Treating minor ailments in the elderly: what to provide and what to avoid

The effect of increasing age on pharmacodynamics includes increased sensitivity to the effects of certain medicines. The elderly patient may require an adjustment in the dose, or another medicine altogether, in order to prevent unwanted side-effects. For example, he or she may be more sensitive to the effects of an inhaled reliever, such as salbutamol, and experience side-effects such as tremors or shakiness.

Polypharmacy

“Polypharmacy” is a term that is used to describe the use of multiple medicines in one patient. It is very important to check with the patient which other medicines they are taking when recommending over-the-counter products. This is crucial to prevent potential drug-drug interactions. Prescribed medicines should be taken into account, as well as other supplements and products that can be obtained without a prescription. For example, if a person is taking a ginkgo biloba supplement, it could potentially lead to an increased risk of bleeding when taken in conjunction with warfarin. Another example is St John’s wort, which, if taken in combination with serotonin reuptake inhibitors, e.g. antidepressants such as citalopram, could potentially increase the risk of serotonin syndrome in the elderly.

Table I is a useful tool, and can be used as a quick reference guide when advising elderly patients on common ailments.

<table>
<thead>
<tr>
<th>Ailment</th>
<th>Medication to avoid</th>
<th>Reason</th>
<th>Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal congestion</td>
<td>Oxymetazoline</td>
<td>Prone to abuse, causing rebound congestion if used for longer than three to five days.</td>
<td>Patient education is necessary to ensure correct use. Use of a saline spray.</td>
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<tr>
<td>Oral decongestants</td>
<td>Phenylephrine</td>
<td>May cause heart palpitations. May increase blood pressure.</td>
<td>Use a normal saline nasal spray. Use a humidifier.</td>
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<tr>
<td>Antihistamines</td>
<td>Diphenhydramine</td>
<td>Older-generation antihistamines have strong anticholinergic effects, e.g. urinary retention, increased heart rate, and pupil dilation. May cause sedation, leading to falls.</td>
<td>Rather use second-generation antihistamines, e.g. loratadine, fexofenadine and desloratadine.</td>
</tr>
</tbody>
</table>

Introduction

When recommending over-the-counter and unscheduled medicines to the elderly for the treatment of minor ailments, various factors need to be taken into consideration.

Pharmacokinetics and pharmacodynamics

Pharmacokinetics describes the way in which a drug is absorbed, distributed, metabolised, and excreted from the body. Pharmacodynamics describes the effect of the medicine in the body.

Pharmacokinetics can be affected by age. For example, a decline in kidney or liver function may result in slower removal of the drug from the body. This may mean that the elderly patient needs to receive a lower dose of the medicine.
### Ailment | Medication to avoid | Reason | Alternative
--- | --- | --- | ---
Iron deficiency | High doses of ferrous sulphate | May cause constipation. | Check with prescribing doctor regarding the amount of elemental iron that is recommended.

Pain relievers | Nonsteroidal anti-inflammatory drugs, e.g. ibuprofen, naproxen and diclofenac | There is increased potential for bleeding. May exacerbate ulcers. | Use paracetamol if possible.

Heartburn | Cimetidine | Cimetidine can lead to confusion, and other central nervous system effects. | Take simple antacids, e.g. aluminum and magnesium hydroxide combinations.

Sleeplessness | Diphenhydramine | Causes confusion, leading to falls. Can result in blurred vision. Can result in a dry mouth. | Determine and treat the cause of sleeplessness, e.g. pain medication, and medication to help prevent frequent urination at night. Treating depression can also improve sleep, so if necessary, refer the patient to a doctor.

Red eyes | Vasoconstricting eye drops, e.g. tetrahydrozoline | Can aggravate narrow-angle glaucoma. | Try lubricating eye drops instead.

### Bibliography