Addressing the Challenges to Improve Long-Term Care

Providing long-term care to the elderly continues to present major challenges for practitioners, governments, and policymakers. Despite numerous efforts to ensure that regulatory enforcements are followed to provide better and safer care at lower cost, many quality deficiencies involving the care of nursing home residents continue to be reported. Although drug therapy is the most effective type of therapeutic intervention for the elderly, it has the potential to cause harm, as documented in numerous studies addressing medication-related problems in this population. Reduction of inappropriate use of medications and polypharmacy has been the primary target of long-term care policy for the past 6 years. Although a reduction in the use of inappropriate drugs has been observed, the extent to which adherence to less flexible standards could limit the use of new and more effective drugs, higher levels of care, and the practice of a more humane approach so needed in the care of the elderly has been debated in the literature.

In long-term care, medication management is influenced by multiple factors that involve patients’ characteristics and level of family involvement, physicians’ characteristics, and organizational characteristics, including regulations and payment policies. The challenge is to balance this complexity of factors to assure proper medication use, delay physical functioning decline, and improve the quality of life of the elderly. Moreover, it is also expected that healthcare professionals use the best scientific evidence available to support clinical decisions while assuring appropriate prescribing and reduction of adverse drug events.

In seeking optimal management of pain and the side effects of analgesics, practitioners have to overcome numerous challenges. It is known that many nursing homes residents in daily pain receive no analgesic treatment or treatment provided is not consistent with the recommendations for pain management currently available. Because over 70% of patients with cancer with pain have more than one type of pain syndrome and 40% have at least three types, careful patient assessment is necessary to assure an adequate decision-making process. Also, despite the availability of numerous therapeutic choices, considerable knowledge of age-related changes in pharmacodynamics and pharmacokinetics and the latest scientific evidence is required for the safe and effective use of analgesics. Sometimes the need to aggressively use controlled substances can be associated with fears of regulatory inspection and lead to inadequate pain management. Because of the advances in medical knowledge and therapeutic options, patients and their families demand proper control of cancer pain, but while contributing to the process of improving care, this demand can impose a significant pressure on clinicians. Finally, cancer pain often goes beyond physical boundaries, requiring that clinicians be prepared to address signs and symptoms of anxiety and depression, as well as the unbalanced emotional state of patients and family members. Improving prescribing behavior in pain management is not easily accomplished, but it is of high relevance to enhance the quality of life of those at the end-of-life stage.

The management of other syndromes involving behavioral aberration, depression, insomnia, and weight loss in long-term care patients has similar challenges. The difficulties in recognizing depression as a cause of behavioral disturbances in the nursing home population and the lack of evidence on what constitutes a safe and effective antidepressant pharmacotherapy for the frail elderly is well recognized in the literature.

In an attempt to improve long-term care, the American Medical Directors Association (AMDA) has focused its initiatives on the need for increased interdisciplinary communication to make prevention of medication-related problems a widespread reality in this setting. In 2000, AMDA’s Multi-disciplinary Medication Management (M3) Project Steering Committee was created. Led initially by Jacob Dimant, MD, CMD, the committee agreed that healthcare professionals’ education on medication management needed to be enhanced by a low-cost approach but with maximum standards and efficacy. The committee outlined a very challenging agenda to reach its goals, and its first success arose with the development of the “America’s Top 10: Particularly Dangerous Drug Interactions in Long-Term Care.” The development and release of “M3 Toolkit,” addressing all the steps of the medication use process, was next. The features of this unique tool, designed to provide guidance to all healthcare professionals on proper medication management and prevention of medical errors, were enhanced by the valuable contribution and leadership of James Lett III, MD, CMD, as immediate past chair of the M3 Committee. The toolkit was successfully launched at the 2003 AMDA’s Annual Meeting. It already has been widely disseminated and used in nursing homes across the country.

It is gratifying to see in this issue of the JAMDA the launching of a series of clinical vignettes, another scientific initiative proposed by the M3 Committee. The clinical discussion accompanying each vignette is supported by evi-
dence-based information aimed to facilitate the identification, understanding, and proper management of specific issues dealing with drug selection and prevention of medication-related problems in long-term care.

Knowledge is dynamic, and the number of studies and new drugs to treat various medical conditions are constantly increasing, making the clinical decision-making process more difficult. The volume of medical literature on the elderly also is rapidly increasing. Recent guidelines on the treatment of hypertension and delirium have their recommendations based on specific evidence for the elderly. Despite this expanding knowledge, the scientific evidence on the effectiveness and safety of medications in the very old is still limited. Yet, clinical experience has played an essential role in providing this population the best quality of care possible.

The clinical vignettes presented in this issue will help practitioners overcome the challenges in improving long-term care. By disseminating up-to-date, reliable, clinically relevant, and ready-to-use information, we would like to help practitioners make a positive difference in the quality of care and the quality of life of this priority population.

Rosaly Correa-de-Araujo, MD, MSc, PhD
Agency for Healthcare Research and Quality, Department of Health and Human Services, Rockville, MD.

REFERENCES