research presentation hosted by the American Geriatrics Society (AGS) this past June. Originally scheduled as part of the AGS 2020 Annual Scientific Meeting (#AGS20) canceled due to COVID-19, data presentations from the three top studies comprising the meeting's prestigious Plenary Paper Session were instead delivered during a virtual conference session, with a free recording now available to all at GeriatricsCareOnline.org.

Interestingly—and perhaps for the first time in AGS history—the presentations addressed a universal theme for us all as we age: Medication and medication management. Older adults are prescribed medications more than any other age group in the U.S.¹ While these prescriptions often play an important role in health and well-being, they can also lead to other medical issues when not managed effectively.^{1,2} In the three presentations included in the AGS Plenary Paper Session, researchers looked critically at top-ranked studies representing from the field:

- Angiotensin-II Stimulating Antihypertensives are Associated with Lower Incident Dementia Rates in Community-Dwelling Older Adults (presented by Zachary Marcum, PharmD, PhD, MS)^{3,4}

As more of us look forward to the prospect of increased longevity, figuring out the most effective ways to manage the several, often serious health conditions we may live with will be key. According to several experts, for example, certain medications used to treat hypertension may also reduce the risk for developing dementia.³ Researchers believe this may be because certain medications increase the activity of a hormone known as angiotensin-II at certain receptors, hypothesized to play a role in providing greater brain protection.^{3,4}

In this study, an international team from the U.S. and the Netherlands tested whether certain hypertension medications could lead to a lower dementia risk based on whether they increased or decreased activity at two angiotensin receptors.^{3,4} The team analyzed dementia diagnoses for more than 1,900 people between

the ages of 70 and 78 who were prescribed medications that either increased or decreased angiotensin-II activity at certain receptors.^{3,4}

Dementia occurred for 5.6 percent of people using medications that increased angiotensin-II activity, compared with 8.2 percent of those who used medications that decreased angiotensin-II activity (and 6.9 percent of people who used both types of medications).^{3,4} Adjusting for risk factors like blood pressure and medical history, researchers found that participants using medications that increased angiotensin-II activity had a 44 percent lower dementia rate (without a higher mortality rate) compared to those taking medications that decreased such activity.^{3,4} If their findings can be replicated, the researchers believe “dementia prevention could become a compelling indication for older individuals receiving antihypertensive treatment.”³

- Time to Benefit for Stroke Reduction After More Intensive Blood Pressure Control in Older Adults (presented by Vanessa Ho, MS)^{5,6}

Even as hypertension treatment improves a range of health outcomes, many experts still struggle to strike the right balance for addressing high blood pressure safely and effectively. In this study, researchers looked critically at the time it took for hypertension treatment to begin delivering one of its most important benefits: reducing the risk for stroke.^{5,6}

The team looked at randomized clinical trials comparing placebo or standard treatment versus more intensive treatment, and estimated how quickly tighter blood pressure control led to fewer strokes.^{5,6} According to study findings, more intensive hypertension treatment for 100 persons prevents one stroke in two years.^{5,6} Because rates of harms (such as low blood pressure, falls, and fractures) from more intensive hypertension treatment range from 1 to 7 percent, the results suggest that more intensive hypertension treatment is most beneficial for older adults with a life expectancy greater than two years.^{5,6}

- Acceptability of a Deprescribing E-Consult for Older Veterans at Risk for Falls (presented by Kristin Smith, PharmD, BCPS)^{7,8}

An increased risk for falls is a common, costly outcome associated with several medications that older adults use.^{1,7,8} Deprescribing represents an important opportunity for decreasing the risk for

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falls.^{7,8} In this study, researchers evaluated a pilot program, Falls Assessment of Medications in the Elderly (FAME), to determine whether it offered a useful option for deprescribing as part of an older person's health care.^{7,8}

In the FAME study, veterans 65-years-old and older identified to be at high risk for falls were randomly selected for team members to make deprescribing recommendations using an electronic consultation.^{7,8} The team then forwarded those recommendations to a patient's primary care and/or mental health provider for approval.^{7,8} If recommendations were approved, the FAME team then implemented the deprescribing plan with the older adult during a telephone visit.^{7,8}

Primary care providers accepted at least one deprescribing recommendation for over 90 percent of e-consults, and mental health providers accepted at least one deprescribing recommendation for 70 percent of e-consults.^{7,8} Of eligible patients, 71 percent of older veterans agreed to taper or discontinue at least one fall-related medication.^{7,8} According to the researchers, this study shows that FAME e-consults are not only well-accepted but also useful in safely reducing falls risks associated with certain medications.⁷

The full #AGS20 Plenary Paper Session—along with all our virtual #AGS20 webinars, including those on resource allocation strategies during COVID-19 and results from the Strategies to Reduce Injuries and Develop Confidence in Elders (STRIDE) study—are available for free and to all at GeriatricsCareOnline.org.

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